

## Missouri Student Survey 2016

### **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):

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

How old are you?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

Are you male or female?

- Male
- Female

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino
- No, I am not Hispanic or Latino

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

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- White
- Other (please specify) \_\_\_\_\_

What is the language you speak most often at home?

- English
- Spanish
- Other

How much education does your father have?

- Did not finish High School
- Some education after High School
- Not Sure
- Graduated from High School
- Graduated from College

How much education does your mother have?

- Did not finish High School
- Some education after High School
- Not Sure
- Graduated from High School
- Graduated from College

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

- No
- Yes, my mother is CURRENTLY in the military
- Yes, my mother WAS in the military but is now a veteran
- Yes, my father is CURRENTLY in the military
- Yes, my father WAS in the military but is now a veteran
- I'm not sure / don't know

Do you have your own cell phone?

- No
- Yes but I do not use it to access the internet
- Yes and I use it to access the internet

During the past week, have you used the following media at least once? (check all that apply)

- Local radio
- Facebook
- Instagram
- Twitter
- Other (please specify) \_\_\_\_\_
- Snapchat
- Tumblr
- Youtube
- Vine
- Pinterest
- Yik Yak
- Kik
- Snapkidz

Where have you seen or heard messages against drinking alcohol or using drugs in the past 3 months? (check all that apply)

- Poster in school
- Television
- Video on Youtube
- Teacher
- Other (please specify) \_\_\_\_\_
- Pandora
- Radio ad
- Facebook
- Parent or guardian
- Items given to you such as pencils or t-shirts
- Billboard
- Bus ad
- Friend

Have you seen or heard the following lines in ads or posters about drugs or alcohol in the past 3 months? (check all that apply)

- Choose Your Future
- Be Under Your Own Influence
- Be Your Best
- Not Even Once
- For Your Future
- I have not seen or heard of any of the above

### **Your School**

What were your average grades last school year?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's

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

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

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 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

I feel safe at school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

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

- Never
- 1-2
- 3-5
- 6-9
- 10-19
- 20-29
- 30-39
- 40 or more

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
My teacher(s) notice(s) 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"/>
The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rules are enforced fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students of all races and ethnic groups are treated equally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	0 friends	1 friend	2 friends	3 friends	4 or more friends
smoked cigarettes?	<input type="radio"/>				
had a drink of any type of alcohol?	<input type="radio"/>				
smoked marijuana (pot, weed)?	<input type="radio"/>				
used any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)?	<input type="radio"/>				
carried a gun (not including use of a gun for hunting or sport)?	<input type="radio"/>				

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

	Not wrong at all	A little bit wrong	Wrong	Very wrong
have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.

	No!	no	yes	Yes!
If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid smoked marijuana (pot, weed) in your neighborhood, or the area around where you live, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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:

	Never	1-2	3-5	6-9	10-19	20-29	30-39	40 or more
Spread mean rumors or lies about other kids at school?	<input type="radio"/>							
Posted something online or sent a text that might embarrass or hurt another student?	<input type="radio"/>							
Made fun of other people?	<input type="radio"/>							
Hit, shoved or pushed another student and was not just fooling around?	<input type="radio"/>							

During the past 12 months, have you ever been bullied on school property?

- No
- Yes

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

	Never	1-2	3-5	6-9	10-19	20-29	30-39	40 or more
Spread mean rumors or lies about you at school?	<input type="radio"/>							
Posted something online or sent a text that embarrassed or hurt you?	<input type="radio"/>							
Made fun of you?	<input type="radio"/>							
Hit, shoved or pushed you and was not just fooling around?	<input type="radio"/>							

During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

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



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.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I ignore rules that get in my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do the opposite of what people tell me, just to get them mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think sometimes it is okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to go in my community to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel optimistic about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I handle stress in a healthy way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adults in my life I turn to when things feel overwhelming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On an average school night, how many of hours of sleep do you get?

- 4 hours or Less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

In the last 30 days how often:

	Never	Not very often	Sometimes	Often	Always
were you very sad?	<input type="radio"/>				
were you grouchy or irritable, or in a bad mood?	<input type="radio"/>				
did you feel hopeless about the future?	<input type="radio"/>				
did you feel like not eating or eating more than usual?	<input type="radio"/>				
did you sleep a lot more or a lot less than usual?	<input type="radio"/>				
did you have difficulty concentrating on your school work?	<input type="radio"/>				

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

- No
- Yes

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

- No
- Yes

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

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

If 0 times Is Selected, Then Skip To Have you ever harmed yourself on purpose in a way that was deliberate but not intended as a way to take your life?

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
- Yes

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

- No
- Yes

If No Is Selected, Then Skip To Your Beliefs about Cigarettes, Alcohol, and Other Drugs

What did you do? (check all that apply)

- Cut, scratched or hit myself on purpose to hurt myself
- Swallowed more medicine than a doctor told me to take to hurt myself
- Used drugs or alcohol to hurt myself
- Swallowed something on purpose that was not food, drink or medicine in order to hurt myself
- Burned myself
- Pulled my hair or eyelashes
- Other (please specify) \_\_\_\_\_

