

## NOCC 2025 Middle School Student Survey

The following survey asks personal but important questions about your attitudes and behaviors regarding health-related issues, specifically about alcohol, vapes, other drug use, stress, anxiety, and mental health.

All information will remain entirely anonymous. No one will know how you answer the items on this survey. Please answer the questions based on what you actually think and do. Completing the survey is voluntary. Thank you for your participation.

### 1. What grade are you in?

- 6<sup>th</sup>
- 7<sup>th</sup>
- 8<sup>th</sup>
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>

### Drugs & Alcohol

#### 2. During the past 30 days, did YOU...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Smoke part or all of a cigarette?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape nicotine?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Use nicotine pouches (e.g., Zyn)?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana in any form? (e.g., vape, edibles, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink one or more drinks of an alcoholic beverage?     | <input type="checkbox"/> | <input type="checkbox"/> |
| Use prescription drugs not prescribed to you?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Use ephemerol (liquid, pill or powder)?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Use kratom?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Use mushrooms?   | <input type="checkbox"/> | <input type="checkbox"/> |

#### 3. During the past year, did YOU...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Smoke part or all of a cigarette?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape nicotine?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Use nicotine pouches (e.g., Zyn)?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana in any form? (e.g., vape, edibles, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink one or more drinks of an alcoholic beverage?     | <input type="checkbox"/> | <input type="checkbox"/> |
| Use prescription drugs not prescribed to you?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Use ephemerol (liquid, pill or powder)?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Use kratom?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Use mushrooms?   | <input type="checkbox"/> | <input type="checkbox"/> |

**4. In an average week, how often do you consume energy drinks (e.g., Celsius, Alani, etc.)?**

- Never (I do not consume energy drinks)
- Once every few weeks
- A few times a week
- Daily
- More than one a day

**Perception of Use**

| <b>5. During the past 30 days, do you think <u>your friends</u>...</b> |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| Smoked part or all of a cigarette?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaped nicotine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Used nicotine pouches (e.g., Zyn)?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Used marijuana in any form? (e.g., vape, edibles, etc.)                | <input type="checkbox"/> | <input type="checkbox"/> |
| Drank one or more drinks of an alcoholic beverage?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Used prescription drugs not prescribed to them?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Used ephemerol (liquid, pill or powder)?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Used kratom?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Used mushrooms?  | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>6. During the past 30 days, do you think <u>most students at your school</u>...</b> |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| Smoked part or all of a cigarette?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaped nicotine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Used nicotine pouches (e.g., Zyn)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Used marijuana in any form? (e.g., vape, edibles, etc.)                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Drank one or more drinks of an alcoholic beverage?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Used prescription drugs not prescribed to them?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Used ephemerol (liquid, pill or powder)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Used kratom?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Used mushrooms?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Substance Availability**

| <b>7. How difficult do you think it would be for you to get the following, if you wanted some?</b> |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Very easy                | Fairly easy              | Fairly difficult         | Very difficult           | Probably impossible      |
| Alcohol  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription drugs not prescribed to you   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nicotine vapes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>8. If you used the following substances in the past 30 days, did your parents know?</b> |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                | <b>I don't know</b>      | <b>I did not use</b>     |
| Alcohol  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription drugs not prescribed to you   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape device  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. During the past year, how did you usually get the alcohol you drank? (Select up to three)
- I did not drink alcohol in the past year
  - From my parent's house with their knowledge
  - From my parent's house without their knowledge
  - From a friend's house with their parent's knowledge
  - From a friend's house without their parent's knowledge
  - Got someone who is of legal age to buy it for me (older sibling, relative or friend)
  - Got it from a family celebration, ceremony, or party
  - Bought it illegally (fake ID)
  - I took it from a store
10. During the past year, how did you usually get the marijuana you used? (Select up to three)
- I did not use marijuana in the past year
  - From my parent's house (with their knowledge)
  - From my parent's house (without their knowledge)
  - From my sibling or other relative
  - Given to me by a friend
  - Bought it from a friend
  - Bought it from a stranger
11. During the past year, how did you usually get the prescription drugs for the purpose of getting high? (Select up to three)
- I did not take prescription drugs in the past year to get high
  - From my parent's house (with their knowledge)
  - From my parent's house (without their knowledge)
  - From my grandparent's (or other relatives) house without their knowledge
  - From a friend's house without their parent's knowledge
  - Got it from a friend
  - Bought it from a stranger

