

2024 Youth Drug Survey

A survey of youth assessing the use of, perceptions of, and attitudes toward tobacco, alcohol, prescription drugs, marijuana, and other substances.



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Angela Allen, MA

Executive Director, Center for Prevention Services

allen@preventionservices.org

Drew Reynolds, PhD, MSW, MEd

Principal Consultant, Common Good Data

drew@commongooddata.com

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Student Assent

This survey asks what students think about alcohol and drugs. It will only take about 20-25 minutes to complete. You do not have to take this survey if you do not want to.

This survey has minimal risks. Some questions may make you feel uncomfortable or upset. If you have some of these feelings about the survey, you can speak with a counselor at your school.

This survey is anonymous. Your answers will not be shared with your parents, your teachers, your school, law enforcement (except when mandated by law/court order), or anyone else. You will not be asked your name or birthday. The survey does ask you for some information that could indirectly identify you, like your gender, race, grade level, and country of birth. However, no individual student responses will be shared publicly.

Taking this survey will not affect your grades. Taking this survey will not affect your relationship with your teacher or your school.

You are invited to answer all questions. You may skip any question at any time. You may stop and withdraw from the survey at any time without penalty by closing your internet browser. If you choose to stop the survey before it is complete, your responses will not be used. Once you complete the survey, there will be no direct way to identify or remove your responses.

This is not a test. There are no right or wrong answers. It is important that you answer each question honestly. Please do not put your name on this survey.

If you have any questions or concerns, please contact Angela Allen, Executive Director, Center for Prevention Services at allen@preventionservices.org or 704-375-3784 ext. 4654.

Contact the solutions IRB Institutional Review Board at 855-226-4472 or participants@solutionsirb.com if you have questions about your rights as a study participant.

I agree to participate in the Youth Drug Survey

Yes (CONTINUE)

No (DO NOT CONTINUE-Thank you for taking the survey)

Survey Is Voluntary

As a reminder:

- Your participation is voluntary
- All questions are optional. No question is required.
- You can skip any question you like.
- To remove your response to a question, select "Form Reset" button at the bottom of the page to start over.
- You can stop and withdraw from the survey at any time without penalty by closing your internet browser. If you decide to stop the survey before it is complete, your responses will not be used.

I understand and I am ready to take the survey (CONTINUE)

No, I do not want to take the survey (DO NOT CONTINUE-Thank you for taking the survey)

1. How old are you? (Answer in years) _____

2. What is your gender?

- Male Female Other Prefer not to respond

3. What is the name of your school? _____

4. What grade are you in? 6th 7th 8th 9th 10th 11th 12th

5. What best describes your race or ethnicity? Note: you may report more than one group.

- | | |
|---|--|
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Other _____ |

If Hispanic, Latino or Spanish selected:

7a. You selected that you identified as Hispanic, Latino, or Spanish. Please select the nationality that best describes you. Note: you may report more than one group.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Mexican or Mexican American | <input type="checkbox"/> Dominican |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Colombian |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Honduran |
| | <input type="checkbox"/> Other _____ |

If Asian selected:

7b. You selected that you identified as Asian. Please select the nationality that best describes you. Note: you may report more than one group.

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese |
| | <input type="checkbox"/> Other _____ |

6. In which country were you born?

- The United States and United States Territories (including Puerto Rico)
 Another country

If Another country selected:

8a. You selected that you were born in a country other than the United States. Please select the country in which you were born.