## Your Beliefs about Cigarettes, Alcohol, and Other Drugs

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

	Very easy	Sort of easy	Sort of hard	Very hard
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"/>
If you wanted to get some e-cigs, mods, or vapes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some alcohol (beer, wine, brandy, and mixed drinks), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some marijuana (pot, weed), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some over the counter drugs (Tylenol Cough, Dayquil, Benadryl, etc) when you were not sick, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some prescription drugs that were not prescribed to you by a doctor, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some synthetic drugs (such as K2, bath salts, plant food, Spice), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very cool	Pretty cool	A little cool	Not at all cool
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used e-cigs, mods, or vapes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No risk at all	Slight risk	Moderate risk	Great risk
drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
smoke one or more packs of tobacco cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana (pot, weed) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use synthetic drugs (K2, bath salts, plant food, Spice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use Cold/Cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs that have not been prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Neither Approve Nor Disapprove
- Somewhat Disapprove
- Strongly Disapprove
- Don't Know/ Can't Say

How wrong do you feel it would be for you to

	Not wrong at all	A little bit wrong	Wrong	Very wrong
smoke tobacco cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have a drink of any type of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
use marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke marijuana (pot, weed) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (molly, ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use Cold/Cough Medicines (Coricidin Cough, Sudafed, TheraFlu, Tylenol Cough) or other over-the-counter medicines to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use prescription drugs that have not been prescribed to you by a doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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.**

If one of your best friends offered you a cigarette, would you smoke it?

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Have you ever smoked part or all of a cigarette?

- No
- Yes

If No Is Selected, Then Skip To CHEWING TOBACCO.

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

- 8 or Younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

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 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

If 0 days Is Selected, Then Skip To CHEWING TOBACCO.

Have you ever tried to quit smoking cigarettes?

- Yes and I quit
- Yes, but I still smoke
- No, I never tried

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

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 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**CHEWING TOBACCO.** These next questions are about your use of chewing tobacco and snuff, sometimes called dip.

Have you ever used chewing tobacco such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen or snuff (dip), even once?

- No
- Yes

**If No Is Selected, Then Skip To ELECTRONIC CIGARETTES**

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

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

ELECTRONIC CIGARETTES (E-CIGS, MODS, or VAPES). These next questions are about your use of e-cigs, mods, or vapes.

Have you ever used e-cigs, mods, or vapes even once?

- No
- Yes

If No Is Selected, Then Skip To HOOKAH.

What is your best estimate of the number of days you used e-cigs, mods or vapes during the past 30 days?

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

What do you use in your e-cig, mod, or vape? (check all that apply)

- Nicotine
- Marijuana (pot, weed)
- Flavor only
- Other (please specify) \_\_\_\_\_

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

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

- No
- Yes

If No Is Selected, Then Skip To ALCOHOL.

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

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

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.

If one of your best friends offered you alcohol to drink, would you drink it?

- Definitely not
- Probably not
- Probably yes
- Definitely yes

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 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20-29 days
- All 30 days

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
- Yes

If No Is Selected, Then Skip To MARIJUANA.

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
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

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

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

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

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

If 0 days Is Selected, Then Skip To MARIJUANA.

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

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

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

- Less than one
- One
- Two
- Three
- Four
- Five
- Six or more

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

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

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 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

MARIJUANA. The next questions are about marijuana, also called weed, pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe.

If one of your best friends offered you marijuana, would you use it?

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Have you ever, even once, used marijuana?

- No
- Yes

If No Is Selected, Then Skip To INHALANTS.

How old were you the first time you used marijuana?

- 8 or Younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

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

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

If 0 days Is Selected, Then Skip To INHALANTS.

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

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

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

- Smoke it (blunt, pipe, joint, etc.)
- Smoke it (vape, bong, water pipe, hookah)
- Eat it (Edibles)
- Dabbing/Wax/Hash oil
- Other (please specify)

**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
- Yes

If No Is Selected, Then Skip To PRESCRIPTION DRUGS

How old were you the first time you used inhalants?

- 8 or Younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

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

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

**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?

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

- No
- Yes

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)
- Pain medication (e.g., Vicodin, OxyContin, Tylenol 3 with Codeine, Demerol, morphine)
- Sedatives/anxiety medication (e.g., Barbiturates, Valium, Librium, Xanax, Ativan, Klonopin)
- Sleeping medication (e.g., Ambien, Halcion, Restoril)
- Other (please specify) \_\_\_\_\_

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

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

If 0 days Is Selected, Then Skip To OVER-THE-COUNTER MEDICATIONS.

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
- A friend gives or sells it to me
- A stranger gives or sells it to me
- I take it without permission
- Buy it online
- Other (please specify) \_\_\_\_\_

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. (check all that apply)

- To help with stress reduction
- To help me sleep
- To help me feel better or happier
- To increase my energy
- To help with weight loss
- To fit in with friends
- To have a good time
- To reduce and/or manage pain
- To improve academic performance
- Curiosity

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

- 8 or Younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

#### OVER-THE-COUNTER MEDICATIONS.

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

- No
- Yes

If No Is Selected, Then Skip To SYNTHETIC DRUGS

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
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

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 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

#### SYNTHETIC DRUGS.

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

- No
- Yes

If No Is Selected, Then Skip To OTHER DRUGS.

What is your best estimate of the number of days in the past 30 days you used synthetic drug?

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

#### OTHER DRUGS.

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

**Your Family**

	Strongly disagree	Disagree	Agree	Strongly agree
My parents 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"/>
My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask if I have gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not wrong at all	A little bit wrong	Wrong	Very wrong
How wrong do your parents feel it would be for you to smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to have a drink of any type of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to take one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to smoke marijuana (pot, weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to smoke marijuana (pot, weed) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do people in your family insult or yell at each other?

- Never
- Not very often
- Some of the time
- Most of the time
- All of the time

### **Honesty**

How honest were you in filling out this survey?

- I was not honest at all
- I was honest once in a while
- I was honest some of the time
- I was honest pretty much all of the time
- I was honest all of the time

Thanks very much for completing this survey!!!