Welcome to The Sumner County Middle School Student 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 on this survey are anonymous and private. That means no one will know how you answered.**
- **For the survey to be helpful, it is important that you answer each question honestly and truthfully.**
- **This survey is completely voluntary. 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 choosing one of the available response choices. If you do not find an answer that fits exactly, use the one that comes closest.**
- **Please answer by clicking on the box or circle of your choice. When you finish, please work on the activity your teacher provided until the whole class is finished.**

* 1. Please select your school from the list below

After selecting your school, click the **NEXT** button.

About You

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

2. How old are you?

3. What grade are you in?

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
- [ ] Prefer not to answer

5. Are you:

- ◯ Male
- ◯ Female
- ◯ Prefer not to answer

The next set of questions ask about your use of different substances, including tobacco, vaping devices, alcohol, marijuana, prescription drugs, and other drugs. This excludes substance use for religious purposes (e.g., drinking a sip of wine during a religious ceremony).

6. Have you ever had one or more drinks of an ALCOHOLIC BEVERAGE?

Alcoholic beverages include beer, wine, wine coolers, malt beverages, and liquor.

◯ Yes ◯ No

7. How old were you when you first had one or more drinks of an ALCOHOLIC BEVERAGE?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

8. During the past 30 days, on how many days did you have one or more drinks of an ALCOHOLIC BEVERAGE?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

9. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

10. Have you ever had 5 or more drinks of an ALCOHOLIC BEVERAGE on the same occasion?

Alcoholic beverages include beer, wine, wine coolers, malt beverages, and liquor.

◯ Yes ◯ No

11. How old were you when you first had 5 or more drinks on the same occasion?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

12. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

13. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

14. Have you ever used PRESCRIPTION DRUGS not prescribed to you or just to get high?

Prescription drugs include drugs that require a doctor's prescription to purchase or consume like OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax, Klonopin, Benzos, Valium, Ativan, and Gabapentin. These do not include over-the-counter medicines.

- ◯ Yes
- ◯ No

15. How old were you when you first used PRESCRIPTION DRUGS not prescribed to you?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

16. During the past 30 days, on how many days did you use PRESCRIPTION DRUGS not prescribed to you?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

17. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

18. Have you ever used PRESCRIPTION STIMULANTS not prescribed to you or just to get high?

(e.g., Dexadrine, Adderall, Ritalin, or Concerta)

- ◯ Yes
- ◯ No

19. During the past 30 days, on how many days did you use PRESCRIPTION STIMULANTS?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

20. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

21. Have you ever used PRESCRIPTION PAIN MEDICATIONS not prescribed to you or just to get high?

(e.g., Vicodin, Oxycontin, Morphine, or Demerol)

- ◯ Yes
- ◯ No

22. During the past 30 days, on how many days did you use PRESCRIPTION PAIN MEDICATIONS?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

23. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

24. Have you ever used OVER-THE-COUNTER DRUGS to get high or in a way other than directed?

(e.g., cough/cold medicines, diet pills, stay-awake pills, or laxatives)

- ◯ Yes
- ◯ No

25. How old were you when you first used OVER-THE-COUNTER DRUGS?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

26. During the past 30 days, on how many days did you use OVER-THE-COUNTER DRUGS?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

27. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

28. Have you ever ever smoked part or all of a CIGARETTE?

Cigarettes include menthol cigarettes, regular cigarettes, and loose tobacco rolled into cigarettes. This does not include e-cigarettes.

- ◯ Yes
- ◯ No

29. How old were you when you first smoked part or all of a CIGARETTE?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

30. During the past 30 days, on how many days did you smoke part or all of a CIGARETTE?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

31. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

32. Have you ever used a VAPING DEVICE with nicotine?

A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, vape mods, or vape pipes.

- ◯ Yes
- ◯ No

33. How old were you when you first used a VAPING DEVICE with nicotine?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

34. During the past 30 days, on how many days did you use a VAPING DEVICE with nicotine?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

35. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

36. Have you ever used a VAPING DEVICE with flavoring only?

A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, vape mods, or vape pipes.

