

MSS 2026

Start of Block: Default Question Block

INTRODUCTION

Thank you for agreeing to participate in this study. The following questions are about your thoughts and feelings on a number of subjects about which we would like to know your opinions. Completing this survey is completely voluntary, which means you can stop at any time and you don't have to answer any questions that you don't want to. There are no right or wrong answers and everything you say is completely anonymous. That means that no one will ever know your individual responses. Please answer the survey as thoughtfully and honestly as possible. Thank you very much for being an important part of this project! Please answer all of the questions by marking one of the answer spaces. Select the answer that comes closest to how you feel. If you are not sure what a question means, please ask the survey administrator to explain. If any of the questions make you uncomfortable, you don't have to answer them; just leave them blank. Classrooms have been assigned an ID number. This does not identify you in any way; your answers are still anonymous.

After you have read this page, to begin the survey, please enter the code for your school here (your teacher will tell you what it is):

To help us with our sorting, please enter the first initial of the last name of your teacher here. So if you are in Mr. Smith's class, you would type an S. If you are in Ms. Depue's class, you would type a D. If you have a substitute teacher today, please use the initial of your regular teacher.

First, we'd like to know a little about you.

How old are you?

- 10 or younger (1)
- 11 (2)
- 12 (3)
- 13 (4)
- 14 (5)
- 15 (6)
- 16 (7)
- 17 (8)
- 18 (9)
- 19 or older (10)

What grade are you in?

- 6th (1)
- 7th (2)
- 8th (3)
- 9th (4)
- 10th (5)
- 11th (6)
- 12th (7)

Are you male or female?

- Male (1)
- Female (2)

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino (1)
- No, I am not Hispanic or Latino (2)

Which of the following best describes you? (check all that apply)

- African American or Black (1)
 - American Indian or Alaskan Native (2)
 - Asian (3)
 - Native Hawaiian or other Pacific Islander (4)
 - White (5)
 - Not listed here (please specify) (6)
-

What is the language you speak most often at home?

- English (1)
 - Spanish (2)
 - Other (please specify) (3)
-

Have either of your parents served in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?

- No (1)
- Yes (2)
- I'm not sure / don't know (6)

Display this question:

If Have either of your parents served in the military (Army, Navy, Marines, Air Force, National Guard... = Yes

You said at least one of your parents served in the military. What is their status? (check all that apply)

- My parent is CURRENTLY in the military (2)
- My parent WAS in the military but is now a veteran (3)
- I'm not sure / don't know (6)

Do you have your own cell phone?

- No (1)
- Yes but I do not use it to access the internet (2)
- Yes and I use it to access the internet (3)

How much time do you spend on a typical day using electronics to text, Snapchat, browse Instagram, etc.?

- None (1)
- 1 to 2 hours (2)
- 3 to 4 hours (3)
- 5 or more hours (4)

How much time do you spend on a typical day using electronics to watch videos or listen to music?

- None (1)
- 1 to 2 hours (2)
- 3 to 4 hours (3)
- 5 or more hours (4)

How much time do you spend on a typical day using electronics to play games?

- None (1)
- 1 to 2 hours (2)
- 3 to 4 hours (3)
- 5 or more hours (4)

Which number can you call or text any time for free, private help if you're feeling really sad, stressed, or going through a mental health, substance use, or suicidal crisis?

- 911 (1)
- 333 (2)
- 988 (3)
- 211 (4)

Your School

What were your average grades last school year?

- Mostly A's (1)
- Mostly B's (2)
- Mostly C's (3)
- Mostly D's (4)
- Mostly F's (5)

During the past 30 days, how many whole days have you missed school because you skipped or cut?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 or more days (5)

During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days (1)
- 1 day (2)
- 2 or 3 days (3)
- 4 or 5 days (4)
- 6 or more days (5)

I feel safe at school.

- Strongly Disagree (1)
- Disagree (2)
- Agree (3)
- Strongly Agree (4)

Drug Prevention Programs teach you about the harmful effects of drug use, teach you how to say no to drugs, and encourage healthy activities instead. These programs are taught by teachers , school counselors, peer leaders, social workers, etc. in a classroom or even after school.

Have you ever been a part of drug prevention program?

- No (1)
 - Yes (what did you learn?) (2)
-

How many times in the past 3 months have you been suspended from school?

