

## General Information

1. What school district do you attend?

- Miami Trace
- WCH City Schools

2. Sex:

- Male
- Female

3. Grade

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

4. Age

- 10 Years or less
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or more

5. During the past 30 days did you drink one or more drinks of an alcoholic beverage?

- Yes
- No

6. During the past 30 days did you smoke part or all of a cigarette?

- Yes
- No

7. During the past 30 days have used marijuana or hashish?

- Yes
- No

8. During the past 30 days have you used prescription drugs *not prescribed to you*?

- Yes
- No

9. During the past 30 days have you used prescription pain medicine without a doctor's prescription or differently than how the doctor told you to use it? (Codeine, Vicodin, OxyContin, Hydrocodone, Percocet)

- Yes
- No

10. During the past 30 days have you used methamphetamines? (speed, crystal, crank, or ice)

- Yes
- No

11. During the past 30 days have you used heroin?

- Yes
- No

12. During the past 30 days, did you use an electronic vapor product? (E-cigarettes, JUUL, e-pipes, e-vapes, vape pipes, vape pens, e-hookahs, NJOY, Blue, etc)

- Yes
- No

13. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

14. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

15. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

16. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

17. How much do you think people risk harming themselves physically or in other ways if they take a prescription pain medication without a doctor's prescription or differently than how the doctor told you to use it?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

18. How much do you think people risk harming themselves physically or in other ways if they use methamphetamines once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

19. How much do you think people risk harming themselves physically or in other ways if they use heroin once or twice a week?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

20. How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes, juul or vapes?

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

21. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

22. How wrong do your parents feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very Wrong

23. How wrong do your parents feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

24. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

25. How wrong do your parents feel it would be for you to use prescription pain medication not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

26. How wrong do your parents feel it would be for you to use methamphetamines?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

27. How wrong do your parents feel it would be for you to use heroin?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

28. How wrong do your parents feel it would be for you to use e-cigarettes, juul or vapes?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

29. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

30. How wrong do your friends feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

31. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

32. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

33. How wrong do your friends feel it would be for you to use prescription opiate medication not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

34. How wrong do your friends feel it would be for you to use methamphetamines?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

35. How wrong do your friends feel it would be for you to use heroin?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

36. How wrong do your friends feel it would be for you to use e-cigarettes, juul or vapes?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

37. 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 or can't say

38. How old were you when you had your first drink of alcohol?

- I have never had a drink of alcohol
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years or older

39. During the last 30 days, how did you usually get your alcohol? (Select all that apply)

- |                                                                                                                   |                                                            |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> I did not drink alcohol in the past 30 days                                              | <input type="checkbox"/> I took it from a store            |
| <input type="checkbox"/> I bought it from a store such as a liquor, convenience store, supermarket or gas station | <input type="checkbox"/> I took it from a family member    |
| <input type="checkbox"/> I bought it at a public event such as a concert or sporting event                        | <input type="checkbox"/> My parents gave it to me          |
| <input type="checkbox"/> I gave money to someone else to buy it for me                                            | <input type="checkbox"/> My friend's parents gave it to me |
| <input type="checkbox"/> Someone gave it to me (friend)                                                           | <input type="checkbox"/> I got it some other way           |

40. How old were you when you when you first smoked a cigarette?

- |                                                       |                                          |
|-------------------------------------------------------|------------------------------------------|
| <input type="radio"/> I have never smoked a cigarette | <input type="radio"/> 13 or 14 years old |
| <input type="radio"/> 8 years old or younger          | <input type="radio"/> 15 or 16 years old |
| <input type="radio"/> 9 or 10 years old               | <input type="radio"/> 17 years or older  |
| <input type="radio"/> 11 or 12 years old              |                                          |

41. During the past 30 days, how did you usually get your own cigarettes? (Select all that apply)

- |                                                                                                            |                                                                               |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> I did not smoke cigarettes in the past 30 days                                    | <input type="checkbox"/> A person over the age of 18 gave them to me (family) |
| <input type="checkbox"/> I bought them in a store such as a convenience store, supermarket, or gas station | <input type="checkbox"/> A person over the age of 18 gave them to me (friend) |
| <input type="checkbox"/> I got them on the internet                                                        | <input type="checkbox"/> I took them from a store                             |
| <input type="checkbox"/> Vending machine                                                                   | <input type="checkbox"/> I took them from a family member                     |
| <input type="checkbox"/> I gave someone else money to buy them for me                                      | <input type="checkbox"/> I got them some other way.                           |
| <input type="checkbox"/> I borrowed them from someone else                                                 |                                                                               |

42. How old were you when tried marijuana for the first time?

- |                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| <input type="radio"/> I have never tried marijuana | <input type="radio"/> 13 or 14 years old |
| <input type="radio"/> 8 years old or younger       | <input type="radio"/> 15 or 16 years old |
| <input type="radio"/> 9 or 10 years old            | <input type="radio"/> 17 years or older  |
| <input type="radio"/> 11 or 12 years old           |                                          |