- ◯ Yes
- ◯ No

37. How old were you when you first used a VAPING DEVICE with flavoring only?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

38. During the past 30 days, on how many days did you use a VAPING DEVICE with flavoring only?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

39. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

40. Have you ever used SMOKELESS TOBACCO?

Smokeless tobacco can be known as chewing tobacco, spit tobacco, chew, snuff, pinch, dip, or Zyn.

- ◯ Yes
- ◯ No

41. How old were you when you first used SMOKELESS TOBACCO?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

42. During the past 30 days, on how many days did you use SMOKELESS TOBACCO?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

43. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

44. Have you ever used MARIJUANA or hashish?

Marijuana or hashish can be known as cannabis, grass, pot, weed, hash, or hash oil.

◯ Yes ◯ No

45. How old were you when you first used MARIJUANA?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

46. During the past 30 days, on how many days did you use MARIJUANA?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

47. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

48. Have you ever VAPED MARIJUANA?

A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, vape mods, or vape pipes.

- ◯ Yes
- ◯ No

49. During the past 30 days, on how many days did you VAPE MARIJUANA?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

50. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

51. Have you ever SMOKED MARIJUANA?

- ◯ Yes
- ◯ No

52. During the past 30 days, on how many days did you SMOKE MARIJUANA?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

53. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

54. Have you ever USED THC edibles?

THC edibles include Delta-8 and other edible or drinkable marijuana.

- ◯ Yes
- ◯ No

55. During the past 30 days, on how many days did you USE THC edibles?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

56. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

57. Have you ever DABBED MARIJUANA?

Dabbing marijuana includes using wax or shatter.

◯ Yes ◯ No

58. During the past 30 days, on how many days did you DAB MARIJUANA?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

59. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

60. Have you ever used METHAMPHETAMINES?

Methamphetamines can be known as crank, blue, ice, chalk, glass, or crystal.

◯ Yes ◯ No

61. How old were you when you first used METHAMPHETAMINES?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

62. During the past 30 days, on how many days did you use METHAMPHETAMINES?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

63. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

64. Have you ever used any OTHER DRUGS?

Other drugs include substances like crack or powder cocaine, heroin, inhalants, barbiturates, steroids, kratom, etc.

- ◯ Yes
- ◯ No

65. How old were you when you first used OTHER DRUGS?

- ◯ 8 or under
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18+

66. During the past 30 days, on how many days did you use COCAINE (crack, etc.)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

67. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

68. During the past 30 days, on how many days did you use INHALANTS (glue, gas, etc.)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

69. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

70. During the past 30 days, on how many days did you use HALLUCINOGENS (PCP, LSD, psychedelic mushrooms, etc.)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

71. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

72. During the past 30 days, on how many days did you use HEROIN (opiates, etc.)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

73. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

74. During the past 30 days, on how many days did you use STEROIDS?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

75. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

76. During the past 30 days, on how many days did you use ECSTASY (MDMA, Molly)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

77. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

78. During the past 30 days, on how many days did you use KRATOM?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

79. Enter the exact number of days you used in the past 30 days (0 to 30):

0 30

80. Have you ever GAMBLED?

- ◯ Yes
- ◯ No

81. During the past 30 days, on how many days did you GAMBLE by betting money on any of the following types of games or events?

Skill games where you were playing (sports, cards, dice, video games, etc.)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

82. Sporting events where you were NOT playing including fantasy sports?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

83. Lottery games (scratch offs, Powerball®, etc.)?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

84. Online or mobile sports betting, including Daily Fantasy Sports?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

85. Other activities where you bet or gambled?

- ◯ 0 Days
- ◯ 1-2 Days
- ◯ 3-5 Days
- ◯ 6-9 Days
- ◯ 10-19 Days
- ◯ 20-29 Days
- ◯ All 30 Days

86. Thinking about gambling for money, have you ever been stopped from gambling because you were too young?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ I have never tried to gamble for money
- ◯ Prefer not to say

87. In the past 12 months, how often have you found yourself thinking about gambling or planning to gamble?

- ◯ Never
- ◯ Once or twice
- ◯ Sometimes
- ◯ Often
- ◯ Prefer not to say

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

88. How easy is it to get...

	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
Alcohol (e.g., beer, coolers, liquor)?	○	○	○	○	○
Tobacco products (e.g., cigarettes, dip)?	○	○	○	○	○
Vaping devices (e.g., vape pens, e-cigarettes)?	○	○	○	○	○
Marijuana (e.g., pot, hash, edibles)?	○	○	○	○	○
Prescription drugs not prescribed to you?	○	○	○	○	○

89. During the past 30 days, if you used alcohol, in which ways (if any) did you get alcohol? (Mark ALL that apply; please skip this question if you did not use alcohol.)