12. During the past year, how did you usually get your own vapes? (Select up to three)

- I did not use vapes during the past year
- I bought them at a store such as a convenience store, supermarket, discount store or gas station
- I got them on the internet
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 21 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

13. How confident are you in your ability to resist each of the following when you are hanging out with your friends?

|            | Not at all confident     | Slightly confident       | Somewhat confident       | Moderately confident     | Very confident           |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Alcohol    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaping     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Perception of Risk

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

|  | No risk                  | Slight risk              | Moderate risk            | Great risk               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Use prescription drugs that are not prescribed to them?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke one or more packs of cigarettes per day?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have 5 or more drinks of an alcoholic beverage once or twice a week? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Take one or two drinks of an alcoholic beverage nearly every day?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana once or twice a week?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have one energy drink daily?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape nicotine regularly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape THC (marijuana) regularly?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Perception of Disapproval

For the following two sets of questions, please state how wrong you believe your parents and your friends would feel about you using each substance by filling in one response bubble for each line.”

| 15. How wrong do <u>your parents</u> feel it would be for you to... |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Not wrong                | A little bit wrong       | Wrong                    | Very wrong               |
| Have one or two drinks of an alcoholic beverage nearly every day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke cigarettes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use prescription drugs not prescribed to you?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 16. How wrong do <u>your friends</u> feel it would be for you to... |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Not wrong                | A little bit wrong       | Wrong                    | Very wrong               |
| Have one or two drinks of an alcoholic beverage nearly every day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke cigarettes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use marijuana?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use prescription drugs not prescribed to you?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vape?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. How **do you feel** about someone your age having one or two drinks of an alcoholic beverage nearly every day? (Select only one answer)
- Strongly approve
  - Approve
  - Neither approve nor disapprove
  - Disapprove
  - Strongly disapprove
  - Don't know/can't say

### Mental Health Questions

| 18. During the past 12 months...  |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| Did you ever feel so sad or hopeless every day for two weeks or more in a row that you stopped doing your usual activities?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever feel so overly anxious or stressed that you found it difficult to do your work, take care of things at home, and/or get along with other people? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever felt so sad or depressed that you had thoughts of harming yourself?   | <input type="checkbox"/> | <input type="checkbox"/> |

| 19. During the <u>past 30 days</u> , how often have you... |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Never                    | Some of the time         | Most of the time         | All of the time          |
| Had less fun doing things than you used to?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt sad or depressed for several hours?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt more irritated or easily annoyed than usual?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt angry or lost your temper?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt nervous, anxious, or scared?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. If you ever found yourself needing help related to stress, anxiety and/or depression you are feeling, who would you most likely go to? (Select up to 3)

- |   |   |
|---|---|
| <input type="checkbox"/> Coach            | <input type="checkbox"/> Religious leader                           |
| <input type="checkbox"/> Parent           | <input type="checkbox"/> Internet resources<br>(AI or social media) |
| <input type="checkbox"/> Teacher          | <input type="checkbox"/> Don't know                                 |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> No one                                     |
| <input type="checkbox"/> Doctor/Therapist | <input type="checkbox"/> Other                                      |
| <input type="checkbox"/> Sibling          |   |
| <input type="checkbox"/> School counselor |   |

| 21. During the past 12 months, did you...        |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| Ever seriously consider attempting suicide?      | <input type="checkbox"/> | <input type="checkbox"/> |
| Make a plan about how you would attempt suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| Actually attempt suicide?                        | <input type="checkbox"/> | <input type="checkbox"/> |

