

This survey often asks questions about your "parents." For those questions, please think about the people who take care of you, whether it be two parents, a single parent, stepparents, grandparents, foster parents, etc.

	NO!	no	yes	YES!
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27	23. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?			
24	<input type="radio"/> None <input type="radio"/> 2 days <input type="radio"/> 4-5 days <input type="radio"/> 11 or more days			
23	<input type="radio"/> 1 day <input type="radio"/> 3 days <input type="radio"/> 6-10 days <input type="radio"/> days			
21	24. 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 the way to or from school?			
18	<input type="radio"/> 0 days <input type="radio"/> 2-3 days <input type="radio"/> 6 or more days			
17	<input type="radio"/> 1 day <input type="radio"/> 4-5 days			
16				
14	25. During the past 12 months have you been bullied? If so, where? (Mark all that apply).			
11	<input type="checkbox"/> I have not been bullied in the past 12 months			
10	<input type="checkbox"/> Cafeteria			
9	<input type="checkbox"/> Walking to school <input type="checkbox"/> Classroom			
8	<input type="checkbox"/> School bus <input type="checkbox"/> After school club or sports teams			
7	<input type="checkbox"/> School hallways <input type="checkbox"/> Online			
6	<input type="checkbox"/> School bathrooms <input type="checkbox"/> Cell phone			
5	<input type="checkbox"/> Gymnasium <input type="checkbox"/> Other location not at school			

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
26. Now think about all the students in your grade at your school. How many of them do you think...							
a. smoke one or more cigarettes a day?	<input type="radio"/>						
b. drank alcohol sometime in the past month?	<input type="radio"/>						
c. used marijuana sometime in the past month?	<input type="radio"/>						
d. used an illegal drug in the past month (do not include marijuana)?	<input type="radio"/>						
e. used prescription opioids in the past month that were NOT prescribed to them by a doctor (such as OxyContin, codeine, Vicodin, Percocet)?	<input type="radio"/>						
f. used prescription stimulants in the past month that were NOT prescribed to them by a doctor (such as Adderall, Ritalin, or Dexedrine)?	<input type="radio"/>						

27. Do you receive free or reduced price lunch?
 Yes No Not sure

28. During a typical week, how many times do you eat dinner together with most of the family members who live in your home?
 0 times 3 times 6 times
 1 time 4 times 7 times
 2 times 5 times

29. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	Number of friends				
	0	1	2	3	4
a. participated in clubs, organizations or activities at school?	<input type="radio"/>				
b. smoked cigarettes?	<input type="radio"/>				
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. liked school?	<input type="radio"/>				
j. sold illegal drugs?	<input type="radio"/>				
k. regularly attended religious services?	<input type="radio"/>				



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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use electronic cigarettes, e-cigarettes, vape pens, vape pipes or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. How old were you when you first:

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. used marijuana?	<input type="radio"/>								
b. smoked a cigarette, even just a puff?	<input type="radio"/>								
c. used an electronic cigarette, e-cigarette, vape pen, vape pipe, or e-hookah?	<input type="radio"/>								
d. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>								
e. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>								
f. got suspended from school?	<input type="radio"/>								
g. used a prescription stimulant drug that was NOT prescribed to you by a doctor (such as Adderall, Ritalin, or Dexedrine)?	<input type="radio"/>								
h. used a prescription opioid drug that was NOT prescribed to you by a doctor (such as OxyContin, codeine, Vicodin, Percocet)?	<input type="radio"/>								

32. During the past 30 days, how many times did you:

	I did not drive	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
a. DRIVE a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>					
b. RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	<input type="radio"/>					
c. DRIVE a car or other vehicle within three hours after you had used marijuana?	<input type="radio"/>					
d. RIDE in a car or other vehicle within three hours after the DRIVER had used marijuana?	<input type="radio"/>					

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use prescription opioids that were NOT prescribed to them by a doctor (such as OxyContin, codeine, Vicodin, Percocet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription stimulants that were NOT prescribed to them by a doctor (such as Adderall, Ritalin, or Dexedrine)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. If you have used an electronic vapor product (such as e-cigarettes, vape pens, vape pipes, or e-hookahs) what substance have you vaped? (Mark all that apply).

