



# Oregon Healthy Teens Survey • 2017 8th Grade •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

#### DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to "**Select one or more responses.**"

#### **Marking Instructions:**

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- 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:

[SERIAL]

1. In what grade are you?			
○7th grade	○11th grade		
○8th grade	○12th grade		
○9th grade	○Ungraded or		
○10th grade	other grade		
2. How old are you?			
○12 years old or younger	○16 years old		
○13 years old	○17 years old		
○14 years old	○18 years old or older		
○15 years old			
	_		
3. Are you Hispanic or Latino/La	atina?		
○Yes ○No			
	_		
4. What is your race? (Select or			
OAmerican Indian/Native A	merican		
○ Alaska Native			
OAsian Indian			
Chinese			
○ Japanese			
○ Korean			
○ Vietnamese			
○ Filipino			
ONative Hawaiian			
Other Pacific Islander			
OBlack or African American			
<ul><li>Black or African American</li><li>White</li></ul>			
OBlack or African American			
<ul><li>Black or African American</li><li>White</li></ul>			
<ul><li>○ Black or African American</li><li>○ White</li><li>○ Other (Specify)</li></ul>			
<ul><li>Black or African American</li><li>White</li><li>Other (Specify)</li></ul> 5. If you selected more than on			
<ul> <li>Black or African American</li> <li>White</li> <li>Other (Specify)</li> <li>If you selected more than on best describes you?</li> </ul>	e race, what one race		
○ Black or African American ○ White ○ Other (Specify)  5. If you selected more than on best describes you? ○ Only one race selected in	e race, what one race previous question		
<ul> <li>○ Black or African American</li> <li>○ White</li> <li>○ Other (Specify)</li> <li>5. If you selected more than on best describes you?</li> <li>○ Only one race selected in</li> <li>○ American Indian/Native American</li> </ul>	e race, what one race previous question		
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Black or African American White Other (Specify)  5. If you selected more than on best describes you? Only one race selected in American Indian/Native A Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American White Other  6. What is the language you use English	e race, what one race previous question merican		
Black or African American White Other (Specify)  5. If you selected more than on best describes you? Only one race selected in American Indian/Native A Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American White Other  6. What is the language you use English Spanish	e race, what one race previous question merican  e most often at home?		
Black or African American White Other (Specify)  5. If you selected more than on best describes you? Only one race selected in American Indian/Native A Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American White Other  6. What is the language you use English	e race, what one race previous question merican  e most often at home?		

7. How tall are you without your shoes on? Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

	Height		
	Feet Inche		
	4	11	
	○3	00	
	<b>4</b>	01	
ט	○5	○2	
rvallibic	○6	○3	
5	○7	<b>O</b> 4	
ì		○5	
		○6	
		○7	
		○8	
		○9	
		○10	
		<b>●</b> 11	

Height		
Feet	Inches	
○3	O0	
<b>O</b> 4	$\bigcirc$ 1	
○5	○2	
<b>O</b> 6	○3	
<b>O</b> 7	<b>0</b> 4	
	○5	
	○6	
	○7	
	○8	
	○9	
	○10	
	○11	

8. How much do you weigh without your shoes on? **Directions:** Write your weight in the shaded blank boxes.

Fill in the matching circle below each number on the answer sheet.

	Weight		
	Pounds		
	0	9	5
	•0	0	O0
<u>e</u>	$\bigcirc$ 1	$\bigcirc$ 1	01
Example	○2	○2	○2
an	○3	○3	○3
û		<b>0</b> 4	<b>0</b> 4
		○5	●5
		<b>○</b> 6	○6
		○7	<b>07</b>
		○8	○8
		●9	<b>○9</b>

	Weight		
	Pounds		
00	O0	0	
01	$\bigcirc$ 1	$\bigcirc$ 1	
<b>O</b> 2	○2	○2	
○3	○3	○3	
	<b>O</b> 4	<b>O</b> 4	
	○5	○5	
	○6	○6	
	○7	○7	
	○8	○8	
	○9	○9	