- ☐ I got it at a party
- ☐ I got it from a sibling or friend (under 21)
- ☐ I got it from a sibling or friend (over 21)
- ☐ I got it from my parents with permission
- ☐ I gave someone money to buy it for me
- ☐ I bought it (e.g., restaurant, bar, event, store)
- ☐ I bought it through the internet or social media
- ☐ I took it from someone without permission
- ☐ I stole it from a store
- ☐ I got it some other way

90. 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

91. During the past 30 days, if you used prescription drugs to get high, how did you get the drugs? (Mark ALL that apply; please skip this question if you did not use prescription drugs.)

- [ ] I got them at a party
- [ ] I got them from a friend, relative, or someone I know for free
- [ ] I got a prescription from one doctor
- [ ] I got a prescription from more than one doctor
- [ ] I bought them from a friend, relative, or someone I know
- [ ] I bought them through the internet/social media
- [ ] I took them from someone without asking
- [ ] I got them some other way

92. During the past 30 days, if you used marijuana/THC (through smoking, vaping, edibles, dabbing, Delta-8, or any other way), how did you get it? (Mark ALL that apply; please skip this question if you did not use marijuana.)

- [ ] I got it at a party
- [ ] I got it from a sibling or friend
- [ ] I gave someone money to buy it for me
- [ ] I bought it (e.g., in a store or shop)
- [ ] I bought it through the internet/social media
- [ ] I took it from someone without permission
- [ ] I stole it from a store/shop
- [ ] I got it some other way

93. During the past 30 days, if you vaped, how did you get your vaping device and substances? (Mark ALL that apply; please skip this question if you did not vape.)

- [ ] I got them at a party
- [ ] I got them from a sibling or friend
- [ ] I gave someone money to buy them for me
- [ ] I bought them in a store (e.g., vape shop or kiosk)
- [ ] I bought them through the internet/social media
- [ ] I stole them from a store/shop
- [ ] I got them some other way

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

94. Have you ever ridden in a car driven by someone who...

	No	Yes	Not sure
...was intoxicated by alcohol or drugs?	◯	◯	◯
...was taking or was under the influence of prescription drugs?	◯	◯	◯

95. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
...was intoxicated by alcohol or drugs?	◯	◯	◯	◯	◯
...was taking or was under the influence of prescription drugs?	◯	◯	◯	◯	◯

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

96. 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
...had one or more drinks of an alcohol beverage?	○	○	○	○	○
...had 5 or more drinks on the same occasion?	○	○	○	○	○
...used prescription drugs not prescribed to them?	○	○	○	○	○
...smoked part or all of a cigarette?	○	○	○	○	○
...used a vaping device with nicotine?	○	○	○	○	○
...used a vaping device with marijuana?	○	○	○	○	○
...used marijuana or hashish some other way?	○	○	○	○	○

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.

97. How wrong do your parents feel it would be for you to...

	Very wrong	Wrong	A little bit wrong	Not at all wrong
...drink alcohol?	○	○	○	○
...have one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
...smoke tobacco?	○	○	○	○
...use a vaping device with nicotine?	○	○	○	○
...use a vaping device with marijuana?	○	○	○	○
...smoke marijuana?	○	○	○	○
...use prescription drugs not prescribed to you?	○	○	○	○

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

	Very wrong	Wrong	A little bit wrong	Not at all wrong
...drink alcohol?	○	○	○	○
...have one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
...smoke tobacco?	○	○	○	○
...use a vaping device with nicotine?	○	○	○	○
...use a vaping device with marijuana?	○	○	○	○
...smoke marijuana?	○	○	○	○
...use prescription drugs not prescribed to you?	○	○	○	○