7. What is the Zip Code of your home address? _____

8. Who are you living with now?

- | | |
|---|--|
| <input type="checkbox"/> Mother & father | <input type="checkbox"/> Grand parent |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Foster parent |
| <input type="checkbox"/> Father only | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Parent & step-parent | <input type="checkbox"/> Other _____ |

9. What is the highest level of education reached by any of your parent(s) or caregiver(s)?

- | | |
|---|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some college or Associates degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Bachelor's or four-year college degree |
| <input type="checkbox"/> Vocational or trade school | <input type="checkbox"/> Graduate or professional school |

10. How much supervision do you receive from your parents/caregivers on a daily basis?

- None A little bit Some A lot I am almost always supervised by a parent/caregiver

11. What was your overall average grade last year?

- A B C D F

12. How many days did you have *unexcused* absences *last year*?

- None 1-5 6-10 11-15 16+

13. What types of social media do you currently use? Check all that apply.

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> TikTok |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Snapchat | <input type="checkbox"/> YouTube |

The following section asks about cigarettes and other tobacco products.

14. How often in the past 30 days have you used the following substances?

	Never used	No times in the past 30 days	1-5 times	6-10 times	11-20 times	21-30 times	More than 30 times
Smoked part or all of a cigarette?							
Used e-cigarettes, e-hookah, vape pen, including JUULs							
Used dip or chew tobacco?							
Smoked cigars, cigarillos, Black & Mild with tobacco?							
Smoked hookah?							

15. Does any person (other than yourself) *under the age of 18* who lives in your home use a tobacco product (cigarettes, dip/chewing tobacco, cigars/cigarillos, e-cigarettes, hookah)?

- No Yes

16. Does any adult, *18 years or older*, who lives in your home use a tobacco product (cigarettes, dip/chewing tobacco, cigars/cigarillos, e-cigarettes, hookah)?

- No Yes

17. The last time you used any tobacco product (cigarettes, dip/chewing tobacco, cigars/cigarillos, e-cigarettes, hookah) *how* did you get it?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> I bought it at a store myself |
| <input type="checkbox"/> My parents gave it to me | <input type="checkbox"/> I bought it online myself |
| <input type="checkbox"/> I took it from home | <input type="checkbox"/> Someone else bought it for me |
| <input type="checkbox"/> A friend gave it to me | <input type="checkbox"/> At a party |
| <input type="checkbox"/> A friend's parents gave it to me | <input type="checkbox"/> Other |
| <input type="checkbox"/> I took it from a friend's home | |

18. The last time you used any tobacco product (cigarettes, dip/chewing tobacco, cigars/cigarillos, e-cigarettes, hookah), *where* did you use it?

- | | | |
|---|--|---|
| <input type="checkbox"/> Never used | <input type="checkbox"/> At a park or outside | <input type="checkbox"/> At a professional sports event |
| <input type="checkbox"/> At home with parent(s) | <input type="checkbox"/> At a party (my house) | <input type="checkbox"/> At a concert |
| <input type="checkbox"/> At home alone | <input type="checkbox"/> At a party (friend's house) | <input type="checkbox"/> In a restaurant, bar, club |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> At a party (stranger's house) | <input type="checkbox"/> Some other place |
| <input type="checkbox"/> At a friend's house | <input type="checkbox"/> In a car | |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a school sports event | |

19. Do your parents/caregivers have clear rules about your use of cigarettes and other tobacco products?

- No Yes

20. Why do you think students smoke and/or use other tobacco products? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> To look cool | <input type="checkbox"/> To feel good |
| <input type="checkbox"/> To relax | <input type="checkbox"/> To have fun |
| <input type="checkbox"/> To relax socially | <input type="checkbox"/> To study better |
| <input type="checkbox"/> To deal with the pressures and stress of school | <input type="checkbox"/> It doesn't seem dangerous |
| <input type="checkbox"/> Parties are more fun | <input type="checkbox"/> To improve athletic performance |
| <input type="checkbox"/> To feel better about themselves | <input type="checkbox"/> To lose weight |
| <input type="checkbox"/> To deal with problems at home | <input type="checkbox"/> Another reason |
| <input type="checkbox"/> To feel adventurous | |

The following section asks about alcohol.

21. During the past 30 days, how often did you have one or more drinks of an alcoholic beverage (beer, wine, wine coolers, liquor)?

