

# Oregon Healthy Teens Survey

## • 2015 11th 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: ●

INCORRECT: ✓ ✗ ○ ◐



- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 7th grade
  - 8th grade
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? **(Select one or more responses)**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- What is the language you use most often at home?
  - English
  - Spanish
  - Another language
- Do you think of yourself as...
  - Lesbian or gay
  - Straight, that is, not lesbian or gay
  - Bisexual
  - Something else
  - Don't know /Not sure
- How tall are you without your shoes on?
 

Directions: Write your height in the blank boxes.  
Fill in the matching circle below each number.

Height	
Feet	Inches
<b>4</b>	<b>11</b>
<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input checked="" type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

- How much do you weigh without your shoes on?
 

Directions: Write your weight in the blank boxes.  
Fill in the matching circle below each number.

Weight		
Pounds		
<b>0</b>	<b>9</b>	<b>5</b>
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

- Please tell us your zip code.
 

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

Zip Code				
<b>9</b>	<b>7</b>			
		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

**The next questions ask about health care issues.**

- Would you say that in general your **physical health** is...
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
- Would you say that in general your **emotional and mental health** is...
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor

13. 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?
- During the past 12 months
  - Between 12 and 24 months ago
  - More than 24 months ago
  - Never
  - Not sure
14. During the past 12 months, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- Yes
  - No
15. During the past 12 months, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- Yes
  - No
16. 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**).
- Yes – during school hours
  - Yes – during the summer
  - Yes – on the weekend or before/after school
  - No
  - Don't know

**For these statements, mark how true you feel each is for you.**

	Very much true	Pretty much true	A little true	Not at all true
17. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There is at least one teacher or other adult in my school that really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next questions ask about grades and school.**

21. During the past 12 months, how would you describe your grades in school?
- Mostly A's
  - Mostly B's
  - Mostly C's
  - Mostly D's
  - Mostly F's
  - None of these grades
  - Not sure

	None	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
22. During the past 12 months, how many days of school did you miss for any reason?	<input type="radio"/>					
23. During the past 12 months, how many days of school did you miss because of physical health reasons?	<input type="radio"/>					
24. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?	<input type="radio"/>					
25. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	<input type="radio"/>					

**The next questions ask about health or learning conditions you may have.**

	Yes	No
26. Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
27. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
28. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	<input type="radio"/>	<input type="radio"/>
29. Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
30. Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
31. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping?	<input type="radio"/>	<input type="radio"/>

**The next questions ask about oral health.**

32. 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
  - Between 12 and 24 months ago
  - More than 24 months ago
  - Never
  - Not sure

33. Have you ever had a cavity?

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

34. Did you brush your teeth in the past 24 hours?

35. In the **past year**, were you ever injured in your mouth area while playing sports? The mouth area could be your teeth, gums, lips, cheeks, tongue or jaw.

**(Select one or more responses.)**

- I was not injured in the mouth while playing a sport
- I was injured in the mouth playing an organized sport, like school, club or team sports
- I was injured in the mouth playing a recreational sport I did on my own (with or without other people), like skateboarding or pickup basketball

36. During the past 12 months, did you miss one or more hours of school due to any of the following reasons?

**(Select one or more responses.)**

- I had a toothache or painful tooth
- My mouth was hurting
- I had to go to the dentist because of tooth or mouth pain (Do **not** include regular check-up visits.)
- I had to go to the hospital emergency room because of tooth or mouth pain
- I had a mouth injury from playing a sport
- I did not miss school for any of these reasons

**The next questions ask about asthma.**

37. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not sure

38. Do you still have asthma?

- I have never had asthma
- Yes
- No
- Not sure

**The next questions are 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.**

39. Does your school have a School-Based Health Center?

- Yes
- No
- Don't know

40. How many times have you used the School-Based Health Center at your school in the past 12 months?

- Never
- I've used it, but not in the last 12 months
- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times

**The next question asks about the food you ate during the past 12 months.**

41. 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 section asks 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.**

42. 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

43. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit 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

44. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad 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

45. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- I did not eat potatoes 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



**The next questions ask about the types of beverages that you drink.**

During the past 7 days, how many times did you drink...

	0 times in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
57. <b>Soda or pop</b> , such as Coke, Pepsi, or Sprite? (Do <b>not</b> include diet soda or diet pop).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. <b>Fruit-flavored beverages</b> such as Kool-Aid, Sunny Delight, or Snapple? (Do <b>not</b> include 100% fruit juice).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. <b>Energy drinks</b> such as Red Bull, Rockstar, or Monster? (Do <b>not</b> include diet or sugar-free energy drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. <b>Sports drinks</b> such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. <b>Flavored milk</b> such as Chocolate or Strawberry milk? (Do <b>not</b> include plain milk)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. <b>Plain milk?</b> (Include milk that you added to cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. <b>Sweetened coffee or tea beverages</b> such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. <b>Plain water?</b> (Include tap and bottled water).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next questions ask about the ways you get to and from school.**

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

	0 days	1 day	2 days	3 days	4 days	5 days
65. Walk	<input type="radio"/>					
66. Ride a bike	<input type="radio"/>					
67. Ride a skateboard, scooter, or other non-motorized vehicle	<input type="radio"/>					
68. Ride a school bus or use public transportation	<input type="radio"/>					
69. Ride in a car or other motorized vehicle	<input type="radio"/>					

70. 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?
- I 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
  - 4 to 6 times during the past 7 days
  - 7 or more times during the past 7 days

**The next section asks 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.**

71. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes
  - No
72. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No
73. 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
74. **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?
- I did not attempt suicide during the past 12 months
  - Yes
  - No



During the last 12 months, have you ever ...