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

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

	Very wrong	Wrong	A little bit wrong	Not at all wrong
...drink alcohol?	◯	◯	◯	◯
...have one or two drinks of an alcoholic beverage nearly every day?	◯	◯	◯	◯
...smoke tobacco?	◯	◯	◯	◯
...use a vaping device with nicotine?	◯	◯	◯	◯
...use a vaping device with marijuana?	◯	◯	◯	◯
...smoke marijuana?	◯	◯	◯	◯
...use prescription drugs not prescribed to them?	◯	◯	◯	◯

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

	No Risk	Slight Risk	Moderate Risk	Great Risk
...drink alcohol?	◯	◯	◯	◯
...have five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	◯	◯	◯	◯
...smoke one or more packs of cigarettes a day?	◯	◯	◯	◯
...use a vaping device with nicotine?	◯	◯	◯	◯
...use a vaping device with marijuana?	◯	◯	◯	◯
...try marijuana once or twice?	◯	◯	◯	◯
...smoke marijuana once or twice a week?	◯	◯	◯	◯
...use prescription drugs that are not prescribed to them?	◯	◯	◯	◯

The next questions asks about how you've been feeling the last 30 days and whether you've ever had thoughts about suicide.

101. Thinking about the past 30 days, about how often have you felt...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
nervous?	◯	◯	◯	◯	◯
hopeless?	◯	◯	◯	◯	◯
restless or fidgety?	◯	◯	◯	◯	◯
so depressed that nothing could cheer you up?	◯	◯	◯	◯	◯
that everything was an effort?	◯	◯	◯	◯	◯
worthless?	◯	◯	◯	◯	◯

102. Have you ever hurt yourself on purpose?

- ◯ Yes
- ◯ No
- ◯ Prefer not to state

103. In the past 12 months, did you ever seriously consider attempting suicide?

- ◯ Yes
- ◯ No
- ◯ Prefer not to state

104. In that past 12 months, did you make a plan about how you would attempt suicide?

- ◯ Yes
- ◯ No
- ◯ Prefer not to state

If you are experiencing a mental health emergency, call now. **Help is available 24 hours a day, 7 days a week.**

National Suicide Prevention LIFELINE: **Call/Text/Chat 988** or **www.988lifeline.org**

These questions ask about your communication 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.

105. During the past 12 months, have you talked with at least one of your parents about the dangers of alcohol, tobacco, or drug use?

- ◯ No
- ◯ Yes
- ◯ Yes, more than once

106. During the past 12 months, have you talked with at least one of your parents about the dangers of vaping?

- ◯ No
- ◯ Yes
- ◯ Yes, more than once

107. 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

108. 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

109. During the past 12 months, do you recall seeing anything online or on social media encouraging underage drinking, vaping, marijuana, or other drug use?

- ◯ No
- ◯ Yes
- ◯ Yes, more than once

These questions ask about your school and your teachers and school staff. Please think about ALL your teachers and school staff when you answer these questions.

110. My school...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...is clean.	○	○	○	○	○
...is safe.	○	○	○	○	○
...has different places where I can learn, like the library/media center.	○	○	○	○	○
...has up-to-date computers available to help me learn.	○	○	○	○	○

111. In my school...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...students treat teachers with respect.	○	○	○	○	○
...expectations are clearly explained to me and to my family.	○	○	○	○	○

112. My teachers and principal(s)...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...want all students to learn.	○	○	○	○	○
...treat me fairly.	○	○	○	○	○
...ask me what I think about school.	○	○	○	○	○
...tell students when they do a good job.	○	○	○	○	○

113. My teachers...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...want me to do my best work.	○	○	○	○	○
...grade and evaluate my work fairly.	○	○	○	○	○
...want me to learn new things and grow.	○	○	○	○	○
...adapt their teaching to my needs.	○	○	○	○	○
...listen to me.	○	○	○	○	○
...care about students.	○	○	○	○	○
...want students to be nice to each other.	○	○	○	○	○
...help me when I need their help.	○	○	○	○	○
...use different activities and teaching methods in the classroom to help me understand what I am learning.	○	○	○	○	○
...collaborate to make learning more effective.	○	○	○	○	○
...use different ways to check for my understanding of what I have learned.	○	○	○	○	○
...make learning fun.	○	○	○	○	○
...help me learn things that I will need for the next grade/future.	○	○	○	○	○
...invite my family to school activities.	○	○	○	○	○
...share with my family how I am doing in school.	○	○	○	○	○

These questions ask about your participation in school activities, your thoughts on how students are treated, and how students act at your school.