- | | |
|--|--|
| <input type="checkbox"/> Did not drink in the past 30 days | <input type="checkbox"/> 21-30 times |
| <input type="checkbox"/> 1-5 times | <input type="checkbox"/> More than 30 times |
| <input type="checkbox"/> 6-10 times | <input type="checkbox"/> Never drank alcohol |
| <input type="checkbox"/> 11-20 times | |

If any alcohol use selected:

23a. You selected that you used alcohol in the past 30 days. Which of the following types of alcohol did you use? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Flavored Malt Beverages (such as Smirnoff Ice, Bacardi Silver or Hard Lemonade) |
| <input type="checkbox"/> Wine or Wine Cooler | <input type="checkbox"/> Fake Liquors (flavored wine bottled to look like hard liquor such as vodka, tequila and whiskey) |
| <input type="checkbox"/> Liquor/Mixed Drinks (such as vodka, rum, whiskey) | <input type="checkbox"/> Alcoholic Energy Drinks (such as Four Loco, Tilt) |
| <input type="checkbox"/> Hard Cider | |

22. Answer if your gender assigned at birth was female: How often in the past 30 days have you had 4 or more drinks in a row?

- No times
- 1-5 times
- 6-10 times
- 11-20 times
- 21-30 times
- More than 30 times
- Never drank alcohol

24b. Answer if your gender assigned at birth was male: How often in the past 30 days have you had 5 or more drinks in a row?

- No times
- 1-5 times
- 6-10 times
- 11-20 times
- 21-30 times
- More than 30 times
- Never drank alcohol

23. The last time you got an alcoholic beverage (beer, wine, wine coolers, liquor) *how* did you get it?

- | | |
|---|--|
| <input type="checkbox"/> Never drank alcohol | <input type="checkbox"/> I bought it at a store myself |
| <input type="checkbox"/> My parents gave it to me | <input type="checkbox"/> I bought online myself |
| <input type="checkbox"/> I took it from home | <input type="checkbox"/> Someone bought it for me |
| <input type="checkbox"/> A friend gave it to me | <input type="checkbox"/> At a party |
| <input type="checkbox"/> A friend's parents gave it to me | <input type="checkbox"/> Other |
| <input type="checkbox"/> I took it from a friend's home | |

24. The last time you drank an alcoholic beverage (beer, wine, wine coolers, liquor), *where* did you drink it?

- | | | |
|--|---|---|
| <input type="checkbox"/> Never drank alcohol | <input type="checkbox"/> At a party (my house) | <input type="checkbox"/> In a restaurant, bar, club |
| <input type="checkbox"/> At home with my parent(s) | <input type="checkbox"/> At a party (friend's house) | <input type="checkbox"/> At a family event/party |
| <input type="checkbox"/> At home alone | <input type="checkbox"/> At a party (stranger's house) | <input type="checkbox"/> At another large party/event (ex. Wedding) |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> In a car | <input type="checkbox"/> Some other place |
| <input type="checkbox"/> At a friend's house | <input type="checkbox"/> At a school sports event | |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a professional sports event | |
| <input type="checkbox"/> At a park or outside | <input type="checkbox"/> At a concert | |

25. Did you ever drink an alcoholic beverage (beer, wine, wine coolers, liquor) at concerts or festivals?

- No Yes Does not apply/never went

26. Did you ever drink an alcoholic beverage (beer, wine, wine coolers, liquor) at professional sports events (such as Panthers, Hornets, NASCAR, NCAA, CIAA)?