43. During the past 30 days, how did you use marijuana? (Select all that apply)

- |                                                                                     |                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> I did not use marijuana in the past 30 days                | <input type="checkbox"/> I drank it in tea, cola, alcohol or other drinks |
| <input type="checkbox"/> I smoked it in a joint, bong, pipe or blunt                | <input type="checkbox"/> I vaped it                                       |
| <input type="checkbox"/> I ate it in food such as brownies, cakes, cookies or candy | <input type="checkbox"/> I used it some other way                         |



44. During the past 30 days, how did you usually get your marijuana? (Select all that apply)

- |                                                                        |                                                                               |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> I did not smoke marijuana in the past 30 days | <input type="checkbox"/> A person over the age of 18 gave them to me (family) |
| <input type="checkbox"/> I got it on the internet                      | <input type="checkbox"/> A person over the age of 18 gave them to me (friend) |
| <input type="checkbox"/> Drug dealer                                   | <input type="checkbox"/> I got it from a dispensary                           |
| <input type="checkbox"/> I gave someone else money to buy it for me    | <input type="checkbox"/> I got it some other way.                             |
| <input type="checkbox"/> I borrowed it from someone else               |                                                                               |

45. How old were you when tried an e-cigarette or Juul for the first time?

- |                                                            |                                          |
|------------------------------------------------------------|------------------------------------------|
| <input type="radio"/> I have never tried e-cigarettes/juul | <input type="radio"/> 13 or 14 years old |
| <input type="radio"/> 8 years old or younger               | <input type="radio"/> 15 or 16 years old |
| <input type="radio"/> 9 or 10 years old                    | <input type="radio"/> 17 years or older  |
| <input type="radio"/> 11 or 12 years old                   |                                          |

46. During the past 30 days, how did you usually get your e-cigarettes, vapes or juul? (Select all that apply)

- |                                                                                        |                                                                               |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> I did not use e-cigarettes, vapes or juul in the past 30 days | <input type="checkbox"/> A person over the age of 18 gave them to me (family) |
| <input type="checkbox"/> I got it on the internet                                      | <input type="checkbox"/> A person over the age of 18 gave them to me (friend) |
| <input type="checkbox"/> Grocery store, convenience store or gas station               | <input type="checkbox"/> I took it from a family member                       |
| <input type="checkbox"/> I gave someone else money to buy it for me                    | <input type="checkbox"/> I took it from a store                               |
| <input type="checkbox"/> I borrowed it from someone else                               | <input type="checkbox"/> I got it some other way.                             |

47. How old were you when you first took a prescription opiate medication not prescribed to you?

- |                                                                                         |                                          |
|-----------------------------------------------------------------------------------------|------------------------------------------|
| <input type="radio"/> I have never taken a prescription medication not prescribed to me | <input type="radio"/> 13 or 14 years old |
| <input type="radio"/> 8 years old or younger                                            | <input type="radio"/> 15 or 16 years old |
| <input type="radio"/> 9 or 10 years old                                                 | <input type="radio"/> 17 years or older  |
| <input type="radio"/> 11 or 12 years old                                                |                                          |

48. During the past 30 days, how did you usually get your prescription opiates not prescribed to you (Select all that apply)

- |                                                                                         |                                                                               |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> I did not use misuse a prescription opiate in the past 30 days | <input type="checkbox"/> A person over the age of 18 gave them to me (family) |
| <input type="checkbox"/> I got it on the internet                                       | <input type="checkbox"/> A person over the age of 18 gave them to me (friend) |
| <input type="checkbox"/> Drug dealer                                                    | <input type="checkbox"/> I took it from a family member                       |
| <input type="checkbox"/> I gave someone else money to buy it for me                     | <input type="checkbox"/> I got it some other way.                             |
| <input type="checkbox"/> I borrowed it from someone else                                |                                                                               |

49. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?

- Not at all
- Several days
- More days than not
- Nearly every day

50. Over the past 2 weeks, have you been bothered by feeling down depressed or hopeless?

- Not at all
- Several days
- More days than not
- Nearly every day

51. When was the last time you saw a doctor, nurse, therapist, social worker or counselor for a mental health problem?

- |                                                 |                                                |
|-------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Not Sure                  | <input type="radio"/> Between 12 and 24 months |
| <input type="radio"/> Never                     | <input type="radio"/> More than 24 months      |
| <input type="radio"/> During the last 12 months |                                                |

52. When you are stressed out, how do you manage it? (Check all that apply)

- |                                                                                                  |                                                           |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> I do not have any stress                                                | <input type="checkbox"/> Get support from others          |
| <input type="checkbox"/> Physical activity (exercise, sports, skateboarding, motocross, etc)     | <input type="checkbox"/> Avoid people that create "drama" |
| <input type="checkbox"/> Participate in hobbies or community service                             | <input type="checkbox"/> Limit exposure to social media   |
| <input type="checkbox"/> Express myself through arts and literature (dance, music, art, writing) |                                                           |

53. How many times have you moved to a new address?

0 times

3 times

1 time

4 or more times

2 times

54. On how many of the past 7 days did you take part in an organized after school, evening, or weekend activities? This may include sports, after school clubs, community center groups, music/art/dancing lessons, drama, church or other supervised activities.

0 days

4-5 days

1 day

6 or 7 days

2-3 days