- Never (1)
- 1-2 (2)
- 3-5 (3)
- 6-9 (4)
- 10-19 (5)
- 20-29 (6)
- 30-39 (7)
- 40 or more (8)

The following sentences ask about your feelings about school. Please answer strongly disagree if you really don't agree with the sentence, disagree if you sort of disagree, agree if you sort of agree, and strongly agree if you really agree with the sentence

All answer choices are:

- Strongly Disagree (1)
- Disagree (2)
- Agree (3)
- Strongly Agree (4)

Questions are:

- My teacher(s) notice(s) when I am doing a good job and let me know about it. (1)
- The school lets my parents know when I have done something well. (2)
- Rules are enforced fairly. (3)
- Students of all races and ethnic groups are treated equally. (4)

Your Friends

During the past year (12 months), how many of the friends you feel closest to you have

All answer choices are:

- 0 friends (1)
- 1 friend (2)
- 2 friends (3)
- 3 friends (4)
- 4 or more friends (5)

Questions are:

- smoked cigarettes? (1)
- used vapes/vaping devices? (7)
- drank any type of alcohol? (2)
- smoked marijuana (8)
- used marijuana (pot, weed, dab, wax, edible)? (3)
- used prescription drugs that were not prescribed to them? (6)
- used any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)? (4)
- carried a gun (not including use of a gun for hunting or sport)? (5)

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

All answer choices are:

Not wrong at all (1)

A little bit wrong (2)

Wrong (3)

Very wrong (4)

Questions are:

have one or two drinks of an alcoholic beverage nearly every day? (1)

smoke tobacco? (2)

use a vape/vaping device? (4)

smoke marijuana (7)

use marijuana (pot, weed, dab, wax, edible)? (5)

use prescription drugs not prescribed to you? (6)

Your Neighborhood

Please answer No! if you really don't agree with the sentence, no if you sort of disagree, yes if you sort of agree, and Yes! if you really agree with the sentence.

All answer choices are:

No! (1)

no (2)

yes (3)

Yes! (4)

Questions are:

If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police? (1)

If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police? (2)

If a kid used marijuana (pot, weed, dab, wax, edible) in your neighborhood, or the area around where you live, would he or she be caught by the police? (3)

If a kid was found carrying a gun in your neighborhood, or the area around where you live, would he or she be caught by the police? (4)

Your Thoughts and Behaviors The next set of questions asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

How many times in the past 3 months have YOU done the following action:

All answer choices are:

- Never (1)
- 1-2 (2)
- 3-5 (3)
- 6-9 (4)
- 10-19 (5)
- 20-29 (6)
- 30-39 (7)
- 40 or more (8)

Questions are:

- Spread mean rumors or lies about other kids at school? (1)
- Posted something online or sent a text that might embarrass or hurt another student? (2)
- Made fun of other people? (3)
- Hit, shoved or pushed another student and was not just fooling around? (4)

How many times in the past 3 months has SOMEONE ELSE done the following action TO YOU:

All answer choices are:

- Never (1)
- 1-2 (2)
- 3-5 (3)
- 6-9 (4)
- 10-19 (5)
- 20-29 (6)
- 30-39 (7)
- 40 or more (8)

Questions are:

- Spread mean rumors or lies about other kids at school? (1)
- Posted something online or sent a text that might embarrass or hurt another student? (2)
- Made fun of other people? (3)
- Hit, shoved or pushed another student and was not just fooling around? (4)

During the past 12 months, how many times

All answer choices are:

- 0 times (1)
- 1 time (2)
- 2 or 3 (3)
- 4 or 5 (4)
- 6 or 7 (5)
- 8 or 9 (6)

10 or 11 (7)
12 or more (8)

Questions are:

Were you in a physical fight? (1)

Were you in a physical fight in which you were injured and had to be treated by a doctor or nurse? (2)

Has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (3)

The following sentences ask about your feelings about yourself. Please answer strongly disagree if you really don't agree with the sentence, disagree if you sort of disagree, agree if you sort of agree, and strongly agree if you really agree with the sentence.