- No Yes Does not apply/never went

27. Do your parents/caregivers have clear rules about your alcohol use?

- No Yes

28. In the past 30 days, how often have your parents/caregivers consumed alcohol in front of you?

- | | |
|---|--|
| <input type="checkbox"/> No times in the past 30 days | <input type="checkbox"/> 21-30 times |
| <input type="checkbox"/> 1-5 times | <input type="checkbox"/> More than 30 times |
| <input type="checkbox"/> 6-10 times | <input type="checkbox"/> They never drink in front of me |
| <input type="checkbox"/> 11-20 times | |

29. Why do you think students drink alcohol? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> To look cool | <input type="checkbox"/> To feel good |
| <input type="checkbox"/> To relax | <input type="checkbox"/> To have fun |
| <input type="checkbox"/> To relax socially | <input type="checkbox"/> To study better |
| <input type="checkbox"/> To deal with the pressures and stress of school | <input type="checkbox"/> It doesn't seem dangerous |
| <input type="checkbox"/> Parties are more fun | <input type="checkbox"/> To improve athletic performance |
| <input type="checkbox"/> To feel better about themselves | <input type="checkbox"/> To lose weight |
| <input type="checkbox"/> To deal with problems at home | <input type="checkbox"/> Another reason |
| <input type="checkbox"/> To feel adventurous | |

The following section asks about prescription drugs.

30. Do you have a current prescription for a drug or medication?

A prescription drug is a medicine or drug that is dispensed legally from a pharmacy. Some examples of these drugs include pain medications (e.g. Hydrocodone, OxyContin, Vicodin), ADD/ADHD medications (e.g. Adderall, Ritalin), steroids (e.g. Cortisone, Prednisolone, Androstenedione), Benzodiazepines or “Benzos” (e.g. Valium, Xanax), and antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro).

- No Yes

If Yes:

30a. You said that you have a current prescription for a drug or medication. Which types of medication are you prescribed? Select all that apply.

- Pain medication (e.g. Hydrocodone, OxyContin, Vicodin)
 Pain medications including fentanyl (e.g., Actiq, Duragesic, Fentora, and Sublimaze)
 ADD/ADHD medications (e.g. Adderall, Ritalin)
 Steroids (e.g. Cortisone, Prednisolone, Androstenedione “Andros”)
 Benzodiazepines or “Benzos” (e.g. Valium, Xanax)
 Antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro)
 Other medications

31. How often in the past 30 days have you used prescription drugs *not prescribed to you*?

A prescription drug is a medicine or drug that is dispensed legally from a pharmacy. Some examples of these drugs include pain medications (e.g. Hydrocodone, OxyContin, Vicodin), ADD/ADHD medications (e.g. Adderall, Ritalin), steroids (e.g. Cortisone, Prednisolone, Androstenedione), Benzodiazepines or “Benzos” (e.g. Valium, Xanax), and antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro).

- No times in the past 30 days 21-30 times
 1-5 times More than 30 times
 6-10 times Never used
 11-20 times

If any use selected:

31a. You said that you used prescription drugs without a prescription. Which types of prescription drugs did you use? Select all that apply.

- Pain medications (e.g. Hydrocodone, OxyContin, Vicodin)
 Pain medications including fentanyl (e.g., Actiq, Duragesic, Fentora, and Sublimaze)
 ADD/ADHD medications (e.g. Adderall, Ritalin)
 Steroids (e.g. Cortisone, Prednisolone, Androstenedione “Andros”)
 Benzodiazepines or “Benzos” (e.g. Valium, Xanax)
 Antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro)
 Other medications

32. Have you ever given or sold prescription medication to someone else?

- No Yes

33. Have you ever taken more prescription medication than was prescribed to you?

- No Yes

34. The last time you used prescription drugs *not prescribed to you*, how did you get them?

A prescription drug is a medicine or drug that is dispensed legally from a pharmacy. Some examples of these drugs include pain medications (e.g. Hydrocodone, OxyContin, Vicodin), ADD/ADHD medications (e.g. Adderall, Ritalin), steroids (e.g. Cortisone, Prednisolone, Androstenedione), Benzodiazepines or “Benzos” (e.g. Valium, Xanax), and antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro).

