



# 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.

**Do you agree to take this survey, and you understand it is completely voluntary and anonymous?**  Yes  No

**Would you like to take this survey in English or Spanish?**  English  Español  
 ¿Le gustaría realizar esta encuesta en inglés o español?

Progress

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**County:**

**Type Code:**

**District Code:**   
 3 characters remaining  
 3 Digit Code

**Site Code:**   
 3 characters remaining  
 3 Digit Code

**What is the zip code where you live most of the time?**   
 5 characters remaining  
 5 Digit ZIP

**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

OPNA with No Supplement 6th Grade

- 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

	<input type="radio"/> Other tribe (without tribal headquarters in Oklahoma)
<b>What sex were you assigned at birth?</b>	<input type="radio"/> Male <input type="radio"/> Female
<b>How old are you?</b>	<input type="radio"/> 10 or younger <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 or older
<b>What grade are you in?</b>	<input type="radio"/> 5th <input type="radio"/> 6th <input type="radio"/> 7th
<b>Are you Hispanic or Latino?</b>	<input type="radio"/> No <input type="radio"/> Yes
<b>What is your race? (Mark all that apply.)</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White
<b>Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.)</b>	<input type="checkbox"/> Mother(s) <input type="checkbox"/> Father(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Grandparents(s) <input type="checkbox"/> Aunt(s) or Uncle(s) <input type="checkbox"/> Step-parent(s) <input type="checkbox"/> Brother(s) or Sister(s) <input type="checkbox"/> Other

**Where did you live most of the time in the last 30 days?**

- In a house or apartment that a relative rents or owns
- In a house or apartment with someone who is not a relative
- In a shelter
- In a car or RV, park, or campground
- In a motel/hotel
- On the street
- Moved from place to place
- Other

The next section asks about your experiences at school.

Progress

%

**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.

	NO!	no	yes	YES!
<b>In my school, students have lots of chances to engage in class discussions and help decide things like class activities and rules.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Teachers ask me to work on special classroom projects.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My teachers notice when I am doing a good job and let me know about it.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are lots of chances for students in my school to get involved in sports, clubs, and other school activities.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>There are lots of chances for students in my school to talk with a teacher one-on-one.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel safe at my school.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The school lets my parents/guardians know when I have done something well.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My teachers praise me when I work hard in school.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Are your school grades better than the grades of most students in your class?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have lots of chances to be part of class discussions or activities.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Putting them all together, what were your grades like last year?</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Mostly F's</li> <li><input type="radio"/> Mostly D's</li> <li><input type="radio"/> Mostly C's</li> <li><input type="radio"/> Mostly B's</li> <li><input type="radio"/> Mostly A's</li> </ul>			

<p><b>How important do you think the things you are learning in school are going to be for your later life?</b></p>	<input type="radio"/> Very Important <input type="radio"/> Quite Important <input type="radio"/> Fairly Important <input type="radio"/> Slightly Important <input type="radio"/> Not at all Important				
<p><b>How interesting are most of your courses to you?</b></p>	<input type="radio"/> Very Interesting and Stimulating <input type="radio"/> Quite Interesting <input type="radio"/> Fairly Interesting <input type="radio"/> Slightly Interesting <input type="radio"/> Not at all Interesting				
<p><u>Now thinking back over the <b>past year</b> in school, how often did you:</u></p>					
	Never	Seldom	Sometimes	Often	Almost Always
<p><b>Enjoy being in school?</b></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><b>Hate being in school?</b></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><b>Try to do your best work in school?</b></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><b>Feel like the work you are assigned is meaningful and important?</b></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><b>During the <u>last four weeks</u>, how many whole days of school have you missed because you skipped or 'cut'?</b></p>	<input type="radio"/> None <input type="radio"/> 1 day <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 to 5 days <input type="radio"/> 6 to 10 days <input type="radio"/> 11 or more days				
<p><b>How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?</b></p>	<input type="radio"/> Definitely will <input type="radio"/> Probably will <input type="radio"/> Probably will not <input type="radio"/> Definitely will not <input type="radio"/> Not sure				
<p><b>In the <u>last 30 days</u>, 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.</b></p>	<input type="radio"/> I have not been bullied <input type="radio"/> Once <input type="radio"/> 2-3 times <input type="radio"/> About once a week <input type="radio"/> Several times a week				
	NO!	no	yes	YES!	
<p><b>Do you think bullying is a problem in your school?</b></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p><b>Do you feel like student violence is a problem in your school?</b></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Do you believe cyber-bullying is a problem in your school?