All answer choices are:

Strongly Disagree (1)

Disagree (2)

Agree (3)

Strongly Agree (4)

Questions are:

I ignore rules that get in my way. (1)

I do the opposite of what people tell me, just to get them mad. (2)

I think sometimes it is okay to cheat at school. (3)

I know where to go in my community to get help. (4)

I feel optimistic about my future. (5)

I feel that I handle stress in a healthy way. (6)

In the past 12 months, have you spent money or traded anything of value on any of the following? (Check all that apply)

- Lottery or scratch off tickets (1)
- Loot boxes in video games (2)
- Raffle tickets for prizes (4)
- High risk stocks or cryptocurrencies (5)
- Playing bingo, card games or other games for prizes (6)
- Betting on sports (online or in person) (7)
- Betting on a game of personal skills (e.g., pool, bowling, darts, video game) (8)
- ☒ I have not spent money or traded anything of value on any of these (9)

Skip To: Q37 If In the past 12 months, have you spent money or traded anything of value on any of the following?... = I have not spent money or traded anything of value on any of these

How often have you spent money or traded something of value on the above activities?

- Once or twice (1)
- A few times a year (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (6)

How often do you think about the above activities, when you are not doing them?

- Never (1)
- A few times a year (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (6)

People engage in the above activities for a variety of reasons, including the reasons displayed below. For any of the activities that you engage in, check the reasons that were important to you. (check all that apply)

- A source of entertainment or fun (1)
- A source of excitement or challenge (2)
- A way to socialize with friends (3)
- A way to get rich (4)
- A source of money to use for things I want or need (5)
- A hobby (6)
- A way to get my mind off everyday problems. (7)
- To cope with stress or emotions (8)

In the last 30 days how often:

All answer choices are:

- Never (1)
- Not very often (2)
- Sometimes (3)
- Often (4)
- Always (5)

Questions are:

- felt so nervous or worried that it was hard to focus at school or do everyday things? (1)
- skipped something or left early (like a class, a party, or an event) because you felt anxious or worried? (2)
- found it harder to make choices or finish tasks because you were feeling worried or anxious? (3)
- were you very sad? (1)
- were you grouchy or irritable, or in a bad mood? (2)
- did you feel hopeless about the future? (3)
- did you feel like not eating or eating more than usual? (4)
- did you sleep a lot more or a lot less than usual? (5)
- did you have difficulty concentrating on your school work? (6)

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

- No (1)
- Yes (2)

Display this question:

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

If you are thinking about suicide or are worried about a friend or loved one, please call or text the Suicide & Crisis Lifeline at 988 to talk with a trained Crisis Counselor 24/7. For immediate help, call 911.

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

- No (1)
- Yes (2)

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

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

Skip To: Q42 If During the past 12 months, how many times did you actually attempt suicide? = 0 times

If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- No (1)
- Yes (2)

Have you ever harmed yourself on purpose in a way that was deliberate but not intended as a way to take your life?

- No (1)
- Yes (2)

Skip To: Q45 If Have you ever harmed yourself on purpose in a way that was deliberate but not intended as a way t... = No

What did you do? (check all that apply)

- Cut, bit, scratched or hit myself on purpose to hurt myself (1)
 - Swallowed more medicine than a doctor told me to take to hurt myself (2)
 - Used drugs or alcohol to hurt myself (3)
 - Swallowed something on purpose that was not food, drink or medicine in order to hurt myself (4)
 - Burned myself (5)
 - Pulled my hair or eyelashes (6)
 - Punched a hard object (like a wall or door) (8)
 - Other (please specify) (7)
-

Your Beliefs about Cigarettes, Alcohol, and Other Drugs

These questions are about how available certain things are to you.

All answer choices are:

- Very easy (1)
- Sort of easy (2)
- Sort of hard (3)
- Very hard (4)

Questions are:

- If you wanted to get cigarettes, how easy would it be for you to get some? (1)
- If you wanted to get a vape/vaping device, how easy would it be for you to get one? (2)
- If you wanted to get alcohol (beer, wine, brandy, and mixed drinks), how easy would it be for you to get some? (3)
- If you wanted to get some marijuana (pot, weed, dab, wax, edibles), how easy would it be for you to get some? (4)
- If you wanted to get any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies), how easy would it be for you to get some? (5)
- If you wanted to get over the counter drugs (Tylenol Cough, Dayquil, Benadryl, etc) when you were not sick, how easy would it be for you to get some? (6)
- If you wanted to get prescription drugs that were not prescribed to you by a doctor, how easy would it be for you to get some? (7)
- If you wanted to get synthetic drugs (such as K2, bath salts, plant food, Spice), how easy would it be for you to get some? (8)

