



YEAR 2022

DELAWARE SECONDARY SCHOOL STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including those about eating habits and the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely:

- Confidential—no one will see your answers or know how you answered the questions.
Anonymous—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined.
Voluntary—there is no penalty if you choose not to fill out any part of the survey or all of it.

This IS NOT A TEST, so there are no right or wrong answers. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. Unless it says "Mark All That Apply," please mark only one answer for each question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
Fill in the circle next to the answer you choose completely, like the example below:

I am currently attending school:

- Yes
No

MARKING INSTRUCTIONS
Use a No. 2 pencil only.
Do not use ink, ballpoint, or felt tip pens.
Make solid marks that fill the response completely.
Erase cleanly any marks you wish to change.
Make no stray marks on this form.
CORRECT: INCORRECT: (examples of correct and incorrect markings)

Thank you very much for being an important part of this study.

3/8" SPINE PERF

1. What is the zip code for your home address?
Please write in the numbers, then fill in the matching circles below each number.

EXAMPLE

ZIP CODE					ZIP CODE				
1	9	7	1	6					
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

2A. What is your gender?

- Boy
- Girl
- Non-Binary
- Prefer to self-describe _____

2B. Are you transgender?

- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking

3. How old are you TODAY?

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

4. Are you Hispanic or Latino?

- No
- Yes, I am Mexican, Mexican American, or Chicano
- Yes, I am Puerto Rican
- Yes, I am Cuban or Cuban American
- Yes, I am some other Hispanic or Latino

5. Which of the following describes you?
(MARK ALL THAT APPLY.)

- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American
- White
- Other (describe) _____

6. Which of the following BEST describes you?
(CHOOSE ONLY ONE ANSWER.)

- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American
- White
- Mixed
- Other (describe) _____

7. Which of the following best describes you?

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Other
- Not Sure

8. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people would describe you?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

9. What ONE category best describes your overall grades on your last report card?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's or F's
- Some other Grade
- Not sure

10. Are either of your parents or other adults (18 years or older) in your family serving on active duty in the military?

- Yes
- No

11. During an average week, do you live in more than one home? (Do not count sleepovers.)

- Yes
- No

12. Which of the following people live with you most of the time? (MARK ALL THAT APPLY.)

- Mother(s)
- Father(s)
- Foster Parent(s)
- Guardian(s)
- Grandparent(s), Aunt(s), or Uncle(s)
- Step-parent(s)
- Brother(s) or Sister(s)

25. How much schooling do you think you will complete?

- Probably will not finish high school
- Complete high school degree
- Some college
- Complete college degree
- Graduate or professional school after college

26. Which of the following are TRUE for you? (MARK ALL THAT APPLY.)

- I care about doing well in school
- I think it's important to help friends
- I think it's important to help other people, even if I don't know them
- I tell the truth, even when it isn't easy
- I try to plan ahead and make good decisions
- I want to get a good education

27. Which of the following people give you a lot of support and encouragement? (MARK ALL THAT APPLY.)

- No one
- Your parent(s) or guardian(s)
- Your grandparent(s)
- Your brother(s), sister(s), or other relative(s)
- Your teacher
- Your friend
- Your friends' parent
- Another adult in your neighborhood
- An adult in your school besides teachers
- An adult in your church, synagogue, or other place of worship

28. If you had a problem and wanted to discuss it with an adult, who would you talk to? (MARK ALL THAT APPLY.)

- My teacher
- My coach
- My school resource officer (a police officer who works at your school)
- My principal or assistant principal
- My guidance counselor

29. During the COVID-19 pandemic, how often was your mental health not good (poor mental health includes stress, anxiety, and depression)?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

30. Do you agree or disagree that doing your school work was more difficult during the COVID-19 pandemic than before the pandemic started?

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

31. During the COVID-19 pandemic, how often were you able to spend time with family, friends or other groups, such as clubs or religious groups, by using a computer, phone or other device?

- I did not have access to internet, computer, phone, or other device
- Never
- Rarely
- Sometimes
- Most of the time
- Always

32. During the COVID-19 pandemic, did you get medical care from a doctor, nurse, or other healthcare professional using a computer, phone, or other device?