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

Progress

%

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.

**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:**

	0	1	2	3	4
Participated in clubs, organizations, or activities at school?	<input type="radio"/>				
Smoked cigarettes?	<input type="radio"/>				
Used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>				
Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
Made a commitment to stay drug-free?	<input type="radio"/>				
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"/>				
Tried to do well in school?	<input type="radio"/>				
Used LSD, cocaine, meth, or other illegal drugs?	<input type="radio"/>				
Been suspended from school?	<input type="radio"/>				
Liked school?	<input type="radio"/>				
Carried a handgun? ( <i>not guns carried when hunting or while used in sport, such as target shooting</i> )	<input type="radio"/>				
Sold illegal drugs?	<input type="radio"/>				
Regularly attended religious services?	<input type="radio"/>				
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
Been arrested?	<input type="radio"/>				
Dropped out of school?	<input type="radio"/>				

On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink in **your lifetime** - more than just a few sips? (*Do not include drinking a few sips of wine for religious purposes.*)

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

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
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"/>								
Smoked a cigarette, even just a puff?	<input type="radio"/>								
Used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>								
Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? ( <i>Do not include drinking a few sips of wine for religious purposes.</i> )	<input type="radio"/>								
Began drinking alcoholic beverages regularly, that is, at least once or twice a month? ( <i>Do not include drinking a few sips of wine for religious purposes.</i> )	<input type="radio"/>								
Used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	<input type="radio"/>								
Used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	<input type="radio"/>								
Used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	<input type="radio"/>								
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>								
Used phenoxydine? (pox, px, breeze)	<input type="radio"/>								
Used some other drug not listed above to get high?	<input type="radio"/>								
Got suspended from school?	<input type="radio"/>								
Got arrested?	<input type="radio"/>								
Carried a handgun? ( <i>not guns carried when hunting or while used in sport, such as target shooting</i> )	<input type="radio"/>								

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"/>
<u>How wrong do you think it is for someone your age to:</u>									
	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All					
Take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
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"/>					
Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (Do not include drinking a few sips of wine for religious purposes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
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"/>					
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"/>					
Use LSD, cocaine, meth, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/> Neither approve nor disapprove <input type="radio"/> Somewhat disapprove <input type="radio"/> Strongly disapprove <input type="radio"/> Don't know or can't say								
<u>How many times in the <b>past year (12 months)</b> have you:</u>									
	Never	1 or 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40 + times	
Been 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"/>
Carried a handgun? ( <i>not guns carried when hunting or while used in sport, such as target shooting</i> )	<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"/>
Sold illegal drugs?	<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"/>
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>
Been 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"/>

Done extra work on your own for school?	<input type="radio"/>							
Attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
Been drunk or high at school?	<input type="radio"/>							
Volunteered to do community service?	<input type="radio"/>							
Taken a handgun to school?	<input type="radio"/>							

Progress

%

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.

On how many occasions (if any) have you:

	0 occasions	1 to 2	3 to 5	6 to 9	10 to 19	20 to 39	40 +
Had beer, wine, or hard liquor to drink during the <u>past 30 days</u> ? (Do not include drinking a few sips of wine for religious purposes.)	<input type="radio"/>						
Used marijuana during the <u>past 30 days</u> ? (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"/>						
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the <u>past 30 days</u> ?	<input type="radio"/>						
Used phenoxydine (pox, px, breeze) during the <u>past 30 days</u> ?	<input type="radio"/>						
Used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them, during the <u>past 30 days</u> ?	<input type="radio"/>						
Used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them during the <u>past 30 days</u> ?	<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 <u>past 30 days</u> ?	<input type="radio"/>						