I have never used an electronic vapor product
 Vape juice with nicotine Marijuana
 Vape juice without nicotine Something else
 Tobacco I'm not sure what I was vaping

35. How many times in the past year (12 months) have you:

	Never	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. been suspended from school?	<input type="radio"/>							
b. carried a handgun?	<input type="radio"/>							
c. sold illegal drugs?	<input type="radio"/>							
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
e. been arrested?	<input type="radio"/>							
f. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
g. been drunk at school?	<input type="radio"/>							
h. been high on marijuana at school?	<input type="radio"/>							
i. taken a handgun to school?	<input type="radio"/>							
j. participated in clubs, organizations or activities <u>at</u> school?	<input type="radio"/>							
k. done extra work on your own for school?	<input type="radio"/>							
l. volunteered to do community service?	<input type="radio"/>							
m. participated in clubs, organizations or activities <u>outside</u> school?	<input type="radio"/>							

36. If you drank **ALCOHOL** (beer, wine, or hard liquor) and not just a sip or taste in the past 12 months, how did you **USUALLY** get it? (Mark the number of times for each).

	6 or more times	3 to 5 times	1 or 2 times	0 times
78				
75				
72				
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37. During the past year (12 months) did you drink alcohol at any of the following places? (Mark the number of times for each).

	6 or more times	3 to 5 times	1 or 2 times	0 times
46				
44				
41				
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37				
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38. How often do you attend religious services or activities?

Never 1-2 times a month
 Rarely About once a week or more

	NO!	no	yes	YES!
39. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. What are the chances you would be seen as cool if you:

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
a. smoked cigarettes?	<input type="radio"/>				
b. worked hard at school?	<input type="radio"/>				
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>				
d. defended someone who was being verbally abused at school?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. regularly volunteered to do community service?	<input type="radio"/>				

47. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)

None Twice 6-9 times
 Once 3-5 times 10 or more times

48. Have you ever tried any of the following products, even just one time?

	Yes	No
a. cigarettes	<input type="radio"/>	<input type="radio"/>
b. cigars, favored cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>
c. blunt wraps	<input type="radio"/>	<input type="radio"/>
d. snus (such as Camel or Marlboro Snus)	<input type="radio"/>	<input type="radio"/>
e. electronic cigarettes, e-cigarettes, vape pens, vape pipes, or e-hookahs	<input type="radio"/>	<input type="radio"/>
f. chewing tobacco, snuff or plug (such as Skoal, Grizzly, or Levi Garrett)	<input type="radio"/>	<input type="radio"/>



During the past 30 days, On how many occasions (if any) have you:

OCCASIONS

	0	1-2	3-5	6-9	10-19	20-39	40+	
49. had alcoholic beverages (beer, wine or hard liquor) to drink -- more than just a few sips?	<input type="radio"/>	76						
50. used marijuana (grass, pot) or hashish (hash, hash oil)?	<input type="radio"/>	74						
51. used alcohol and marijuana at the same time (within 2 or 3 hours of each other)?	<input type="radio"/>	72						
52. smoked cigarettes?	<input type="radio"/>	70						
53. used electronic cigarettes, e-cigarettes, vape pens, vape pipes or e-hookahs?	<input type="radio"/>	67						
54. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<input type="radio"/>	64						
55. used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="radio"/>	61						
56. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>	59						
57. used phenoxydine (pox, px, breeze)?	<input type="radio"/>	57						
58. used methamphetamines (meth, speed, crank, crystal meth)?	<input type="radio"/>	53						
59. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	<input type="radio"/>	50						
60. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	<input type="radio"/>	47						
61. used prescription tranquilizers or benzodiazepines (such as Valium, Klonopin, Xanax, Ativan) without a doctor telling you to take them?	<input type="radio"/>	43						
62. used opiod or narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	<input type="radio"/>	40						
63. used heroin?	<input type="radio"/>	38						
64. used MDMA (X,E, ecstasy, or Molly)?	<input type="radio"/>	36						
65. used synthetic drugs such as K-2, Spice or bath salts?	<input type="radio"/>	33						
66. drank energy drinks with caffeine (like Red Bull, Monster, Rockstar or 5-Hour Energy)?	<input type="radio"/>							

67. About how frequently (if at all) have you used marijuana in the past 30 days?

- I did not use marijuana in the past 30 days
- 1-3 times per month
- About 1-3 times per week
- About 4-6 times per week
- About 1-3 times per day
- About 4-9 times per day
- 10 or more times per day