- | | |
|---|---|
| <input type="checkbox"/> Never used | <input type="checkbox"/> A friend’s parents gave it to me |
| <input type="checkbox"/> My parents gave it to me | <input type="checkbox"/> I bought it in a store |
| <input type="checkbox"/> I took it from home | <input type="checkbox"/> I bought it online myself |
| <input type="checkbox"/> A friend gave it to me | <input type="checkbox"/> At a party |
| <input type="checkbox"/> I took a friend’s prescription | <input type="checkbox"/> Other |
| <input type="checkbox"/> I took it from a friend’s home | |

35. The last time you used prescription drugs *not prescribed to you*, where did you use them?

A prescription drug is a medicine or drug that is dispensed legally from a pharmacy. Some examples of these drugs include pain medications (e.g. Hydrocodone, OxyContin, Vicodin), ADD/ADHD medications (e.g. Adderall, Ritalin), steroids (e.g. Cortisone, Prednisolone, Androstenedione), Benzodiazepines or “Benzos” (e.g. Valium, Xanax), and antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro).

- | | | |
|---|--|---|
| <input type="checkbox"/> Never used | <input type="checkbox"/> At a park or outside | <input type="checkbox"/> At a professional sports event |
| <input type="checkbox"/> At home with parent(s) | <input type="checkbox"/> At a party (my house) | <input type="checkbox"/> At a concert |
| <input type="checkbox"/> At home alone | <input type="checkbox"/> At a party (friend’s house) | <input type="checkbox"/> In a restaurant, bar, club |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> At a party (stranger’s house) | <input type="checkbox"/> Some other place |
| <input type="checkbox"/> At a friend’s house | <input type="checkbox"/> In a car | |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a school sports event | |

36. Do your parents/caregivers have clear rules about your use of prescription drugs *not prescribed to you*?

A prescription drug is a medicine or drug that is dispensed legally from a pharmacy. Some examples of these drugs include pain medications (e.g. Hydrocodone, OxyContin, Vicodin), ADD/ADHD medications (e.g. Adderall, Ritalin), steroids (e.g. Cortisone, Prednisolone, Androstenedione), Benzodiazepines or “Benzos” (e.g. Valium, Xanax), and antidepressants (e.g. Zoloft, Prozac, Celexa, Lexapro).

- No Yes

37. Why do you think students use prescription drugs without a prescription? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> To look cool | <input type="checkbox"/> To feel good |
| <input type="checkbox"/> To relax | <input type="checkbox"/> To have fun |
| <input type="checkbox"/> To relax socially | <input type="checkbox"/> To study better |
| <input type="checkbox"/> To deal with the pressures and stress of school | <input type="checkbox"/> It doesn’t seem dangerous |
| <input type="checkbox"/> Parties are more fun | <input type="checkbox"/> To improve athletic performance |
| <input type="checkbox"/> To feel better about themselves | <input type="checkbox"/> To lose weight |
| <input type="checkbox"/> To deal with problems at home | <input type="checkbox"/> Another reason |
| <input type="checkbox"/> To feel adventurous | |

The following section asks about marijuana.

38. How often in the past 30 days have you used marijuana (weed, pot, grass, THC/CBD)?

- | | |
|---|---|
| <input type="checkbox"/> No times in the past 30 days | <input type="checkbox"/> 21-30 times |
| <input type="checkbox"/> 1-5 times | <input type="checkbox"/> More than 30 times |
| <input type="checkbox"/> 6-10 times | <input type="checkbox"/> Never used marijuana |
| <input type="checkbox"/> 11-20 times | |

If any marijuana use selected:

39a. You selected that you used marijuana during the past 30 days. How did you use it? Select all that apply.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Smoked | <input type="checkbox"/> Edibles |
| <input type="checkbox"/> Vaped THC | <input type="checkbox"/> Used in a hookah |
| <input type="checkbox"/> Vaped CBD | <input type="checkbox"/> Used synthetic marijuana (K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, Moon rocks) |
| <input type="checkbox"/> Cannabis oil | <input type="checkbox"/> Other |