9. Please tell us your zip code.

**Directions:** Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Zip Code				
9	7			
		O0	O0	00
		$\bigcirc$ 1	$\bigcirc$ 1	01
		○2	○2	<b>O</b> 2
		○3	○3	○3
		<b>0</b> 4	<b>0</b> 4	<b>O</b> 4
		○5	○5	○5
		○6	○6	○6
	•	○7	○7	○7
		○8	○8	○8
		○9	○9	○9

The next questions will help us look at differences in health based on social and economic factors.	17. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you think <b>other people at school</b> would describe you?
	Overy feminine
10. Does your family own a car, van, or truck?	Mostly feminine
○No	○ Somewhat feminine
○Yes, one	○ Equally feminine and masculine
○Yes, two or more	○ Somewhat masculine
'	○ Mostly masculine
11. Do you have your own bedroom for yourself?	○ Very masculine
○No ○Yes	OI am not sure
ONO Cles	
13. Device the rest 13 months have reportinged did you	OI do not know what this question is asking
12. During the past 12 months, how many times did you travel away on vacation with your family? Not at all	
	The next questions ask about health care issues.
Once	
Twice	
○ More than twice	18. Would you say that in general your <b>physical health</b> is
	○ Excellent
13. How many computers does your family own?	○ Very good
○None	○Good
One	○Fair
○Two	○Poor
O More than two	
14. Do you receive free or reduced price lunches at school?	19. Would you say that in general your <b>emotional and mental health</b> is
○Yes	○Excellent
○No	○ Very good
○ Don't Know	Good
C DOIL CRITOW	○ Fair
	○Poor
The next questions will help us look at differences in health among various groups.	20. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or
	injured?
15. How do you identify? (Select one or more responses)	Ouring the past 12 months
○Female	○ Between 12 and 24 months ago
○Male	○ More than 24 months ago
○Transgender	○Never
○ Gender nonconforming/Genderqueer	ONot sure
Gender fluid/not exclusively male or female	- Not suite
OIntersex/Intergender	21. During the past 12 months, did you have any <b>physical</b>
-	
Something else fits better	health care needs that were not met? (Count any
(Specify)	situation where you thought you should see a doctor,
OI am not sure of my gender identity	nurse, or other health professional.)
○I do not know what this question is asking	○Yes ○No
16. A person's appearance, style, dress or the way they walk	22. During the past 12 months, did you have any <b>emotional or</b>
or talk may affect how people describe them. How do	mental health care needs that were not met?(Count any
you see <b>yourself</b> ?	situation where you thought you should see a counselor,
○ Very feminine	social worker, or other mental health professional.)
O Mostly feminine	○Yes ○No
○ Somewhat feminine	
○ Equally feminine and masculine	
Somewhat masculine	
O Mostly masculine	
○ Very masculine	
OI am not sure	
	I control of the cont

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23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? (Select one or more responses)	The next questions ask about asthma.
Yes – during school hours  Yes – during the summer  Yes – on the weekend or before/after school  No  Don't know  24. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?  During the past 12 months	34. Has a doctor or nurse ever told you that you have asthma  Yes  No  Not sure  35. Do you still have asthma?  I have never had asthma  No  Yes  Not sure
<ul><li>Between 12 and 24 months ago</li><li>More than 24 months ago</li><li>Never</li><li>Not sure</li></ul>	The next questions ask about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.
25. I can do most things if I try.  26. There is at least one teacher or other adult in my school that really cares about me.	36. Does your school have a School-Based Health Center?  Yes  No  Don't know  37. How many times have you used the School-Based Health Center at your school in the past 12 months?  Never  Twice  I've used it, but not in the last 12 months  6-10 times
27. I volunteer to help others in my community. 28. I can work out my problems.	Once Omore than 10 times  The next question is about the food you ate during the past 12 months.
The next questions ask about grades and school.  29. During the past 12 months, how would you describe your grades in school?  Mostly A's  Mostly B's  None of these grades  Mostly C's  Mostly D's  30. During the past 12 months,	38. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?  Yes  No  The next questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.
how many days of school did you miss for any reason?  31. During the past 12 months, how many days of school did you miss because of physical health reasons?  32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?  33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	39. During the past 7 days, how many times did you drink  100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)  I did not drink 100% fruit juice during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day