114. During this school year I participated or will participate in extra-curricular activities offered through my school such as clubs or organizations, musical groups, sports teams, student government, dances, sporting events, or other extra-curricular activities.

- ◯ Yes, but I don't plan to participate again next year (in this or my next school).
- ◯ Yes, and I do plan on participating again next year (in this or my next school).
- ◯ No, I did not participate, and I have no plans of participating next year.
- ◯ No, I did not participate, but I would like to next year.

115. Students at my school are teased or picked on about...

	Never	Rarely	Sometimes	Usually	Always
...their race or ethnicity.	◯	◯	◯	◯	◯
...their cultural background or religion.	◯	◯	◯	◯	◯
...their physical or mental disability.	◯	◯	◯	◯	◯

116. Students at my school...

	Never	Rarely	Sometimes	Usually	Always
...carry guns or knives to school.	○	○	○	○	○
...belong to gangs.	○	○	○	○	○
...threaten to hurt other students.	○	○	○	○	○
...steal money, electronics, or other valuable things while at school.	○	○	○	○	○
...damage or destroy other students' property.	○	○	○	○	○
...damage or destroy school property.	○	○	○	○	○
...fight a lot.	○	○	○	○	○
...are sometimes physically hurt by their boyfriends or girlfriends while at school.	○	○	○	○	○

117. During this school year, how often has someone from your school...

	Never	Rarely	Sometimes	Usually	Always
...made fun of you, called you names, or insulted you?	○	○	○	○	○
...spread rumors about you?	○	○	○	○	○
...threatened to hurt you?	○	○	○	○	○
...pushed you, shoved you, tripped you or spit on you?	○	○	○	○	○
...tried to make you do things you did not want to do, for example, give them money?	○	○	○	○	○
...excluded you from activities on purpose?	○	○	○	○	○
...destroyed your property on purpose?	○	○	○	○	○
...posted hurtful information about you on the Internet, threatened or insulted you online (through direct messaging, text messaging, online gaming, Instagram, Snapchat, etc.)?	○	○	○	○	○
...bullied you in any way?	○	○	○	○	○

118. I think that...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...if another student bullied me, I would report it to an adult at my school.	◯	◯	◯	◯	◯
...if I told an adult at my school I was being bullied, the adult would do something to help.	◯	◯	◯	◯	◯

119. Have you told anyone that you have been bullied during this school year?

- ◯ Yes
- ◯ No

120. How often do the teachers or other adults at school try to put a stop to it when a student is being bullied at school?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Usually
- ◯ Always

121. If you were bullied at school, would you report it to...

	Definitely not	Probably not	Maybe	Probably	Definitely
...your classroom or homeroom teacher?	○	○	○	○	○
...another adult at school?	○	○	○	○	○
...your parent(s)/guardian(s)?	○	○	○	○	○
...your brother(s) or sister(s)?	○	○	○	○	○
...your friend(s)?	○	○	○	○	○
...somebody else?	○	○	○	○	○

The last set of questions ask some general questions about your knowledge and opinions.

122. I know what to do if there is an emergency, natural disaster (e.g., tornado, flood), or a dangerous situation (e.g., violent person on campus) during the school day.

- ◯ No, I don't know what to do in any of these situations.
- ◯ I know what to do in some of these situations.
- ◯ I know what to do in most of these situations.

123. If I heard about a threat to school or student safety, I would report it to someone in authority.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neither disagree nor agree
- ◯ Agree
- ◯ Strongly agree

124. I think that...

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
...I will definitely graduate from high school.	◯	◯	◯	◯	◯
...I plan to continue my education after high school.	◯	◯	◯	◯	◯

125. I am happy to be at this school.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

126. I have a trusted adult within my school building.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

127. Please tell us if there is anything else about your school experience that you would like to share with us.

Submit Survey

You are almost done! If you would like to go back to change any of your answer choices, please do so now by clicking the BACK button below. If you are satisfied with your survey responses, please click SUBMIT.

Once your survey has been submitted please do not click the Back button in your browser to ensure that your survey responses are secure.