How “cool” do you think your peers believe someone your age would be if they

All answer choices are:

- Very cool (1)
- Pretty cool (2)
- A little cool (3)
- Not at all cool (4)

Questions are:

- smoked cigarettes? (1)
- used vapes/vaping devices? (2)
- Drank alcohol? (3)
- Used marijuana (pot, weed, dabs, wax, edibles)? (4)

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

All answer choices are:

No risk at all (1)

Slight risk (2)

Moderate risk (3)

Great risk (4)

Questions are:

drink alcohol? (1)

take one or two drinks of an alcoholic beverage nearly every day? (2)

have five or more drinks of an alcoholic beverage once or twice a week? (3)

smoke one or more packs of tobacco cigarettes per day? (4)

used a vape/vaping device? (5)

used marijuana (pot, weed, dabs, wax, edibles) once or twice a week? (6)

use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)? (7)

use synthetic drugs (K2, bath salts, plant food, Spice)? (8)

use cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high? (9)

use prescription drugs that are not prescribed to them? (10)

How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- Neither Approve Nor Disapprove (1)
- Somewhat Disapprove (2)
- Strongly Disapprove (3)
- Don't Know/ Can't Say (4)

How wrong do you feel it would be for you to

All answer choices are:

Not wrong at all (1)

A little bit wrong (2)

Wrong (3)

Very wrong (4)

Questions are:

smoke tobacco cigarettes? (1)

use vapes/vaping devices? (2)

drink any type of alcohol? (3)

take one or two drinks of an alcoholic beverage nearly every day? (4)

have five or more drinks of an alcoholic beverage once or twice a week? (5)
smoke marijuana (8)
use marijuana (pot, weed, dabs, wax, edibles)? (6)
use marijuana (pot, weed, dabs, wax, edibles) once or twice a week? (7)
use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club
drugs (molly, ecstasy, roofies)? (8)
use cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-
the-counter medicines to get high? (9)
use prescription drugs that have not been prescribed to you by a doctor? (10)

Cigarettes, Alcohol, and Other Drugs These next questions are about your use of tobacco, alcohol, and other drugs. Remember your answers are completely anonymous.

CIGARETTES.

Have you ever smoked part or all of a cigarette?

- No (1)
- Yes (2)

Skip To: Q57 If Have you ever smoked part or all of a cigarette? = No

How do you get your cigarettes? (check all that apply)

- A family member gives or sells them to me (1)
 - A friend gives or sells them to me (2)
 - I buy them from the store (3)
 - I ask a stranger to buy them for me (4)
 - I take them without permission (5)
 - Buy them online (6)
 - Other (please specify) (7)
-

How old were you the first time you smoked part or all of a cigarette?

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

What is your best estimate of the number of days you smoked part or all of a cigarette during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q57 If What is your best estimate of the number of days you smoked part or all of a

Have you ever tried to quit smoking cigarettes?

- Yes and I quit (1)
- Yes, but I still smoke (2)
- No, I never tried (3)

On the day or days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average?

- Part of one cigarette per day (1)
- 1 cigarette per day (2)
- 2 to 5 cigarettes per day (3)
- 6 to 15 cigarettes per day (about 1/2 pack) (4)
- 16 to 25 cigarettes per day (about 1 pack) (5)
- 26 to 35 cigarettes per day (about 1 1/2 packs) (6)
- More than 35 cigarettes per day (about 2 packs or more) (7)

What is your best estimate of the number of days you smoked part or all of a cigarette on school property during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

CHEWING TOBACCO. These next questions are about your use of smokeless tobacco or nicotine (chew, dip, ZYN, snus)

Have you ever used smokeless tobacco or nicotine (chew, dip, ZYN, snus), even once?

- No (1)
- Yes (2)

Skip To: Q60 If Have you ever used smokeless tobacco or nicotine (chew, dip, ZYN, snus), even once? = No

What is your best estimate of the number of days you used smokeless tobacco or nicotine during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20-29 days (6)
- All 30 days (7)

VAPES/VAPING DEVICES. These next questions are about your use of vapes/vaping devices.

Have you ever used a vape/vaping device even once?