40. During the past 7 days, how many times did you eat <b>fruit</b> ?	The next question is about sleep patterns.	
(Do <b>not</b> count fruit juice.)	The next question is about sieep patterns.	
OI did not eat fruit during the past 7 days		
1 to 3 times during the past 7 days	46. On an average school night, how many hours of sleep	
O4 to 6 times during the past 7 days	do you get?	
1 time per day	○4 or less hours ○8 hours	
○2 times per day	○5 hours ○9 hours	
○3 times per day	○ 6 hours ○ 10 or more hours	
○4 or more times per day	○7 hours	
41. During the past 7 days, how many times did you		
eat green salad?	The next questions ask about physical activity.	
OI did not eat green salad during the past 7 days		
○1 to 3 times during the past 7 days	47. During the past 7 days, on how many days were you	
○4 to 6 times during the past 7 days	physically active for a total of at least 60 minutes per day?	
○1 time per day	(Add up all the time you spent in any kind of physical	
○2 times per day	activity that increased your heart rate and made you	
3 times per day	breathe hard some of the time.)	
○4 or more times per day	○0 days ○4 days	
' ,	○1 day ○5 days	
42. During the past 7 days, how many times did you eat	○2 days ○6 days	
potatoes? (Do not count french fries, fried potatoes, or	○3 days ○7 days	
potato chips.)		
OI did not eat potatoes during the past 7 days	48. On how many of the past 7 days did you do exercises to	
1 to 3 times during the past 7 days	strengthen or tone your muscles, such as	
○ 4 to 6 times during the past 7 days	push-ups, sit-ups, or weight lifting?	
○1 time per day	○0 days ○4 days	
O2 times per day	1 day 5 days	
3 times per day	○ 2 days ○ 6 days	
○4 or more times per day	○3 days ○7 days	
43. During the past 7 days, how many times did you eat <b>carrots</b> ?	49. In an average week when you are in school, on how	
OI did not eat carrots during the past 7 days	many days do you go to physical education (PE) classes?	
1 to 3 times during the past 7 days	○ 0 days ○ 3 days	
○ 4 to 6 times during the past 7 days	○1 day ○4 days	
1 time per day	○2 days ○5 days	
O2 times per day		
3 times per day	50. During an average physical education (PE) class, how many	
○4 or more times per day	minutes do you spend actually exercising or playing sports	
	OI do not take PE O31 to 40 minutes	
44. During the past 7 days, how many times did you eat <b>other</b>	OLess than 10 minutes O41 to 50 minutes	
vegetables? (Do not count green salad, potatoes, or	10 to 20 minutes 51 to 60 minutes	
carrots.)	○ 21 to 30 minutes	
OI did not eat other vegetables during the past 7 days		
1 to 3 times during the past 7 days	51. On an average school day, how many hours	
○ 4 to 6 times during the past 7 days	do you watch TV?	
1 time per day	OI do not watch TV on an average school day	
○2 times per day	O Less than 1 hour per day	
3 times per day	1 hour per day	
○4 or more times per day	2 hours per day	
	3 hours per day	
45. During the past 7 days, on how many days did	○4 hours per day	
you eat breakfast?	○5 or more hours per day	
O days		
1 day 5 days		
○2 days ○6 days		
○3 days		

52. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as	The next questions ask about the ways you get to and from school.	
Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)  I do not play video or computer games or use a computer for something that is not school work  Less than 1 hour per day  1 hour per day  2 hours per day	In an average school week, on how many days do you use each of these forms of transportation to get to or from school?  61. Walk. 62. Ride a bike. 63. Ride a skateboard, skates, or scooter.	
<ul><li>○ 3 hours per day</li><li>○ 4 hours per day</li><li>○ 5 or more hours per day</li></ul> The next questions ask about the types of beverages that	64. Ride a school bus. 65. Ride public transportation, including a city bus or light rail. 66. Ride in or drive a car or other private vehicle (with only members of your family.)	
During the past 7 days, how many times did you drink  53. Soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)  54. Fruit-flavored beverages such as	67. Ride in a carpool (with people other then your family.)  68. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?  OI did not visit a convenience store during the past 7 days  1 time during the past 7 days 2 or 3 times during the past 7 days	
Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice.)  55. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks.)  56. Sports drinks such as Gatorade or Powerade?  57. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain	O4 to 6 times during the past 7 days O7 or more times during the past 7 days The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.	
milk.)  58. Plain milk? (Include milk that you added to cereal.)  59. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?  60. Plain water? (Include tap and bottled water.)	69. During the past 12 months, did you ever feel so sad or hopeless almost every day for <b>two weeks or more in a row</b> that you stopped doing some usual activities?  Yes  No  70. During the past 12 months, did you ever <b>seriously</b> consider attempting suicide?  Yes  No	
	71. During the past 12 months, how many times did you actually attempt suicide?  O times  1 time  2 or 3 times  4 or 5 times  6 or more times	

The next questions ask about personal safety.	The next questions refer to the "Choking Game," also called Knock Out, Space Monkey,
72. During the past 30 days, on how many days did you <b>not</b> go	Flatlining, or The Fainting Game.
to school because you felt you would be unsafe at school	
or on your way to or from school?	78. This is an activity that some youth participate in to get a
○ 0 days	high by cutting off blood and oxygen to the brain using a
○1 day	variety of methods. Which of the following is true for you?
2 or 3 days	(Select one or more responses)
○4 or 5 days	OI have never heard of the Choking Game
○6 or more days	OI have heard of someone participating in the
72 During the past 12 months, how many times has someone	Choking Game
73. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club	<ul> <li>I have helped someone else participate in the Choking Game</li> </ul>
on school property?	○ I have participated in the Choking Game myself
○0 times ○6 or 7 times	Thave participated in the choking dame mysen
1 time 8 or 9 times	79. How many times in your life have <b>you</b> participated in the
○2 or 3 times ○10 or 11 times	Choking Game <b>yourself</b> ?
○4 or 5 times ○12 or more times	○ None – I have never participated myself
	○ One time
74. During the past 12 months, how many times were you	○Two times
in a physical fight on school property?	○3 to 5 times
○0 times ○6 or 7 times	○ More than 5 times
○1 time ○8 or 9 times	
○2 or 3 times ○10 or 11 times	80. Thinking back to the last time <b>you yourself</b> participated in
○4 or 5 times ○12 or more times	the "Choking Game", were you alone or with other
75 During the west 12 months has anyone afferred sold or	people?
75. During the past 12 months, has anyone offered, sold or given you an illegal drug on school property?	<ul><li>○I have never participated in the "Choking Game"</li><li>○I was alone</li></ul>
Yes \( \cap \No \)	○I was with other people
3163	
The next questions ask about bullying. Bullying is when	The next questions ask about gambling.
one or more students tease, threaten, spread rumors	
about, hit, shove, or hurt another student over and over	81. Gambling involves betting anything of value (money, a
again. It is not bullying when two students of about the	watch, soda, etc.) on a game or event. Please check ALL the different types of gambling that you have bet on, if
same strength or power argue or fight or tease each other	any, during the last 30 days. <b>(Select one or more</b>
in a friendly way.	responses)
	OI did not gamble in the last 30 days
76. During the past 30 days, have you been bullied by someone	OPlaying scratch off tickets, or any lottery tickets (such
using any kind of <b>technology</b> , such as through social media,	as Powerball or Megabucks)
cell phones, or video games?	OPlaying dice or coin flips
○Yes ○No	○ Playing cards (poker, etc.)
	○ Betting on games of personal skill (bowling, video
77. During the past 30 days, have you ever been bullied <b>at</b>	games, dares, etc.)
<b>school</b> (including any school events, or on the way to or	<ul><li>Playing Fantasy Sports (Fan Duel, Draft King, etc.)</li></ul>
from school) in relation to any of the following issues?	
This includes in-person and cyberbullying. (Select one	During the left 42 were the
or more responses)	During the last 12 months,
<ul><li>Bullying about your race or ethnic origin</li><li>Unwanted sexual comments or attention</li></ul>	have you ever
<ul><li>Bullying because someone thought you were gay,</li></ul>	During the last 12 months, have you ever
- banying because someone thought you were gay,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

82. Felt that you would like to stop betting

money but didn't think you could?

