

Bernards Township School District Student Survey

Please use the Previous and Next buttons to navigate through the survey. Do NOT use the Back button of your browser.

Thank you for agreeing to participate in this survey.

The survey is completely **VOLUNTARY and ANONYMOUS**. You can never be identified.

This is **NOT** a test, so there are no right or wrong answers.

Please do not share your confidential survey answers with others.

Please answer all questions to the best of your ability. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.

You can skip any question that you do not wish to answer.

Please mark only one answer for each question, unless otherwise directed.

Please be sure to click on the SUBMIT button at the bottom of the survey when you are done.

There are 48 questions in this survey.

SECTION I.

PERSONAL AND FAMILY INFORMATION

1. Ethnic Origin:

Please choose **only one** of the following:

- White
- African American
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Mixed Origin
- Other

2. Sex:

Please choose **only one** of the following:

- Male
- Female

3. Age:

Please choose **only one** of the following:

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

4. Grade:

Please choose **only one** of the following:

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

5. Do you live with...

Please choose **only one** of the following:

- both parents
- mother only
- father only
- mother & stepfather
- father & stepmother
- other

6. Do you have a job?

Please choose **only one** of the following:

- Yes, full-time
- Yes, part-time
- No

7. Do your parents have a job?

Please choose the appropriate response for each item:

	Father	Mother
Yes, full-time	<input type="radio"/>	<input type="radio"/>
Yes, part-time	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>

8. What is the educational level of your...

Please choose the appropriate response for each item:

	father?	mother?
Some high school	<input type="radio"/>	<input type="radio"/>
High school graduate	<input type="radio"/>	<input type="radio"/>
Some college	<input type="radio"/>	<input type="radio"/>
College graduate	<input type="radio"/>	<input type="radio"/>

SECTION II.

STUDENT INFORMATION

Please choose the appropriate response for each item:

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. Do you make good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you get into trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you take part in school sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you take part in school activities such as band, clubs, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you take part in community activities such as scouts, rec. teams, youth clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you attend church, synagogue, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do your parents talk with you about the problems of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do your teachers talk with you about the problems of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you skipped school without your parents' permission in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your school set clear rules on using drugs at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Does your school set clear rules on bullying or threatening other students at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do your parents set clear rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Do your parents punish you when you break the rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Have you been in trouble with the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Do you take part in gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Have you thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do your friends use tobacco (cigarettes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
18. Do your friends use alcohol (beer, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do your friends use marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Do your friends use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the appropriate response for each item:

	YES	NO
22. Do you think that you are overweight?	<input type="radio"/>	<input type="radio"/>
23. Has a doctor told you that you are overweight?	<input type="radio"/>	<input type="radio"/>
24. Have you bought or sold drugs AT school?	<input type="radio"/>	<input type="radio"/>
25. Have you bought or sold drugs when NOT at school?	<input type="radio"/>	<input type="radio"/>
26. Have you carried a gun for protection or as a weapon when NOT at school in the past year?	<input type="radio"/>	<input type="radio"/>
27. Do you own a cell phone?	<input type="radio"/>	<input type="radio"/>
28. In the past year have you tried to cut down on the time you were on your cell phone?	<input type="radio"/>	<input type="radio"/>
29. Do you think that any of your friends use their cell phones too much?	<input type="radio"/>	<input type="radio"/>

SECTION III.

In the past 12 months how often have you used marijuana, hashish, marijuana wax, oil or dab, synthetic marijuana, or any form of marijuana with a vaping device?

Please choose **only one** of the following:

- Did not use
- Once/year
- 6 times/year
- Once/month
- Twice/month
- Once/week
- Every Day

WITHIN THE PAST YEAR HOW OFTEN HAVE YOU...

Please choose the appropriate response for each item:

	DID NOT USE	ONCE/ YEAR	6 TIMES/ YEAR	ONCE/ MONTH	TWICE/ MONTH	ONCE/ WEEK	3 TIMES/ WEEK	EVERY DAY
1. Used tobacco (cigarettes, cigars, dip, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drunk alcohol (beer, coolers, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoked marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Used cocaine (crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Used inhalants (glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Used hallucinogens (PCP, LSD, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Used heroin (opiates)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Used steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Used ecstasy (MDMA, Molly)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Used meth (crystal, ice, crank, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Used prescription drugs not prescribed to you (such as Ritalin, Xanax or OxyContin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Used over-the-counter drugs (to get high)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Used synthetic marijuana (K2, Spice, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Used an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Used prescription opioid painkillers for any reason (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION IV.