- Yes
- No

33. During the COVID-19 pandemic, if you received medical care from a doctor, nurse, or other healthcare professional using a computer, phone, or other device, what type of care did you receive? (MARK ALL THAT APPLY.)

- I did not receive medical care via computer, phone or other device
- Mental health services, such as therapy or counseling
- Treatment/diagnosis for symptoms related to COVID-19
- Treatment for an illness or injury
- Follow-up(s) for a previous illness or injury
- Routine/regular check up
- Other reason

34. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

PLEASE CHOOSE THE BEST RESPONSE FOR THE FOLLOWING STATEMENTS:	MOST OF THE TIME	OFTEN	SOME OF THE TIME	NOT OFTEN	NEVER
35. My parents'/guardians' rules are strictly enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I get along well with my parent(s)/guardian(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I talk to at least one of my parent(s)/guardian(s) about how things are going in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My parent(s)/guardian(s) shows me they are proud of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I can count on my parent(s)/guardian(s) to be there when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I worry about gun violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. School rules are strictly enforced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Student violence is a problem in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I worry about gun violence in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN THE PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
46. Hear name-calling, threats, or yelling between adults in your home that makes you feel bad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Hear or see violence between adults in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Get hit by an adult who intends to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Get hit by another teen who intends to hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Get bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. See crime in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. See drug sales in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Get bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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3/8" SPINE PERF

CHOOSE THE ONE BEST ANSWER FOR EACH ROW:

HOW OFTEN DO YOU:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
54. Get threatened or harassed electronically?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Cheat on a test in class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Skip one or more classes, or a whole day of school, <u>without permission</u> or being sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Get sent to in-school suspension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Get suspended or expelled from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Take some kind of weapon to school or a school event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Carry a weapon when you're not in school or at a school event? (<u>DO NOT</u> include times you were hunting or target shooting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Take part in a school shooter drill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Take part in a fight where a group of your friends are against another group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Sneak money from an adult's wallet, purse, or other place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Steal something from a store without paying for it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Break into a car, house, or other building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Hit someone with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Damage or destroy property, <u>on purpose</u> , that does not belong to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Get stopped by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Ride in a car when the driver has been drinking alcohol while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Ride in a car when the driver has been smoking weed while driving or shortly before driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. See or hear a media message about the risks of teens drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. During the past 12 months, how many loot boxes, loot crates, prize crates, or other packages containing random virtual items did you buy in video games?

- I did not play any video games in the past 12 months
- I played video games, but did not buy any loot boxes
- 1 to 5 loot boxes
- 6 to 10 loot boxes
- 11 to 20 loot boxes
- 21 or more loot boxes

HOW OFTEN HAVE YOU DONE ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
73. Played the lottery or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Bet on fantasy sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Bet on individual sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Played cards for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Bet on a challenge (dare, fight, race, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Played Bingo for money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Bet on dice games such as craps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Gambled on the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Bet on games of personal skill such as pool, darts, or basketball?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Bet on video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

83. Have you or someone you know ever been a victim of gun violence?

- Yes
- No

84. What could schools do to make you feel safer while you are at school? (MARK ALL THAT APPLY.)

- Install metal detectors
- Install security cameras
- Provide mental health counselors or school psychologists
- Have more school resource officers (police officers who work at your school)
- Have school based social workers
- Conduct active shooter drills
- Other, please specify _____

85. What security systems does your school have? (MARK ALL THAT APPLY.)

- Security cameras
- Metal detectors
- Locked doors
- Visitor sign-in
- Conduct active shooter drills
- School resource officers (police officers who work at your school)

86. During this school year, have you had lessons in school about the risks of using: (MARK ALL THAT APPLY.)

- Tobacco
- Vaping/Juuling
- Alcohol
- Marijuana
- Other illegal drugs
- Prescription drugs without a prescription

87. How old were you the first time you smoked a cigarette (not just a few puffs)?

- I have never smoked a cigarette
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

HOW MANY CIGARETTES HAVE YOU SMOKED:

	NONE	LESS THAN 1	1-5 CIGARETTES	6-10 CIGARETTES	11-20 CIGARETTES	21-30 CIGARETTES	31 OR MORE CIGARETTES
88. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. In the past month, on the days that you smoked, about how many cigarettes did you smoke per day?