83. Bet or gambled more than you wanted to?

other physical characteristics

○I have not been bullied at school

○ Bullying about your group of friends

lesbian or bisexual

Other reasons

○ Bullying about your weight, clothes, acne, or

### The next questions ask about sexual orientation and behavior.

benavior.	(Select one or more respons	ses)
	OI have never had sexual i	ntercourse
84. Do you think of yourself as	○IUD (intrauterine device :	such as Mirena or Paragard)
○Lesbian or gay	○Contraceptive implant (Ir	nplanon or Nexplanon)
○Straight, that is, not lesbian or gay	Opepo-Provera (injectable	birth control)
○Bisexual	○Birth control pills	
○ Something else (Specify)	○ Contraceptive patch	
Opon't know/Not sure	○ Contraceptive ring	
·	Condoms	
85. Have you ever had sexual intercourse?	○Withdrawal	
○Yes ○No	<ul> <li>Emergency contraception</li> </ul>	n (morning after pill)
	Some other method	,
86. How old were you when you had sexual intercourse for	○ No method was used to	prevent pregnancy
the <b>first time</b> ?	ONot sure	, ,
○I have never had sexual intercourse		
○11 years old or younger		
○12 years old	The next questions ask	about tobacco use.
○13 years old	B : 11 120 1	
○14 years old	During the past 30 days, on	1 3 6 10 TO A
○15 years old	how many days did you	00,20,000000000000000000000000000000000
○16 years old		9, 9, 9, 9, 9, 9, 9, 9,
○17 years old or older	92. Smoke cigarettes?	
	93. Smoke <b>menthol</b> cigarettes?	000000
87. During your life, with how many people have you had	94. Use chewing tobacco, snuff	or dip,
sexual intercourse?	such as Redman, Levi Garret	t,
OI have never had sexual intercourse	Beechnut, Skoal, Skoal Bandi	ts,
○1 person	Copenhagen, Camel Snus, or	
○2 people	Marlboro Snus?	
○3 people	95. Smoke a little cigar, such as	
○4 people	Swisher Sweets?	
○5 people	96. Smoke a large cigar?	000000
○6 or more people	97. Smoke tobacco in a hookah,	also
	known as a waterpipe?	
88. During the past 3 months, with how many people did you	98. Use an <b>e-cigarette</b> or <b>other v</b>	aping
have sexual intercourse?	product?	
OI have never had sexual intercourse		
OI have had sexual intercourse, but not during	99. Have you ever used any <b>toba</b>	cco or vaping product with
the past 3 months	mint, fruit, coffee, candy, or	other flavors? Exclude
○1 person	marijuana.	
○2 people	○Yes	
○3 people	○No	
○4 people	ONot sure	
○5 people		
○6 or more people	100. During the past 30 days, have	e you used any <b>tobacco or</b>
	vaping product with mint, fr	uit, coffee, candy, or other
89. Did you drink alcohol or use drugs before you had sexual	flavors? Exclude marijuana.	
intercourse the last time?	○Yes	
○ I have never had sexual intercourse	○No	
○Yes	○Not sure	
○ No		
	101. How old were you when you	smoked a whole cigarette
90. The <b>last time</b> you had sexual intercourse, did you or your	for the first time?	
partner use a condom?	OI have never smoked a w	hole cigarette
○I have never had sexual intercourse	8 years old or younger	○13 years old
○Yes	○9 years old	○14 years old
○No	○10 years old	○15 years old
	○11 years old	○16 years old

91. The last time you had sexual intercourse, what method(s)

did you or your partner use to **prevent pregnancy**?