68. If you used marijuana in the past 30 days, HOW did you usually GET it? (Mark all that apply.)

- I did not use marijuana during the past 30 days
- I got it from a friend
- I got it from a family member
- I got from a dealer or stranger
- I bought it at a store
- I got it with my Medical Marijuana ID Card
- I got it from someone who has a Medical Marijuana ID Card
- I grew it or someone in my family/household grew it
- I got it some other way

69. If you used marijuana in the past 30 days, WHERE did you usually USE it? (Mark all that apply.)

- I did not use marijuana in the past 30 days
- At my home
- At another person's home
- When driving or riding in a car or other vehicle
- At a restaurant, bar, or club
- At a public place such as a park, beach, forest, or parking lot
- At a public event such as a concert or sporting event
- On school property
- Somewhere else

70. If you used marijuana in the past 30 days, HOW did you usually USE it? (Mark all that apply.)

- I did not use marijuana in the past 30 days
- I smoked it in a joint, bong, pipe or blunt
- I ate it in food such as candy, brownies, cakes, or cookies or other food
- I drank it in tea, cola, alcohol, or other drinks
- I vaped it in a vaping pipe or other electronic vaping device
- I dabbled it
- I used it some other way



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71. During the past 12 months, have any of the following happened to you either while you were using marijuana or as a result of your using marijuana? (Mark all that apply.)

- I did not use marijuana in the past 12 months
- Coughing or breathing problems
- Difficulty remembering things
- Feeling tired, groggy, or unmotivated
- Doing poorly on a test or school work
- Procrastinating or not getting things done
- Spending more money than you wanted to
- Had problems at school or work
- Had problems with your family

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72. Where have you seen advertising that promotes marijuana or marijuana-related products? (Mark all that apply.)

- TV
- Social Media
- Other internet sources
- Newspapers or magazines
- Billboards
- Store fronts or signs for businesses
- Some other place
- I have not seen marijuana or marijuana-related products advertised anywhere

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73. During the past 12 months, if you used any prescription drugs WITHOUT A DOCTOR TELLING YOU TO TAKE THEM (such as Adderall, Ritalin, Valium, Xanax, Oxycontin, Vicodin, Percocet), how did you USUALLY get them? (Mark all that apply.)

- I did not use any prescription drugs without a doctor telling me to in the past year
- I got them from home **with** my parents' permission
- I got them from home **without** my parents' permission
- Someone I know gave or sold them to me.
- I took them from someone else's medicine cabinet (not at my home).
- A stranger gave or sold them to me.
- I got them at a party.
- I got them another way.

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74. Have any of your brothers or sisters ever:

	I don't have any brothers or sisters			
	No		Yes	
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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75. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to:

	Not wrong at all			
	A little bit wrong		Wrong	
	Very wrong			
a. use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some of the following questions will ask about your family. There are many different types of families, which include single parents, stepparents, partners, grandparents, foster parents, legal guardians or anyone you live with that serves in that role in your life. When answering these questions, think about the primary caregiver(s) in your life.

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76. Think of the parent or caregiver with whom you spend the most time.

	NO!		yes		YES!	
			no			
a. Do you feel very close to this person?	<input type="checkbox"/>					
b. Do you share your thoughts and feelings with this person?	<input type="checkbox"/>					
c. Do you enjoy spending time with this person?	<input type="checkbox"/>					

77. Is there another parent or caregiver with whom you spend a significant amount of time? If yes,

a. Do you feel very close to this person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you share your thoughts and feelings with this person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you enjoy spending time with this person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78. My parents ask me what I think before most family decisions affecting me are made.

79. If I had a personal problem, I could ask a parent or caregiver for help.

80. My parents give me lots of chances to do fun things with them.

81. My parents ask if I've gotten my homework done.

82. People in my family have serious arguments.

83. Would your parents know if you did not come home on time?

84. My family has clear rules about alcohol use.

85. My family has clear rules about other drug use.

86. During the past 12 months, have you talked with at least one of your parents about the dangers of:

	Yes		No	
a. underage drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. tobacco use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. using prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87. How often do your parents tell you they're proud of you for something you've done?

