

# Tennessee Together 2018-19 Student Survey

## The Survey

Thank you for agreeing to participate in this survey. This survey asks questions about your life experiences, your attitudes, and the attitudes of your parents and close friends.

## Instructions

- Your answers to the questions are anonymous and confidential. That means no one will know how you answered. Do not write your name on the survey.
- For the study to be helpful, it is important that you answer each question honestly and truthfully.
- This survey is completely voluntary, which means that you may choose to not fill out the questionnaire or any part of it. If you prefer not to answer a question, or if you don't know the answer, just leave it blank.
- 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.
- All of the questions should be answered by marking one of the response choices (see below). If you do not find an answer that fits exactly, use the one that comes closest. Unless instructed on the questionnaire, do not mark more than one response for any item.
- Please answer by filling the circle of your choice.

When you finish, please place your survey in the envelope at the front of the classroom.

## About You

*These questions ask for some general information about you. Please mark the response that best describes you.*

### 1. How old are you?

- 10     11     12     13     14     15     16     17     18+

### 2. What grade are you in?

- 6th     7th     8th     9th     10th     11th     12th

### 3. Are you:

- Female     Male

### 4. How would you describe yourself? (Mark ALL that apply).

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

### 5. Do you live with:

- Both Parents                       Father and stepmother  
 Mother and stepfather                       Father only  
 Mother only                       Other  
 Grandparents                       Foster family

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

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

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The next set of questions asks about your thoughts and experiences concerning cigarettes, alcohol, and drugs. When we ask about these substances, this is what we mean:

- **Cigarettes** include menthol cigarettes, regular cigarettes, and loose tobacco rolled into cigarettes. *This does not include e-cigarettes.*
- **E-cigarettes** can be known as electronic cigarettes, hookah pens, e-hookahs, or vape pens.
- **Smokeless tobacco** can be known as chewing tobacco, spit tobacco, chew, snuff, pinch, or dip.
- **Alcoholic beverages** include beer, wine, wine coolers, malt beverages, and liquor.
- **Marijuana or hashish** can be known as grass, pot, weed, hash, or hash oil.
- **Other illegal drugs** include substances like crack or powder cocaine, heroin, methamphetamines, and barbituates.
- **Prescription drugs** include drugs that require a doctor's prescription to purchase or consume like OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, and Xanax.

The next questions ask about your life experiences and more specifically, the number of times you have used different substances. In the cases where you have **NO** experience at all, please mark "Never."

7. On how many occasions (if any) have you ever...	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40+ times
a. Had one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had 5 or more drinks on the same occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoked part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Used smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used methamphetamines (crank, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Used any other illegal drugs (cocaine, heroin, inhalants, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would also like to know how old you were when you first started experimenting with different substances.

8. How old were you when you first...	Never have	10 or younger	11	12	13	14	15	16	17 or older
a. Smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 an electronic cigarette?	<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 more than a sip or two of beer, wine or hard liquor (vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used prescription drugs not prescribed to you?	<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"/>

The next questions ask about your experiences with alcohol and prescription drugs. We are only interested in your use of a prescription drug if the drug was not prescribed to you by a doctor, or if you took the drug only for the experience or feeling it caused. In cases where you have NO experience at all, please enter 0 for the number of days you used in the past 30 days. Please also select the category that corresponds to the number of days entered.

9. During the past 30 days, on how many days did you...	Enter number from 0 to 30	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. Drink one or more drinks of an alcoholic beverage?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have 5 or more drinks on the same occasion?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use prescription drugs that were not prescribed for you?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke part or all of a cigarette?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use an e-cigarette, e-cigar, or e-hookah?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use smokeless tobacco?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use marijuana or hashish?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Use cocaine (crack, etc.)?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Use inhalants (glue, gas, etc.)?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Use hallucinogens (PCP, LSD, etc.)?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Use heroin (opiates)?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Use steroids?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Use ecstasy (MDMA)?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Use methamphetamines (crank, etc.)?	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about how easy or difficult it is for you to access alcohol, prescription drugs, cigarettes, and marijuana. Remember, your answers are confidential.

10. How easy is it to get...	Don't Know/ Can't Get	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
a. Alcohol (beer, coolers, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tobacco (cigarettes, e-cigarettes, dip, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. During the past 30 days, if you used alcohol, in which ways (if any) did you get alcohol? (Mark ALL that apply.)