○12 years old

○17 years old or older

102. How old were you when you first used <b>any form of</b>		109. During the past 30 days, have	•
tobacco or vaping product other than regular cigarettes?		promoting tobacco or a vaping product on a storefront or	
Exclude marijuana.		in a store?	
OI have never used any of those products		○Yes	
8 years old or younger	○13 years old	○No	
○9 years old	○14 years old	○ Not sure	
○ 10 years old	○15 years old		
○11 years old	○16 years old	110. Do you agree or disagree with	=
○12 years old	○17 years old or older	Cigarette companies delibera cigarettes to encourage yout	
103. The very first time you used <b>any tobacco or vaping</b>		Strongly agree	ii uiidei 18 to siiioke.
product (including e-cigarettes), which type of		Somewhat agree	
product (including e-cigal ettes), which type of product did you use?		ODon't know/Not sure	
○I have never used any tobacco or vaping product		Somewhat disagree	
Cigarette		Strongly disagree	
○ Chewing tobacco		Strongly disagree	
○ Small cigar		111 Do you think tobasso somna	nios havo hoon honost or
○Large cigar		111. Do you think tobacco companies have been honest or dishonest with the public about the dangers	
○ Hookah		of tobacco use?	
© E-cigarette or other vaping product		Overy honest	
○ Another type of product		○ Somewhat honest ○ Don't know/Not sure	
404 Design the great 42 separate distance assessment with		·	
104. During the past 12 months, did you ever try <b>to quit</b>		Somewhat dishonest	
smoking cigarettes?		○Very dishonest	
OI did not smoke during th	e past 12 months		
○Yes		The next questions ask abou	ut drinking alcohol. This
○No		includes drinking beer, wine, wine coolers, and liquor such	
405 If an a formula at fairn de aff		as rum, gin, vodka, or whisk	ey. For these questions,
105. If one of your best friends off	rered you an e-cigarette,	drinking alcohol does not incl	
would you smoke it?  Operinitely not Probably not		wine for religiou	
			• •
		l	
O Probably would		112. How old were you when you	had your first drink of alcohol
<ul><li>Definitely would</li></ul>		other than a few sips?	
			of alcohol other than a few sip
106. During the past 30 days, from which of the following		○8 years old or younger	○ 13 years old
sources did you get tobacco or vaping products? (Select		○9 years old	○14 years old
one or more responses)		○10 years old	○15 years old
○I did not get tobacco or vaping products		○11 years old	○16 years old
during the past 30 days		○12 years old	○17 years old or older
○ A store or gas station			
OFriends 18 or older		113. During the past 30 days, on how many days did you have	
○ Friends under 18		at least one drink of alcohol?	
○Took from home without permission		○0 days	
○ A family member		○1 or 2 days	○10 to 19 days
The Internet		○3 to 5 days	○ 20 to 29 days
○ Some other source		○6 to 9 days	○All 30 days
107. Does someone living in your	house (other than you)	114. During the past 30 days, on h	ow many days did you have
smoke or vape tobacco?		5 or more drinks of alcohol ir	n a row, that is, within a
○ Nobody smokes or vapes		couple of hours?	
Someone smokes or vapes, but not inside the house		○0 days	
OSomeone smokes or vapes inside the house		○1 day	○6 to 9 days
		○2 days	○10 to 19 days
108. During this school year, have you seen anyone smoking or		○3 to 5 days	○20 or more days
vaping tobacco on school property?		,	
○Yes ○No			
-			
		1	