### Bullying

The next questions ask about bullying. Bullying is when one or more students repeatedly tease, threaten, spread rumors about, purposely exclude, hit, shove, or hurt another student. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

| 22. During the past 12 months, have you been bullied...                  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| On school property?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronically? (e.g., texting or social media)                          | <input type="checkbox"/> | <input type="checkbox"/> |
| At a school sponsored event? (e.g., school basketball game, dance, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside of school?   | <input type="checkbox"/> | <input type="checkbox"/> |

| 23. During the past 12 months, have you ever been bullied on school property... |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| In class?   | <input type="checkbox"/> | <input type="checkbox"/> |
| In the hallway?   | <input type="checkbox"/> | <input type="checkbox"/> |
| In the lunchroom?   | <input type="checkbox"/> | <input type="checkbox"/> |
| In the restroom?  | <input type="checkbox"/> | <input type="checkbox"/> |
| In another place?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronically?   | <input type="checkbox"/> | <input type="checkbox"/> |

| 24. During the past 30 days, how often has another student...                           |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | Never                    | Once or twice            | More than twice          |
| Shoved, pushed, hit, or spit on you?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stole or damaged your personal property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Left you out on purpose?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Told lies or spread rumors about you?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Called you mean names or slurs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Used the internet or cell phone to tell lies about you, embarrass you, or threaten you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 25. During the past 30 days...                                   |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| Did you hear slurs used often by students during the school day? | <input type="checkbox"/> | <input type="checkbox"/> |
| Been called slurs and/or offensive words?                        | <input type="checkbox"/> | <input type="checkbox"/> |

26. Do you believe that your identity makes you a target for mean names and slurs?

- Yes
- No

27. Do you believe your race, ethnicity, and/or religious beliefs make you a target for mean names and slurs?

- Yes
- No

| 28. How safe do you feel when you are at... |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Very safe                | Safe                     | Neither safe nor unsafe  | Unsafe                   | Very unsafe              |
| School?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

29. On most weekdays, how many hours do you spend a day in front of a TV, computer/laptop, cellphone, tablet, or other electronic device watching programs, playing games, accessing the internet, or using social media.

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours



| 34. Please rate the following statements.                                      |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly agree           | Agree                    | Neutral                  | Disagree                 | Strongly disagree        |
| When I am not at home, one of my parents knows where I am and who I am with.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At my home, there are clear rules about what I can and cannot do.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At my home, there are clear rules about using alcohol or drugs.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At my home, I have a voice and feel like I am included in decisions.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents take an interest in my school, and extracurricular and social life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35. If you ever found yourself needing help related to a drug or alcohol problem, who would you most likely go to? (Select up to 3)

- |   |  |
|---|--|
| <input type="checkbox"/> Coach            | <input type="checkbox"/> Religious leader                        |
| <input type="checkbox"/> Parent           | <input type="checkbox"/> Internet resources (AI or social media) |
| <input type="checkbox"/> Teacher          | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> No one                                  |
| <input type="checkbox"/> Doctor/Therapist | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Sibling          |  |
| <input type="checkbox"/> School counselor |  |

| 36. Please rate your level of agreement with the following statements. |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
| In uncertain times, I usually expect the best.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I rarely count on good things happening to me.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I'm always optimistic about my future.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I hardly ever expect things to go my way.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 37. The next questions are about how you feel about different aspects of your life. For each one, how often do you feel that way? |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | Hardly ever              | Some of the time         | Often                    |
| How often do you feel that you lack companionship?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you feel left out?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you feel isolated from others?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## About you

38. How old are you?

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> 10 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 19 |

39. What is your sex assigned at birth?

- Female
- Male

40. What is your racial or ethnic identification? (Check all that apply)

- White, Caucasian, or European American
- Black or African American
- Middle Eastern or North African
- Hispanic, Latino, or Spanish Origin
- Native Hawaiian or other Pacific Islander
- Native American or Native Alaskan
- Asian
- A race/ethnicity not listed here
- Prefer not to answer

41. Overall, what are your typical grades like in school?

- 4's
- 4's and 3's
- 3's and 2's
- 2's
- 2's and 1's

42. Do you participate in? (Check all that apply)

- Band
- Choir
- Student Council/Leadership
- Theater
- National Junior Honors Society (NJHS) or National Honors Society (NHS)
- School sport team
- Other group/club (e.g. Art, Robotics, Forensics, Broadcast, etc.)
- Other sport team, group, or club outside of school

**Thank you for your participation in this survey!**