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

Please choose **only one** of the following:

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know or can't say

Has drinking alcohol ever caused you any of the following problems? **(Please mark all that apply.)**

Please choose **all** that apply:

- I don't drink
- A traffic ticket
- A car crash
- Arrested by the police
- Money Problems
- Trouble at school
- Hurt your school work
- Gotten into fights with other kids
- Gotten into fights with your parents
- Damaged a friendship
- Passed out
- Could not remember what happened while drinking
- Made you break something
- Did something sexual that you later wished you hadn't
- Hurt yourself
- Hurt someone else

SECTION V.

HOW MUCH DO YOU THINK PEOPLE RISK HARMING
THEMSELVES PHYSICALLY OR IN OTHER WAYS IF THEY...

Please choose the appropriate response for each item:

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
1. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have five or more drinks of an alcoholic beverage (beer, coolers, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Take one or two drinks of an alcoholic beverage (beer, coolers, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION VI.

DURING THE PAST 30 DAYS:

Please choose the appropriate response for each item:

	YES	NO
1. Did you smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>
2. Have you used an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>
3. Did you drink one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>
4. Have you used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>
5. Have you used marijuana, hashish, marijuana wax, oil or dab, synthetic marijuana, or any form of marijuana with a vaping device?	<input type="radio"/>	<input type="radio"/>
6. Have you used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>
7. Have you used over-the-counter drugs (to get high)?	<input type="radio"/>	<input type="radio"/>
8. Have you used inhalants (glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>
9. Have you used prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>
10. Have you used heroin?	<input type="radio"/>	<input type="radio"/>

SECTION VII.

During the past 30 days, where did you get or buy the e-cigarette, vape pen, or e-liquid rig that you have used? *(Select one or more responses)*

Please choose **all** that apply:

- I did not use an e-cigarette in the past 30 days
- A gas station or convenience store
- A grocery store
- A drugstore
- A mall or shopping center kiosk/stand
- On the Internet
- A vape shop or other store that only sells e-cigarettes
- Some other place not listed here
- From a family member
- From a friend
- From some other person that is not a family member or a friend

SECTION VIII.

If you have ever used a vaporizer which brand did you use?

Please choose **only one** of the following:

- I have never used a vaporizer
- NJOY
- Blu
- Vuse
- MarkTen
- Logic
- Vapin Plus
- eGo
- Halo
- JUUL
- Other

SECTION IX.

During the past 30 days where did you get any tobacco products? (Select one or more responses)

Please choose **all** that apply:

- I did not use any tobacco products in the past 30 days
- A gas station or convenience store
- A grocery store
- A drugstore
- A mall or shopping center kiosk/stand
- On the Internet
- A tobacco/cigar store
- Some other place not listed here
- From a family member
- From a friend
- From some other person that is not a family member or a friend

SECTION X.

Have you ever tried marijuana (weed, pot, hashish, wax, oil, dabs, synthetic marijuana, etc.) with a vaping device?

Please choose **only one** of the following:

- Yes
- No

AT WHAT AGE DID YOU FIRST....

Please choose the appropriate response for each item:

	NEVER USED	10 OR UNDER	11	12	13	14	15	16	17 OR OLDER
1. Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use cocaine (crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use inhalants (glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use hallucinogens (PCP, LSD, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use heroin (opiates)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Use ecstasy (MDMA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Use meth (crystal, ice, crank, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Use over-the-counter drugs (to get high)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XI.

OPIOID PAIN KILLERS

1. In your lifetime, on how many occasions have you been prescribed an opioid pain killer (OxyContin, Vicodin, Percocet, Codeine, etc.) by your doctor/dentist for any reason?

Please choose **only one** of the following:

- Never
- Once
- Twice
- Three times
- Four or more times

2. If you have been prescribed opioid pain killers (OxyContin, Vicodin, Percocet, Codeine, etc.) have you ever taken more than you were prescribed because you liked the feeling?

Please choose **only one** of the following:

- I have never been prescribed opioid pain killers
- Yes
- No

3. Have you ever taken prescription opioid pain killers that were not prescribed to you just because you wanted to?

Please choose **only one** of the following:

- Yes
- No

4. For which of the following reasons have you been prescribed a pain killer?
(Please mark all that apply.)

Please choose **all** that apply:

- Surgery
- Oral surgery (such as wisdom teeth)
- An injury related to sports
- An injury not related to sport
- A chronic pain condition

5. When a painkiller is prescribed to you, who is responsible for making sure it is used as directed?

Please choose **only one** of the following:

- I have never been prescribed a painkiller
- I am responsible and have full access to the medication
- I am responsible and I get the medication from a parent or other adult when needed
- A parent or adult is responsible and keeps the medication

6. If you have ever gotten Prescription narcotic painkillers like Codeine, OxyContin, Vicodin, Percocet, Fentanyl, Opium, Opana, etc. without a prescription from a doctor, how did you get it? (Please mark all that apply.)