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115. During the past 30 days, what type of alcohol did you usually drink? (Select only one response)  I did not drink alcohol during the past 30 days  I do not have a usual type  Beer  Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade  Wine coolers, such as Bartles & Jaymes or Seagrams  Wine  Liquor, such as vodka, rum, scotch, bourbon, or whiskey	120. When you smoked marijuana during the past 30 days, did you ever mix it with tobacco? (Either rolling with loose tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.)  I have not smoked marijuana in the past 30 days  Yes  No  121. When you used marijuana during the past 30 days, did you ever drink alcohol at the same time?  I have not used marijuana in the past 30 days  Yes, most of the time	
○ Flavored alcoholic beverages, such as lemon vodka,	○Yes, some of the time	
coconut rum, etc.	○Yes, rarely	
○Some other type	○No	
The next questions ask about marijuana (also called grass or pot), and other drugs.	122. Does any adult living in your house use marijuana?  OYes  No	
	123. If one of your best friends offered you some marijuana,	
116. How old were you when you tried marijuana	would you use it?	
for the first time?	O Definitely not	
OI have never tried marijuana	○ Probably not	
○8 years old or younger	○ Probably would	
○9 years old	O Definitely would	
○10 years old		
11 years old	During the past 30 days, have you	
12 years old	seen an advertisement for marijuana	
13 years old	products or stores:	
14 years old	During the past 30 days, have you seen an advertisement for marijuana products or stores:    April 1   April 2   April 2   April 3   Apr	
15 years old		
<ul><li>16 years old</li><li>17 years old or older</li></ul>	124. In a magazine or newspaper?	
O17 years old or older	125. On a storerront?  126. Online? On your cellphone, tablet, or computer	
117. During the past 30 days, on how many days did you use	(through email, websites, or social media)?	
marijuana or hashish (weed, hash, pot)?	127. On a billboard?	
O days	128. On the sidewalk (like signs or people wearing	
1 or 2 days	or waving signs)?	
3 to 5 days		
○6 to 9 days	129. During the past 30 days, on how many days have you used	
○10 or more days	prescription drugs (such as Oxycontin, Percocet, Vicodin,	
·	Codeine, Adderall, Ritalin, or Xanax) without a doctor's	
118. During the past 30 days, how many times did you use	orders?	
marijuana on school property?	○0 days	
○0 times	○1 or 2 days ○10 to 19 days	
○1 or 2 times	○3 to 5 days ○20 to 29 days	
○3 to 9 times	○6 to 9 days ○All 30 days	
○10 to 19 times		
○ 20 to 39 times	If you wanted to get	
○40 or more times	130. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how	
440 D : 11 120 L : 1 1: 1	130. Some beer, wine or hard liquor (for	
119. During the past 30 days, if you used marijuana, how did		
you use it? (Select one or more responses)	easy would it be for you to get some?	
○I did not use marijuana during the past 30 days ○Smoked it (in a joint, bong, pipe, blunt)	131. E-cigarettes or other vaping products, how easy would it be for you to get some?	
Vaporized it (iii a joint, bong, pipe, blunt)	132. Some marijuana, how easy would it	
Ate it (in brownies, cakes, cookies, candy)	be for you to get some?	
Orank it (tea, cola, alcohol)	133. Prescription drugs not prescribed to you,	
O Dabbed it	how easy would it be for you to get some?	
Used in some other way		

How much do you think people risk harming themselves (physically or in other ways) if they... 134. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? 135. Have five or more drinks of an alcoholic beverage once or twice a week?  $\bigcirc$ 136. Smoke one or more packs of cigarettes per day? 137. Use e-cigarettes or other vaping product every day? 138. Use marijuana regularly (at least once or twice a week)? 139. Use prescription drugs that are not prescribed to them? The next questions ask about family and friends. How wrong do your parents feel it would be for you to ... 140. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly? 141. Smoke cigarettes? 142. Use e-cigarettes or other vaping products? 143. Use marijuana? 144. Use prescription drugs not prescribed to you? How wrong do your friends feel it would be for you to ... 145. Have one or two drinks of an alcoholic beverage nearly every day? 146. Smoke cigarettes? 147. Use an e-cigarette or other vaping product? 148. Use marijuana? 149. Use prescription drugs not prescribed to you? Finally, please tell us how truthful you were. 150. How honest were you in filling out this survey? OI was very honest OI was honest most of the time ○I was honest some of the time OI was honest once in a while ○I was not honest at all

## THANK YOU FOR YOUR PARTICIPATION