- No (1)
- Yes (2)

Skip To: Q63 If Have you ever used a vape/vaping device even once? = No

How old were you the first time you used a vape/vaping device?

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

What is your best estimate of the number of days you used vape/vaping devices during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20-29 days (6)
- All 30 days (7)

How do you get the products to put in your vapes/vaping devices? (check all that apply)

- A family member gives or sells them to me (1)
 - A friend gives or sells them to me (2)
 - I buy them from the store (3)
 - I ask a stranger to buy them for me (4)
 - I take them without permission (5)
 - Buy them online (6)
 - Other (please specify) (7)
-

What do you use in your vapes/vaping devices? (Check all that apply)

- Nicotine (1)
 - Marijuana (pot, weed, dabs, wax) (2)
 - Flavor only (3)
 - Other (please specify) (4)
-

HOOKAH. These next questions are about your use of hookahs or water pipes.

Have you ever used hookahs (water pipes), even once?

- No (1)
- Yes (2)

Skip To: Q67 If Have you ever used hookahs (water pipes), even once? = No

What is your best estimate of the number of days you used hookahs (water pipes) during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20-29 days (6)
- All 30 days (7)

ALCOHOL. The next questions are about alcohol, such as beer, wine, brandy, and mixed drinks. We are not asking about times when you only had a sip or two from a drink or drank only for religious purposes. Throughout these questions, by a "drink", we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.

During the past 30 days, on how many days did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20-29 days (6)
- All 30 days (7)

Have you ever, even once, had a drink of any type of alcohol? Please do not include times when you only had a sip or two from a drink or if you drank alcohol only for religious purposes.

- No (1)
- Yes (2)

Skip To: Q78 If Have you ever, even once, had a drink of any type of alcohol? Please do not include times when yo... = No

Think about the first time you had a drink of alcohol. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

During your life, how many times have you had at least one drink of alcohol?

- 0 times (1)
- 1-2 times (2)
- 3-5 times (3)
- 6-9 times (4)
- 10-19 times (5)
- 20-39 times (6)
- 40 or more times (7)

How do you get your alcohol? (check all that apply)

- A family member gives or sells it to me (1)
 - A friend gives or sells it to me (2)
 - I buy it from the store / bar / etc. (3)
 - I ask a stranger to buy it for me (4)
 - I take it without permission (5)
 - Buy it online (6)
 - Other (please specify) (7)
-

What is your best estimate of the number of days you drank alcohol during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q78 If What is your best estimate of the number of days you drank alcohol during the past 30 days? = 0 days

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

- None (1)
- Once (2)
- Twice (3)
- 3-5 times (4)
- 6-9 times (5)
- 10 or more times (6)

On the days you drink alcohol, about how many drinks do you have on average?

- Less than one (1)
- One (2)
- Two (3)
- Three (4)
- Four (5)
- Five (6)
- Six or more (7)

What is your best estimate of the number of days you drank alcohol on school property during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

During the past 30 days, on how many days did you drive a car or other vehicle when you had been drinking alcohol?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

MARIJUANA. The next questions are about marijuana (weed, grass, pot, dabs, wax, or edibles).

Have you ever, even once, used a form of marijuana?

- No (1)
- Yes (2)

Skip To: Q85 If Have you ever, even once, used a form of marijuana? = No

How old were you the first time you used marijuana?

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

How do you get your marijuana? (check all that apply)

- A family member gives or sells it to me (1)
 - A friend gives or sells it to me (2)
 - I buy it from a dealer (3)
 - A stranger gives or sells it to me (4)
 - I take it without permission (5)
 - Buy it online (6)
 - Other (please specify) (7)
-

What is your best estimate of the number of days you used marijuana during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q85 If What is your best estimate of the number of days you used marijuana during the past 30 days? = 0 days

What is your best estimate of the number of days you used marijuana on school property during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

How do you use marijuana? (check all that apply)

- Smoke it (blunt, pipe, joint, bong, water pipe, hookah, etc.) (1)
 - Vape it (dry plant material, THC oil, CBD oil, or other extracts, etc.) (2)
 - Eat it (Edibles) (3)
 - Dabbing (wax, butter, hash oil, etc.) (4)
 - Other (please specify) (5)
-

INHALANTS. The next questions are about inhalants, which are liquids, sprays, and gases that some people sniff or inhale. Inhalants include things like gas in aerosol cans, whippets, gasoline, white out, glue, and marking pens.