- I did not smoke cigarettes
- Less than 1 cigarette per day
- About 1-5 cigarettes per day
- About 1/2 pack per day
- About 1 to 1 1/2 packs per day
- About 2 packs per day or more

HOW OFTEN HAVE YOU USED ANY OF THE FOLLOWING:	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
92. Chewing tobacco, dip, snuff, snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Cigarillos, little cigars, Black and Milds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. E-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Juul?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Other vaping device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Hookah?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MANY TIMES HAVE YOU USED NICOTINE IN AN E-CIGARETTE OR OTHER VAPING DEVICE (TOBACCO OR NICOTINE PRODUCTS ONLY):

	NONE	1-5 TIMES	6-10 TIMES	11-20 TIMES	21-30 TIMES	31 OR MORE TIMES
99. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. How old were you the first time you used an e-cigarette or other vaping device?

- I have never used an e-cigarette or other vaping device
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

104. When you have used an electronic vaping device, what did you put in it? (MARK ALL THAT APPLY.)

- I have never used an e-cigarette or other electronic vaping device
- E-liquids that smell or taste good but have no nicotine or other drug(s)
- Tobacco or nicotine products
- Marijuana
- Synthetic marijuana
- Other illegal drugs
- Other (please specify) _____
- Nothing. I used the device without anything in it.

103. Does anyone living in your home use e-cigarettes or other vaping devices?

- Yes
- No

114. How old were you the first time you tried marijuana (pot, hash, weed, blunts, dabs, wax)?

- I have never tried marijuana
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

115. In the past 30 days, if you used marijuana, how did you use it? (MARK ALL THAT APPLY)

- Never used marijuana
- Didn't use marijuana in the past 30 days
- Smoked it as marijuana
- Smoked it as a concentrated hash or wax (dabs)
- Vaped it
- Ate it

HOW MANY TIMES HAVE YOU SMOKED MARIJUANA (POT, HASH, WEED, BLUNTS, DABS, WAX)?

	0 TIMES	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 - 19 TIMES	20 - 39 TIMES	40 TIMES OR MORE
116. ...in your whole life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. ...in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. ...in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. Do you take any medicine by prescription for any of the following? (MARK ALL THAT APPLY.)

- No, I take no medication by prescription
- Depression
- Anxiety
- Asthma
- ADD/ADHD
- Allergies
- Bipolar Disorder
- Weight Loss
- Chronic Skin Conditions (such as acne)
- Other, please specify _____

120. During the past year, have you taken any of the following PRESCRIPTION drugs that were NOT prescribed for you or in ways that were not prescribed for you? (MARK ALL THAT APPLY.)

- Yes, OxyContin/Oxycodone
- Yes, Codeine/Tylenol III with codeine, Promethazine, or cough syrup with codeine
- Yes, Percocet/Percodan
- Yes, Vicodin or Norco
- Yes, Dilaudid
- Yes, Morphine
- Yes, Suboxone
- Yes, Xanax
- Yes, Soma
- Yes, Ritalin/Adderall/Strattera/Vyvanse/Concerta
- Yes, Albuterol or other asthma medication
- Yes, Ambien, Sonata, Lunesta, or other sleep medication
- Yes, another prescription drug NOT prescribed for you, please specify _____
- No

121. For the times when you have used prescription drugs WITHOUT a prescription or in ways that were not prescribed for you, please mark the MAIN reason for using them.