- Never or almost never
- Sometimes
- Often
- All the time



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

- Never or almost never Often
 Sometimes All the time

89. When parents find out their kids have been drinking they may discuss it, take away privileges, add chores, take away cell phones, use of the car, etc. In the past 12 months, if your parents found out you were drinking, how did they respond?

- I didn't drink.
 I drank but I was not caught.
 I was caught but there were no consequences.
 There were minor consequences.
 There were major consequences.

90. If the police caught you drinking, which of the following would most likely happen? (Select one option).

- There would be no consequence.
 I would be given a warning and then let go.
 I would be taken home to my parents.
 I would be arrested but would get no penalty.
 I would be arrested and the court would impose a penalty.

91. During the past 12 months, how many times has each of the following things happened?

	Never	Once	Twice	Three or four times	Five or more times
a. You had problems at school or work because you had been drinking.	<input type="radio"/>				
b. You had problems with your friends because you had been drinking.	<input type="radio"/>				
c. You had problems with someone you were dating because you had been drinking.	<input type="radio"/>				
d. You were hung over.	<input type="radio"/>				
e. You were sick to your stomach or threw up after drinking.	<input type="radio"/>				
f. You got into a sexual situation that you later regretted because you had been drinking.	<input type="radio"/>				
g. You got into a physical fight because you had been drinking.	<input type="radio"/>				
h. You were drunk at school or work.	<input type="radio"/>				

	NO!	no	yes	YES!
92. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. If you skipped school would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NO!	no	yes	YES!
95. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use electronic cigarettes, e-cigarettes, vape pens, vape pipes or e-hookahs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very hard	Sort of hard	Sort of easy	Very easy
101. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. If you wanted to get some stimulant prescription drugs NOT prescribed to you by a doctor (such as Adderall, Ritalin, or Dexedrine) how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. If you wanted to get some opioid prescription drugs NOT prescribed to you by a doctor (such as OxyContin, codeine, Vicodin, Percocet) how easy would it be to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

107. Which of the following best describes you?

- Bisexual Gay/lesbian Other
 Straight (heterosexual) Not sure

108. The last time you had sexual intercourse what one method did you or your partner use to prevent pregnancy?

- I have never had sexual intercourse
 No method was used to prevent pregnancy
 Birth control pills
 Condoms
 Depo-Provera (injectable birth control)
 Withdrawal
 Some other method
 Not sure

109. During the past 12 months, have you discussed healthy relationships and/or dating violence in any of the following settings? (Mark all that apply).

- I did not discuss healthy relationships or dating violence in the past 12 months
 With a peer
 With a parent or other trusted adult
 In a class at my school
 With another person not listed here

110. Do you have any friends who have been abused by a dating partner? If so, did you do anything to try to help your friend? (For example, did you listen and talk to them in a supportive way, encourage them to get help or get help for them, talk to an adult...)

- No, I have not had friends who were abused by a dating partner
 Yes, and I did something to help
 Yes, and I would have helped, but I did not know what to do
 Yes, but I did not think it was my business or did not want to help

111. Have you ever been in a dating relationship in which someone: (Mark all that apply).

- told you what you could and could not wear?
 controlled who you could talk to or spend time with?
 called you names or put you down repeatedly?
 did or said something that made you feel afraid?
 forced or pressured you into sexual activity when you did not want to?
 I have never been in a dating relationship.

	NO!	no	yes	YES!
112. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. If a kid used marijuana in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use electronic cigarettes, e-cigarettes, vape pens, vape pipes or e-hookahs nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use stimulant prescription drugs NOT prescribed to them (such as Adderall, Ritalin, or Dexedrine)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use opioid prescription drugs NOT prescribed to them (such as OxyContin, codeine, Vicodin, Percocet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. About how many adults (over 21) have you known personally who in the past year have:

	0	1	2	3 or 4	5 or more
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. sold or dealt drugs?	<input type="radio"/>				
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?	<input type="radio"/>				
d. gotten drunk or high?	<input type="radio"/>				

120. In the past 2 years have you or your family been involved with the Department of Children and Families (DCF)? (Mark all that apply).

- No involvement with DCF
 DCF investigation
 DCF on-going services
 Foster Care
 Residential Care
 Kinship Care
 Adoption (through DCF)
 Other

121. How honest were you in filling out this survey?

- I was very honest
 I was honest most of the time
 I was honest some of the time
 I was honest once in a while
 I was not honest at all

Thank you for completing the survey