39. The last time you used marijuana (weed, pot, grass THC/CBD) *how* did you get it?

- | | |
|---|---|
| <input type="checkbox"/> Never used | <input type="checkbox"/> I took it from a friend's home |
| <input type="checkbox"/> My parents gave it to me | <input type="checkbox"/> I bought it in a store |
| <input type="checkbox"/> I took it from home | <input type="checkbox"/> I bought it online myself |
| <input type="checkbox"/> A friend gave it to me | <input type="checkbox"/> At a party |
| <input type="checkbox"/> A friend's parents gave it to me | <input type="checkbox"/> Some other way |

40. The last time you used marijuana (weed, pot, grass, THC/CBD), *where* did you use it?

- | | | |
|---|--|---|
| <input type="checkbox"/> Never used | <input type="checkbox"/> At a park or outside | <input type="checkbox"/> At a professional sports event |
| <input type="checkbox"/> At home with parent(s) | <input type="checkbox"/> At a party (my house) | <input type="checkbox"/> At a concert |
| <input type="checkbox"/> At home alone | <input type="checkbox"/> At a party (friend's house) | <input type="checkbox"/> In a restaurant, bar, club |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> At a party (stranger's house) | <input type="checkbox"/> Some other place |
| <input type="checkbox"/> At a friend's house | <input type="checkbox"/> In a car | |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a school sports event | |

41. Does any person (other than yourself) *under the age of 18* who lives in your home smoke marijuana (weed, pot, grass)?

- No Yes

42. Does any adult, *18 years or older*, who lives in your home smoke marijuana (weed, pot, grass, THC/CBD)?

- No Yes

43. Do your parents/caregivers have clear rules about your use of marijuana (weed, pot, grass, THC/CBD)?

- No Yes

44. Why do you think students use marijuana (weed, pot, grass, THC/CBD)? Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> To look cool | <input type="checkbox"/> To feel good |
| <input type="checkbox"/> To relax | <input type="checkbox"/> To have fun |
| <input type="checkbox"/> To relax socially | <input type="checkbox"/> To study better |
| <input type="checkbox"/> To deal with the pressures and stress of school | <input type="checkbox"/> It doesn't seem dangerous |
| <input type="checkbox"/> Parties are more fun | <input type="checkbox"/> To improve athletic performance |
| <input type="checkbox"/> To feel better about themselves | <input type="checkbox"/> To lose weight |
| <input type="checkbox"/> To deal with problems at home | <input type="checkbox"/> Another reason |
| <input type="checkbox"/> To feel adventurous | |

The following section asks about your experiences and thoughts.

45. For the following table, mark how often you have used each substance in the past 30 days, if at all.

	Never used	Not in the past 30 days	1-5 times	6-10 times	11-20 times	21-30 times	More than 30 times
Cocaine (powder, crack, freebase)							
Methamphetamines (speed, crystal, meth, crank, chalk, ice)							
Pain medications without a doctor's prescription (e.g. Hydrocodone, OxyContin, Vicodin)							
Pain medications including fentanyl without a doctor's prescription (e.g., Actiq, Duragesic, Fentora, and Sublimaze)							
Inhalants (glue, paints or sprays, aerosol spray cans)							
Hallucinogens (LSD, salvia, mushrooms, Acid, tabs)							
Heroin (smack, junk, China White)							
Ecstasy (Molly, E, X, MDMA)							
Paracetamol							
Synthetic drugs (bath salts, flakka)							
Over-the-counter medications to get high (sizzurp, Robo, Tussin, Dex, skittles, Triple C's)							