- Increasing concentration (for studying/tests)
- Relieving physical pain
- Treating infection, allergies, illness
- Having fun or getting high
- Adding muscle, strength, endurance
- Relieving depression/anxiety
- Weight loss
- To sleep
- I have not used prescription drugs without a prescription

122. If you wanted to get prescription drugs without a prescription, how would you get them? (MARK ALL THAT APPLY.)

- Free from friends
- Buy them from friends, acquaintances, or other kids
- Buy them from a dealer
- Sneak them from someone (parents, etc.)
- At a party
- From the Internet
- I do not want drugs

DURING THE PAST YEAR, HAVE ANY OF THESE THINGS HAPPENED:	DID NOT DRINK IN PAST YEAR	YES	NO
140. You got into a heated argument while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. You felt you should cut down on your drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. People annoyed you by criticizing your drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. You felt bad or guilty about your drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. You had an alcoholic drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. You forgot things you did while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. You got into trouble while you were drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO PEOPLE RISK HARMING THEMSELVES (PHYSICALLY AND OTHER WAYS) WHEN THEY:	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	DO NOT KNOW
147. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Use e-cigarettes or vape?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Have 5 drinks at a time, once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Use prescription drugs without a prescription?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE COMPLETE THE FOLLOWING STATEMENTS FOR SOMEONE YOUR AGE:	OK	A LITTLE BIT WRONG	WRONG	VERY WRONG
152. I consider smoking one or more packs of cigarettes per day to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. I consider having one or two drinks of an alcoholic beverage daily to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. I consider using prescription drugs without a prescription to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. I consider trying marijuana once or twice to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. I consider smoking marijuana regularly to be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

157. During the past year, I had to get emergency medical help: **(MARK ALL THAT APPLY.)**

- Due to drinking alcohol
- Due to marijuana use
- Due to prescription painkiller use
- Due to being bullied
- Due to other reasons such as depression, suicidal feelings, anxiety, etc.
- Due to witnessing or being involved in a fight or violence (at home, school, or in the community)
- I did not need to get emergency medical help in the past year

158. In the past year, my parents/guardians have: **(MARK ALL THAT APPLY.)**

- Called other parents to check on me
- Told me to call home and let them know where I am
- Offered to pick me up if I needed a safe ride home
- Asked parents hosting a party I would be attending if they would be present
- Asked parents hosting a party I would be attending if there would be alcohol served
- Talked to me about the risks of using alcohol
- Talked to me about the risks of using drugs
- Told me not to drink alcohol
- Told me not to use drugs
- Talked to me about healthy dating relationships and/or teen dating violence
- Talked to me about healthy sexual relationships
- None of the above

159. Does your school resource officer (a police officer who works at your school) make you feel safe while you are at school?

- Yes
- No

160. Do you ever feel sad, empty, hopeless, angry, or anxious?

- Yes
- No

161. Over the past two weeks, how often have you felt very nervous or anxious?

- Not at all
- Several days
- Over half the days
- Nearly every day

162. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?

- I do not feel sad, empty, hopeless, angry, or anxious
- Never
- Rarely
- Sometimes
- Most of the time
- Always

163. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- Over half the days
- Nearly every day

164. How often do you feel you have control over how your life is going?

- Most of the time
- Often
- Some of the time
- Not often
- Never

165. At any point since you were born, have you lived with a household member who was depressed, mentally ill, or attempted suicide?

- Yes
- No

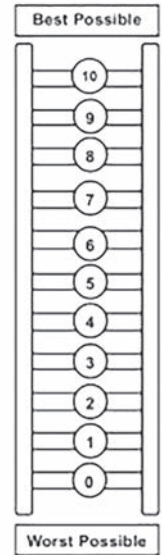
166. At any point since you were born, have you lived with someone who had a problem with drinking or drugs?

- Yes
- No



For questions 167 and 168

Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.



167. Indicate on which step of the ladder you feel you personally stand right now.
(Using the numbered bubbles below)

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

168. Indicate on which step of the ladder do you think you will stand about five years from now.
(Using the numbered bubbles below)

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

169. In general, how would you rate your emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

<i>Please answer the questions to the best of your ability</i>	DEFINITELY TRUE	PROBABLY TRUE	NOT SURE	PROBABLY NOT TRUE	DEFINITELY NOT TRUE
170. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. My family, neighbors, and friends talked often about making our lives better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. When I felt really bad, I could almost always find someone I trusted to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