	I don't bet for money	Yes	No
85. Felt bad about the amount you bet, or about what happens when you bet money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Felt that you would like to stop betting money but didn't think you could?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Lied to anyone about betting or gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Bet or gambled more than you wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next section asks about sexual behavior.**

89. Have you ever had sexual intercourse?  
 Yes  
 No
90. How old were you when you had sexual intercourse for the **first time**?  
 I have never had sexual intercourse  
 11 years old or younger  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old or older
91. During your life, with how many people have you had sexual intercourse?  
 I have never had sexual intercourse  
 1 person  
 2 people  
 3 people  
 4 people  
 5 people  
 6 or more people
92. During the past 3 months, with how many people did you have sexual intercourse?  
 I have never had sexual intercourse  
 I have had sexual intercourse, but not during the past 3 months  
 1 person  
 2 people  
 3 people  
 4 people  
 5 people  
 6 or more people
93. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?  
 I have never had sexual intercourse  
 Yes  
 No

94. The **last time** you had sexual intercourse, did you or your partner use a condom?  
 I have never had sexual intercourse  
 Yes  
 No
95. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**?  
**(Select one or more responses.)**  
 I have never had sexual intercourse  
 IUD (intrauterine device such as Mirena or Paragard)  
 Contraceptive implant (Implanon or Nexplanon)  
 Depo-Provera (injectable birth control)  
 Birth control pills  
 Contraceptive patch  
 Contraceptive ring  
 Condoms  
 Withdrawal  
 Emergency contraception (morning after pill)  
 Some other method  
 No method was used to prevent pregnancy  
 Not sure
96. During your life, with whom have you had sexual contact?  
 I have never had sexual contact  
 Females  
 Males  
 Females and males

**The next questions ask about violence-related behaviors.**

97. Have you ever been physically forced to have sexual intercourse when you did not want to?  
 Yes  
 No
98. Have you ever given in to sexual activity when you didn't want to because of pressure?  
 Yes  
 No
99. During your life, has any adult ever had sexual contact with you?  
 Yes  
 No
100. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?  
 Yes  
 No
101. During your life, has any adult ever intentionally hit or physically hurt you?  
 Yes  
 No

**The next questions ask about tobacco use.**

During the past 30 days, on how many days did you ...

	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
102. Smoke <b>cigarettes</b> ?	<input type="radio"/>						
103. Smoke <b>menthol</b> cigarettes?	<input type="radio"/>						
104. Use <b>chewing tobacco, snuff or dip</b> , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus?	<input type="radio"/>						
105. Use <b>dissolvable</b> tobacco products, such as Camel Orbs, sticks, or strips?	<input type="radio"/>						
106. Smoke a <b>little cigar</b> , such as Swisher Sweets?	<input type="radio"/>						
107. Smoke a <b>large cigar</b> ?	<input type="radio"/>						
108. Smoke <b>tobacco in a hookah</b> , also known as a waterpipe?	<input type="radio"/>						
109. Smoke <b>tobacco in a pipe</b> ?	<input type="radio"/>						
110. Use an <b>e-cigarette</b> or <b>other vaping product</b> ?	<input type="radio"/>						

111. About how many cigarettes have you smoked in your entire life?
- I have never smoked cigarettes, not even one or two puffs
  - 1 or more puffs, but never a whole cigarette
  - 1 cigarette
  - 2 to 5 cigarettes
  - 6 to 15 cigarettes (about 1/2 a pack total)
  - 16 to 25 cigarettes (about 1 pack total)
  - 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
  - 100 or more cigarettes (5 or more packs)
112. Have you ever used any type of tobacco **or vaping** product with mint, fruit, coffee, candy, or other sweet flavor?
- Yes
  - No
  - Not sure
113. During the past 30 days, have you used any tobacco **or vaping** product with mint, fruit, coffee, candy, or other sweet flavors?
- Yes
  - No
  - Not sure

114. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
  - 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older
115. How old were you when you first used any form of tobacco other than cigarettes? Include e-cigarettes or other vaping products.
- I have never used any of those products
  - 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older
116. The very first time you used any tobacco **or vaping** product (including e-cigarettes), which type of product did you use?
- I have never used any tobacco or vaping product
  - Cigarette
  - Chewing tobacco
  - Small cigar
  - Large cigar
  - Hookah
  - E-cigarette or other vaping product
  - Another type of product
117. During the past 12 months, did you ever try to **quit** smoking cigarettes?
- I did not smoke during the past 12 months
  - Yes
  - No
118. If one of your best friends were to offer you a cigarette, would you smoke it?
- Definitely not
  - Probably not
  - Probably would
  - Definitely would
119. During the past 30 days, from which of the following sources did you get tobacco **or vaping** products? **(Select one or more responses.)**
- I did not get tobacco or vaping products during the past 30 days
  - A store or gas station
  - Friends 18 or older
  - Friends under 18
  - Took from home without permission
  - A family member
  - The Internet
  - Some other source

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

120. Does someone living in your house (other than you) smoke tobacco?

- Nobody smokes
- Someone smokes, but not inside the house
- Someone smokes inside the house

During the past 30 days, have you seen an advertisement promoting tobacco or a vaping product...

121. On a storefront or in a store?

122. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?

123. In a magazine or newspaper?

124. That came in the mail to your home?

	Yes	No	Not sure
121. On a storefront or in a store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. That came in the mail to your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. If you have a favorite, what is the brand of your favorite cigarette advertisement? (Select only one answer.)

- I do not have a favorite
- Marlboro
- Camel
- Newport
- American Spirit
- Other

126. Do you agree or disagree with the following statement: *Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.*

- Strongly agree
- Somewhat agree
- Don't know / Not sure
- Somewhat disagree
- Strongly disagree

127. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?

- Very honest
- Somewhat honest
- Don't know/Not sure
- Somewhat dishonest
- Very dishonest

128. During the past 30 days, did you receive tobacco or vaping coupons or other discounts in the mail, over the Internet, or from any other source?

- Yes
- No

129. In the past 30 days, did you buy any tobacco or vaping product using coupons, buy 1 get 1 free, or any other price reduction?

- Yes
- No

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

130. How old were you when you had your first drink of alcohol other than a few sips?

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

131. During the past 30 days, on how many days did you have at least one drink of 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

132. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

133. 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
- Some other type

134. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I did not drive a car in the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

**The next section asks about marijuana and other drugs.**

135. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?
- 0 days
  - 1 to 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 or more days
136. During the past 30 days, if you used marijuana, how did you **usually** use it?
- I did not use marijuana during the past 30 days
  - Smoked it (in a joint, bong, pipe, blunt)
  - Vaporized it (e.g., vapor pen)
  - Ate it (in brownies, cakes, cookies, candy)
  - Drank it (tea, cola, alcohol)
  - Dabbed it
  - Used in some other way
137. During the past 30 days, how did you get marijuana? **(Select one or more responses.)**
- I did not get marijuana in the past 30 days
  - I bought it from a medical marijuana dispensary.
  - I stole it from a medical marijuana dispensary.
  - I got it from friends.
  - I got it at a party.
  - I got it from an older brother or sister.
  - I gave money to someone to get it for me.
  - I took it from home without my parents' permission.
  - I got it at home with my parents' permission.
  - I got it from a medical marijuana cardholder or grower.
  - I got it some other way.
138. During the past 30 days, how many times did you drive a car or other vehicle within **three hours after using marijuana**?
- I did not drive in the past 30 days
  - 0 times
  - 1 time
  - 2-3 times
  - 4-5 times
  - 6 or more times
139. During the past 30 days, how many times have you used **prescription drugs** (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) **without a doctor's orders**?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

If you wanted to get...

- |   | Very easy             | Sort of easy          | Sort of hard          | Very hard             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 140. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. Some tobacco (cigarettes, chew, cigars), how easy would it be for you to get some?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. E-cigarettes or other vaping products, how easy would it be for you to get some?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 143. Some marijuana, how easy would it be for you to get some?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 144. Prescription drugs not prescribed to you, how easy would it be for you to get some?                            | <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               | Slight risk           | Moderate risk         | Great risk            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 145. Smoke one or more packs of cigarettes per day?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 146. Use smokeless tobacco every day?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 147. Use e-cigarettes or other vaping products every day?                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 148. Use marijuana regularly (at least once or twice a week)?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 149. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 150. 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"/> |
| 151. Use prescription drugs that are not prescribed to them?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

**The following questions ask about family and friends.**

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

	Very wrong	A little bit wrong	Wrong	Not wrong at all
152. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	A little bit wrong	Wrong	Not wrong at all
156. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Use an e-cigarette or other vaping product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

160. Does your family own a car, van, or truck?

- No
- Yes, one
- Yes, two or more

161. Do you have your own bedroom for yourself?

- No
- Yes

162. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
- Once
- Twice
- More than twice

163. How many computers does your family own?

- None
- One
- Two
- More than two

164. Do you receive free or reduced price lunches at school?

- Yes
- No
- Don't know

**Finally, please tell us how truthful you were.**

165. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

**THANK YOU FOR YOUR PARTICIPATION**