Please choose **all** that apply:

- I have never gotten Prescription narcotic painkillers
- From a family member with permission
- From a family member's prescription without permission
- Given from a friend
- Purchased from a friend
- At a pill party
- Given by someone other than a family member
- Purchased from a stranger or a drug dealer

SECTION XII.

HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO...

Please choose the appropriate response for each item:

	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG
1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XIII.

HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO...

Please choose the appropriate response for each item:

	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG
1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XIV.

WHERE DO YOU USUALLY...

(You may mark more than one response for each question)

	DO NOT USE	AT HOME	AT SCHOOL	IN A CAR	FRIEND'S HOUSE	OTHER
1. Use tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION XV.

WHEN DO YOU USUALLY...

(You may mark more than one response for each question)

	DO NOT USE	BEFORE SCHOOL	DURING SCHOOL	AFTER SCHOOL	WEEKNIGHTS	WEEKENDS
1. Use tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke marijuana (pot, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION XVI.

If you attempted suicide in the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Please choose **only one** of the following:

- I did not attempt suicide during the past 12 months
- Yes
- No

SECTION XVII.

WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU...

Please choose the appropriate response for each item:

	DO NOT USE	NO HIGH	A LITTLE HIGH	VERY HIGH	WASTED/STONED
1. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Smoke marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XIX.

VEHICLE SAFETY

Please choose the appropriate response for each item:

	0 TIMES	1 TIME	2 OR 3 TIMES	4 OR 5 TIMES	6 OR MORE TIMES
1. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How often do you wear a seatbelt when driving a car?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Most of the time
- Always
- I don't drive

6. How often do you wear a seat belt when riding in a car driven by someone else?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Most of the time
- Always

SECTION XX.

IN MY SCHOOL, I FEEL SAFE...

Please choose the appropriate response for each item:

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. In the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the cafeteria (lunchroom).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the halls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the bathroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the gym.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. On the school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. At school events (ballgames, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the parking lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. On the way to or from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XXI.

WHILE AT SCHOOL HAVE YOU...(Past Year)

Please choose the appropriate response for each item:

	NEVER	ONE TIME	2-5 TIMES	6 OR MORE TIMES
1. Used the Internet or a cell phone to threaten or embarrass someone else by posting mean messages or photos of them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Been threatened or embarrassed by someone using the Internet or a cell phone to post mean messages or photos of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Carried a knife, club or other weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Threatened a student with a handgun, knife or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Threatened to hurt a student by hitting, slapping or kicking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Hurt a student by using a handgun, knife or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Hurt a student by hitting, slapping or kicking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Been threatened with a handgun, knife or club by a student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Had a student threaten to hit, slap or kick you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Been afraid a student may hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Been hurt by a student using a handgun, knife or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Been hurt by a student who hit, slapped or kicked you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XXII.

How easy do you think it would be for you to get heroin if you wanted some?

Please choose **only one** of the following:

- Don't know / Can't get
- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

HOW EASY IS IT TO GET...

Please choose the appropriate response for each item:

	DON'T KNOW/CAN'T GET	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY
1. Tobacco (cigarettes, cigars, dip, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcohol (beer, coolers, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. E-cigarettes, vape pens, or e-liquid rigs (JUUL, N2, Joytech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prescription opioid painkillers (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION XXIII.

Please choose the appropriate response for each item:

	Never	Seldom	Sometimes	Often	A lot
1. How often do you feel stressed out at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often do you feel stressed out at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I get stressed out, I use alcohol or drugs to help me relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19 Supplemental Questions

How safe would/do you feel returning to school at this time?

Please choose **only one** of the following:

- Very Safe
- Safe
- Not safe
- Very not safe

Do you prefer online classes or learning in school?

Please choose **only one** of the following:

- Online classes
- At a school
- No preference
- I don't know
- I have not taken online classes

Do you have enough access to school counseling services (ex., counselors who can help with mental health, feelings, or problems students may be experiencing)?

Please choose **only one** of the following:

- Yes
- No
- I don't Know

How has your relationship with the family you live with been affected during the (COVID-19) pandemic?

Please choose **only one** of the following:

- Much better
- Somewhat better
- Stayed the same
- Somewhat worse
- Much worse

Please choose the appropriate response for each item:

	Never	Rarely	Sometimes	Often	Always
Do you follow social distancing guidelines and try to stay 6 feet apart from other people not in your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your friends follow social distancing guidelines and stay 6 feet apart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you and your friends wear masks or face coverings when you are together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the (COVID-19) pandemic started, have you felt more sad or hopeless than usual?

Please choose **only one** of the following:

- No
 Yes

During the past 30 days, about how often did you feel...

Please choose the appropriate response for each item:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your participation.

Submit your survey.

Thank you for completing this survey.