<p><b>During the <u>past 12 months</u>, how often do you recall hearing, reading, or watching an advertisement about the prevention of substance use?</b></p>	<p> <input type="radio"/> Never  <input type="radio"/> Before, but not in the past year  <input type="radio"/> A few times in the past year  <input type="radio"/> Once a month  <input type="radio"/> Once a week or more  <input type="radio"/> Almost everyday                 </p>			
<p><b>Think back over the <u>last two weeks</u>. How many times have you had five or more alcoholic drinks in a row?</b></p>	<p> <input type="radio"/> None  <input type="radio"/> Once  <input type="radio"/> Twice  <input type="radio"/> 3 to 5 times  <input type="radio"/> 6 to 9 times  <input type="radio"/> 10 or more times                 </p>			
<p><b>How frequently have you used smokeless tobacco during the <u>past 30 days</u>?</b></p>	<p> <input type="radio"/> Never  <input type="radio"/> Once or twice  <input type="radio"/> Once or twice per week  <input type="radio"/> 3 to 5 times a week  <input type="radio"/> About once a day  <input type="radio"/> More than once a day                 </p>			
<p><b>How frequently have you smoked cigarettes during the <u>past 30 days</u>?</b></p>	<p> <input type="radio"/> Not at all  <input type="radio"/> Less than one cigarette per day  <input type="radio"/> One to five cigarettes per day  <input type="radio"/> About one-half pack per day  <input type="radio"/> About one pack per day  <input type="radio"/> About one and one-half packs per day  <input type="radio"/> Two packs or more per day                 </p>			
<p><b>How frequently have you used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes) during the <u>past 30 days</u>?</b></p>	<p> <input type="radio"/> Never  <input type="radio"/> Once or twice  <input type="radio"/> Once or twice per week  <input type="radio"/> 3 to 5 times a week  <input type="radio"/> About once a day  <input type="radio"/> More than once a day                 </p>			
<p><b><u>During the <u>past 12 months</u>, how often (if ever) have you used ALCOHOL (beer, wine, or hard liquor) in the following places?</u></b></p>				
	<p><b>Not at all</b></p>	<p><b>1-2 times</b></p>	<p><b>3-5 times</b></p>	<p><b>6 or more times</b></p>
<p><b>At a school dance, a game, or other event.</b></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p><b>At school during the day.</b></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>

<p><b>During the <u>past 30 days</u>, how many times did you <b>RIDE</b> in a car or other vehicle driven by someone who had been drinking alcohol?</b></p>	<p><input type="radio"/> 0 times  <input type="radio"/> 1 time  <input type="radio"/> 2 or 3 times  <input type="radio"/> 4 or 5 times  <input type="radio"/> 6 or more times</p>		
<p><b>If you drank <b>ALCOHOL</b> (beer, wine, or hard liquor) and not just a sip or taste in the <u>past year</u>, how did you <b>USUALLY</b> get it? (Mark all that apply.)</b></p>	<p><input type="checkbox"/> I did not use alcohol in the past year  <input type="checkbox"/> I bought it myself <b>with</b> a fake ID  <input type="checkbox"/> I bought it myself <b>without</b> a fake ID  <input type="checkbox"/> I got it from someone I know age <b>21 or older</b>  <input type="checkbox"/> I got it from someone I know <b>under age 21</b>  <input type="checkbox"/> I got it from my brother or sister  <input type="checkbox"/> I got it from home <b>with</b> my parents'/guardians' permission  <input type="checkbox"/> I got it from home <b>without</b> my parents'/guardians' permission  <input type="checkbox"/> I got it from another relative  <input type="checkbox"/> I got it from my friend's parents/guardians  <input type="checkbox"/> A stranger bought it for me  <input type="checkbox"/> I stole it from a store or shop  <input type="checkbox"/> I stole it from somewhere other than a store or shop  <input type="checkbox"/> I got it at a bar or restaurant  <input type="checkbox"/> Other</p>		
<p><b>During the <u>past 12 months</u>, 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.)</b></p>	<p><input type="checkbox"/> No, I did not talk with my parents/guardians about the dangers of tobacco, alcohol or drug use.  <input type="checkbox"/> Yes, I talked with my parents/guardians about the dangers of tobacco use.  <input type="checkbox"/> Yes, I talked with my parents/guardians about the dangers of alcohol use.  <input type="checkbox"/> Yes, I talked with my parents/guardians about the dangers of drug use.</p>		
<p><b>How often do you attend religious services or activities?</b></p>	<p><input type="radio"/> Never  <input type="radio"/> Rarely  <input type="radio"/> 1-2 Times a Month  <input type="radio"/> About Once a Week or More</p>		
<p><b><u>In the <u>past 12 months</u>:</u></b></p>			
	<p><b>No</b></p>	<p><b>Yes</b></p>	<p><b>Don't use</b></p>
<p><b>Have you spent more time using alcohol than you intended?</b></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p><b>Have you neglected some of your usual responsibilities because of using alcohol?</b></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>

Have you wanted to cut down on your alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has anyone objected to your alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you frequently find yourself thinking about using alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you use alcohol to relieve feelings such as sadness, anger, or boredom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the past 12 months:**