- |   |  |
|---|--|
| <input type="radio"/> I did not get alcohol during the past 30 days | <input type="radio"/> I got it at a party                      |
| <input type="radio"/> I bought it in a store                        | <input type="radio"/> I took it from a store or family member  |
| <input type="radio"/> I bought it in a gas station                  | <input type="radio"/> I took it from home without permission   |
| <input type="radio"/> I bought it at a restaurant                   | <input type="radio"/> I got it from my parents with permission |
| <input type="radio"/> I bought it at a bar or club                  | <input type="radio"/> I got it from an older sibling (over 21) |
| <input type="radio"/> I bought it at a public event                 | <input type="radio"/> I got it from an older friend (over 21)  |
| <input type="radio"/> I gave someone money to buy it for me         | <input type="radio"/> I got it from some other adult           |
| <input type="radio"/> I got it from a sibling (under 21)            | <input type="radio"/> Got it some other way                    |
| <input type="radio"/> I got it from a friend (under 21)             |  |

12. During the past 30 days, if you used prescription drugs to get high, how did you get the drugs? (Mark ALL that apply.)

- |   |  |
|---|--|
| <input type="radio"/> I did not use prescription drugs to get high        | <input type="radio"/> Got from a friend, relative, or someone you know for free        |
| <input type="radio"/> Got a prescription from one doctor                  | <input type="radio"/> Took from a friend, relative, or someone you know without asking |
| <input type="radio"/> Got a prescription from more than one doctor        | <input type="radio"/> Took from someone's house or workplace without asking            |
| <input type="radio"/> Bought on the Internet                              | <input type="radio"/> Got it at a party  |
| <input type="radio"/> Bought from a friend, relative, or someone you know | <input type="radio"/> Got it some other way  |

13. If you bought or tried to buy alcohol yourself during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy alcohol during the past 30 days
- No, I was not asked to show proof of age
- Yes, I was asked to show proof of age

14. If you bought or tried to buy alcohol yourself during the past 30 days, were you able to purchase it?

- I did not try to buy alcohol during the past 30 days
- No, I was not able to purchase
- Yes, I was able to purchase sometimes
- Yes, I was able to purchase every time I tried

The next questions are about life experiences of your friends. In cases where they have NO experience at all, please mark "None".

15. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many, if any, of your friends have...	None	One	Two	Three	Four or more
a. Had one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had 5 or more drinks on the same occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoked part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about vehicle safety and driving while impaired.

16. Have you ever ridden in a car driven by someone who...
- a. Was intoxicated by alcohol or drugs?  No  Yes  Not sure
- b. Was taking or was under the influence of prescription drugs?  No  Yes  Not sure
17. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who...
- a. Was intoxicated by alcohol or drugs?  0 times  1 time  2 or 3 times  4 or 5 times  6 or more times
- b. Was taking or was under the influence of prescription drugs?  0 times  1 time  2 or 3 times  4 or 5 times  6 or more times

The next questions ask about your parents' and friends' attitudes toward certain behaviors. By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

18. How wrong do your parents feel it would be for <u>you</u> to...	Very Wrong	Wrong	A little bit wrong	Not at all wrong
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. Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Use prescription drugs that are not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How wrong do your friends feel it would be for you to...	Very Wrong	Wrong	A little bit wrong	Not at all wrong
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 an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about your feelings and attitudes toward tobacco, alcohol, and other drug use.

	Very Wrong	Wrong	A little bit wrong	Not at all wrong
<b>20. How wrong do you think it is for someone your age to...</b>				
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 an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21. How much do you think people risk harming themselves (physically or in other ways) if they...</b>	No Risk	Slight Risk	Moderate Risk	Great Risk
a. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoke e-cigarettes, e-cigars or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. 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"/>
g. Have five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These final questions ask about your communications with parents about the use of alcohol, tobacco, and other drugs and about information you may hear about the dangers of substance use. By parents, we mean your adult guardians, whether or not they live with you.

- 22. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?**
- No
- Yes
- Yes, more than once
- 23. During the past 12 months, have you talked with at least one of your parents about the dangers of using prescription drugs not prescribed to you?**
- No
- Yes
- Yes, more than once
- 24. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the dangers of using prescription drugs not prescribed to you?**
- No
- Yes
- Yes, more than once

**Thank you very much for your participation!**