Have you ever, even once, used inhalants?

- No (1)
- Yes (2)

Skip To: Q89 If Have you ever, even once, used inhalants? = No
--

How old were you the first time you used inhalants?

- 8 or younger (1)
- 10 (2)
- 11 (3)
- 12 (4)
- 13 (5)
- 14 (6)
- 15 (7)
- 16 (8)
- 17 (9)
- 18 (10)
- 19 or older (11)

What is your best estimate of the number of days you used inhalants during the past 30 days?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

PRESCRIPTION DRUGS. The next questions are about prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) taken without a doctor's prescription? (Do not consider marijuana while answering this question)

Have you ever, even once, used prescription medication that was not prescribed for you by a doctor? (not including "over-the-counter" medications)

- No (1)
- Yes (2)

Skip To: Q96 If Have you ever, even once, used prescription medication that was not prescribed for you by a docto... = No

In the past 12 months, which of the following prescription drugs have you used without a doctor's prescription for your use? (check all that apply)

- Stimulants (e.g., Dexedrine, Adderall, Ritalin, Concerta) (1)
 - Pain medication (e.g., Vicodin, OxyContin, Tylenol 3 with Codeine, Demerol, morphine) (2)
 - Sedatives/anxiety medication (e.g., Barbiturates, Valium, Librium, Xanax, Ativan, Klonopin) (3)
 - Sleeping medication (e.g., Ambien, Halcion, Restoril) (4)
 - Other (please specify) (5)
-

What is your best estimate of the number of days in the past 30 days you used any prescription drugs that was not prescribed for you by a doctor

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Skip To: Q96 If What is your best estimate of the number of days in the past 30 days you used any prescription dr... = 0 days

How do you access your prescription drugs without a doctor's prescription? (check all that apply)

- A family member gives or sells it to me (1)
 - A friend gives or sells it to me (2)
 - A stranger gives or sells it to me (3)
 - I take it without permission (4)
 - I buy it online (5)
 - Other (please specify) (6)
-

People use prescription drugs for various reasons, including the reasons displayed below. For any of the drugs you used without a doctor's prescription, check the reasons that were important to you for using them. (check all that apply)

- To help with stress reduction (1)
 - To help me sleep (2)
 - To help me feel better or happier (3)
 - To increase my energy (4)
 - To help with weight loss (5)
 - To fit in with friends (6)
 - To have a good time (7)
 - To reduce and/or manage physical pain (8)
 - To reduce and/or manage emotional pain (11)
 - To improve academic performance (9)
 - Curiosity (10)
 - Other (please specify) (12)
-

How old were you the first time you used prescription drugs that was not prescribed for you by a doctor? (not including "over-the-counter" medications)

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

OVER-THE-COUNTER MEDICATIONS.

Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?

- No (1)
- Yes (2)

Skip To: Q102 If Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol... = No

What is your best estimate of the number of days in the past 30 days you used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

How old were you the first time you used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?

- 8 or younger (1)
- 9 (2)
- 10 (3)
- 11 (4)
- 12 (5)
- 13 (6)
- 14 (7)
- 15 (8)
- 16 (9)
- 17 (10)
- 18 (11)
- 19 or older (12)

OTHER DRUGS.

Have you ever, even once, used any form of cocaine?

- No (1)
- Yes (2)

Have you ever, even once, used heroin (also called smack or H)?

- No (1)
- Yes (2)

Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushrooms, Mescaline, Peyote, or Psilocybin?

- No (1)
- Yes (2)

Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)?

- No (1)
- Yes (2)

Have you ever, even once, used Dumolan (also known as "dums" or "dumbos")?

- No (1)
- Yes (2)

Have you ever, even once, used any type of club drug including MDMA (molly, ecstasy, X, E), GHB (G), Rohypnol (roofie), or Ketamine (Special K)?