46. Have you ever used any of the following substances?

	Select "Never Used" or "I have used"		If you have used it, at what age (in years) did you first try it?											
	Never used	I have used	7	8	9	10	11	12	13	14	15	16	17	18
Tobacco: cigarettes														
Tobacco: e-cigarettes, e-hookah, vape pen, including JUULs														
Tobacco: Other products (dip/chewing tobacco, cigars/cigarillos, hookah)														
Alcohol (beer, wine, wine coolers, liquor)														
Marijuana (weed, pot, grass, THC/CBD)														
Cocaine (powder, crack, freebase)														
Benzodiazepines (benzos, Klonopin, Xanax, Valium)														
Stimulants without a doctor's prescription (such as Adderall, Ritalin, Concerta)														
Methamphetamines (speed, crystal, meth, crank, chalk, ice)														
Pain medications without a doctor's prescription (e.g. Hydrocodone, OxyContin, Vicodin)														
Pain medications including fentanyl without a doctor's prescription (e.g., Actiq, Duragesic, Fentora, and Sublimaze)														
Synthetic Marijuana (K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, Moon rocks)														
Inhalants (glue, paints or sprays, aerosol spray cans)														
Alcoholic Energy Drinks (Four Loco, Tilt)														
Hallucinogens (LSD, salvia, mushrooms, acid, tabs)														
Heroin (smack, junk, black tar, China White)														
Ecstasy (Molly, MDMA)														
Amphetamines														
Steroid pills or shots without a doctor's prescription														
Synthetic drugs (bath salts, flakka)														
Over-the-counter medications to get high (sizzurp, Robo, Tussin, Dex, skittles, Triple C's)														

47. How easy is it for you to get the following substances?

	Can't get	Fairly hard	Fairly easy	Very easy	Don't know
Cigarettes					
E-cigarette/e-hookah/vape pen, including JUULs					
Other tobacco products (cigars, cigarillos, hookah)					
Alcohol (beer, wine, wine coolers, liquor)					
Prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)					
Marijuana (weed, pot, grass, THC/CBD)					
Other drugs					

48. How wrong do your parents feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke cigarettes?				
Use e-cigarette/e-hookah/vape pen, including JUULs?				
Use other tobacco products (cigars, cigarillos, hookah)?				
Have 1-2 drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) nearly every day?				
Have 5 or more drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) once or twice per week?				
Smoke marijuana (weed, pot, grass, THC/CBD)?				
Use prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?				
Use other drugs?				

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

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke cigarettes?				
Use e-cigarette/e-hookah/vape pen, including JUULs?				
Use other tobacco products (cigars, cigarillos, hookah)?				
Have 1-2 drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) nearly every day?				
Have 5 or more drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) once or twice per week?				
Smoke marijuana (weed, pot, grass, THC/CBD)?				
Use prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?				
Use other drugs?				

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

	No Risk	Some Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day?				
Use e-cigarette/e-hookah/vape pen, including JUULs?				
Use other tobacco products (cigars, cigarillos, hookah)?				
Have 1-2 drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) nearly every day?				
Have 5 or more drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) once or twice a week?				
Smoke marijuana (weed, pot, grass) once or twice a week?				
Use prescription drugs that are not prescribed to them (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?				
Use other drugs?				

51. What percent of kids at your school do you think...

	0	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Smoke cigarettes?											
Use e-cigarettes, including JUUL?											
Use other tobacco products (cigars, cigarillos, hookah)?											
Drink alcohol (beer, wine, wine coolers, liquor)?											
Smoke marijuana (weed, pot, grass)?											
Use prescription drugs without a prescription (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?											
Use any other type of drug?											

52. How many of your friends...

	None	A few	Several	Many	All of them
Smoke cigarettes?					
Use e-cigarette/e-hookah/vape pen, including JUULs?					
Use other tobacco products (cigars, cigarillos, hookah)?					
Drink alcohol (beer, wine, wine coolers, liquor)?					
Smoke marijuana (weed, pot, grass)?					
Use prescription drugs without a prescription (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?					
Use any other type of drug?					

Thank you for taking the survey.