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

**Progress**

%

**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.

	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"/>

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

	NO!	no	yes	YES!
Feel very close to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share your thoughts and feelings with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoy spending time with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Could ask for help if you had a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Began drinking alcoholic beverages regularly, that is, at least once or twice a month? (Do not include drinking a few sips of wine for religious purposes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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"/>
Carried a handgun? ( <i>not guns carried when hunting or while used in sport, such as target shooting</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During the past 30 days, how often did you:</b>					
	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
Feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>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.</b>					
<b><u>WHEN I AM AN ADULT I WILL:</u></b>					
	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>	
Smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use vaping products (vapes) or e-cigarettes (for tobacco or nicotine purposes).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Drink beer, wine, or liquor. ( <i>Do not include drinking a few sips of wine for religious purposes.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	
	<b>Very False</b>	<b>Somewhat False</b>	<b>Somewhat True</b>	<b>Very True</b>	
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"/>	
	<b>No</b>		<b>Yes</b>		

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?

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

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

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

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

These questions ask about the neighborhood and community where you live.

Progress

%

For questions that have the following answers: NO! no yes YES!

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- 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.

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

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<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.

Progress

%

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.

**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

Have any of your brothers or sisters ever:

	No	Yes	I don't have any brothers or sisters
Drank beer, wine, or hard liquor (for example, vodka, whiskey, or gin)? (Do not include drinking a few sips of wine for religious purposes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a vaping product (a vape) or e-cigarette (for tobacco or nicotine purposes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not at home, one of my parents/guardians knows where I am and who I am with.	<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"/>
If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents'/guardians' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you carried a handgun without your parents'/guardians' permission, would you be caught by your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you skipped school would you be caught by your parents/guardians?	<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"/>
	<b>NO!</b>	<b>no</b>	<b>yes</b>	<b>YES!</b>
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"/>
My parents/guardians ask if I've gotten my homework done.	<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"/>
Would your parents/guardians know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to be honest with your parents/guardians, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>How wrong do your parents/guardians feel it would be for YOU to:</u>				
	<b>Very Wrong</b>	<b>Wrong</b>	<b>A Little Bit Wrong</b>	<b>Not Wrong at All</b>
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"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>
Steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>About how many adults (over 21) have you known personally who in the past year have:</u>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3-4</b>
				<b>5+</b>

<p><b>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.), crack, cocaine, or other drugs?</b></p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p><b>Sold or dealt drugs?</b></p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p><b>Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?</b></p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p><b>Gotten drunk or high?</b></p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p> </p>	
<p><b>Has anyone close to you (someone you lived with or a close family member) ever had an alcohol or drug problem?</b></p>	<p><input type="radio"/> No <input type="radio"/> Yes</p>
<p><b>Have any of your family members been incarcerated (in a prison or detention center) in the past year? (Mark all that apply.)</b></p>	<p><input type="checkbox"/> No one in my family  <input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> Other adult family member (18 years or older)  <input type="checkbox"/> Other non-adult family member (under 18 years old)</p>
<p style="text-align: center;"><b>Progress</b></p> <p style="text-align: center;">%</p>	
<p>Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next questions ask about your experiences during this time, whether in the past or continuing now.</p>	
<p><b>During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)</b></p>	<p><input type="radio"/> Never  <input type="radio"/> Rarely  <input type="radio"/> Sometimes  <input type="radio"/> Most of the time  <input type="radio"/> Always</p>
<p><b>Do you agree or disagree that you drank more alcohol during the COVID-19 pandemic than before it started?</b></p>	<p><input type="radio"/> Strongly Agree  <input type="radio"/> Agree  <input type="radio"/> Not Sure  <input type="radio"/> Disagree  <input type="radio"/> Strongly Disagree</p>
<p><b>Do you agree or disagree that you used drugs more during the COVID-19 pandemic than before it started? (Count using marijuana, synthetic marijuana, cocaine, prescription pain medicine without a doctor's prescription, and other illegal drugs.)</b></p>	<p><input type="radio"/> Strongly Agree  <input type="radio"/> Agree  <input type="radio"/> Not Sure  <input type="radio"/> Disagree  <input type="radio"/> Strongly Disagree</p>

In what form did you attend school during school year 2020-2021?

- Virtual
- In-person
- Hybrid of both forms (both virtual and in person)

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.

Additional resources are available to you or anyone you know who may be experiencing a crisis:

- **Crisis Text Line:** Text HOME to 741741 to communicate with a trained crisis counselor 24/7
- **National Suicide Prevention Lifeline:** 1-800-273-TALK
- **Trevor Project TrevorText for LGBTQ youth:** Text START to 678-678 for confidential messaging with a counselor 24/7 about thoughts of suicide
- **2-1-1:** Call 2-1-1 24/7 for questions about available resources

Submit