- No (1)
- Yes (2)

Display this question:

If Have you ever smoked part or all of a cigarette? = No

And Have you ever used smokeless tobacco or nicotine (chew, dip, ZYN, snus), even once? = No

And Have you ever used a vape/vaping device even once? = No

And Have you ever used hookahs (water pipes), even once? = No

And Have you ever, even once, had a drink of any type of alcohol? Please do not include times when yo... = No

And Have you ever, even once, used a form of marijuana? = No

And Have you ever, even once, used inhalants? = No

And Have you ever, even once, used prescription medication that was not prescribed for you by a docto... = No

And Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol... = No

And Have you ever, even once, used a synthetic drug (K2, bath salts, plant food, Spice)? = No

And Have you ever, even once, used any form of cocaine? = No

And Have you ever, even once, used heroin (also called smack or H)? = No

And Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushroom... = No

And Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)? = No

And Have you ever, even once, used Dumolan (also known as "dums" or "dumbos")? = No

And Have you ever, even once, used any type of club drug including MDMA (molly, ecstasy, X, E), GHB (... = No

Check the reason(s) that motivate you or can motivate you to not use alcohol or other drugs

- For health (1)
 - To perform best in sports, art, or school (2)
 - To be a positive role model (3)
 - To be there for my friends (4)
 - To make my parents/ guardians proud (5)
 - To make my teacher(s)/coach(es) proud (6)
 - To follow the law (7)
 - To protect my reputation (8)
 - Other (please specify) (9)
-

Display this question:

If Have you ever smoked part or all of a cigarette? = Yes

Or Have you ever used smokeless tobacco or nicotine (chew, dip, ZYN, snus), even once? = Yes

Or Have you ever used a vape/vaping device even once? = Yes

Or Have you ever used hookahs (water pipes), even once? = Yes

Or Have you ever, even once, had a drink of any type of alcohol? Please do not include times when yo... = Yes

Or Have you ever, even once, used a form of marijuana? = Yes

Or Have you ever, even once, used inhalants? = Yes

Or Have you ever, even once, used prescription medication that was not prescribed for you by a docto... = Yes

Or Have you ever, even once, used cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol... = Yes

Or Have you ever, even once, used a synthetic drug (K2, bath salts, plant food, Spice)? = Yes

Or Have you ever, even once, used any form of cocaine? = Yes

Or Have you ever, even once, used heroin (also called smack or H)? = Yes

Or Have you ever, even once, used hallucinogens such as LSD (acid), PCP (angel dust), Magic Mushroom... = Yes

Or Have you ever, even once, used methamphetamine (known as meth, crank, crystal, or ice)? = Yes

Or Have you ever, even once, used Dumolan (also known as "dums" or "dumbos")? = Yes

Or Have you ever, even once, used any type of club drug including MDMA (molly, ecstasy, X, E), GHB (... = Yes

People use drugs and alcohol for various reasons, including the reasons displayed below. For drug or alcohol use, check the reasons that were important to you for using them. (check all that apply)

- To help with stress reduction (1)
- To help me sleep (2)
- To help me feel better or happier (3)
- To increase my energy (4)
- To help with weight loss (5)
- To fit in with friends (6)
- To have a good time (7)
- To reduce and/or manage physical pain (8)
- To reduce and/or manage emotional pain (9)
- To improve academic performance (10)
- Curiosity (11)
- Other (please specify) (12)

Your Family

Question on parental behavior:

All answer choices are:

Strongly disagree (1)

Disagree (2)

Agree (3)

Strongly agree (4)

Questions are:

My parents notice when I am doing a good job and let me know about it. (1)

My parents ask me what I think before most family decisions affecting me are made. (2)

My parents ask if I have gotten my homework done. (3)

All answer choices are:

Not wrong at all (1)

A little bit wrong (2)

Wrong (3)

Very wrong (4)

Questions on How wrong Parents would feel various answers are.

Questions are:

How wrong do your parents feel it would be for you to smoke tobacco? (1)

How wrong do your parents feel it would be for you to use a vape/vaping device? (5)

How wrong do your parents feel it would be for you to drink any type of alcohol? (2)

How wrong do your parents feel it would be for you to take one or two drinks of an alcoholic beverage nearly every day? (3)

How wrong do your parents feel it would be for you to use cold/cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high? (4)

How wrong do your parents feel it would be for you to smoke marijuana (8)

How wrong do your parents feel it would be for you to use marijuana (pot, weed, dabs, wax, edibles)? (5)

How wrong do your parents feel it would be for you to use any form of marijuana (pot, weed, dab wax, edibles) once or twice a week? (6)

How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you? (7)