

Youth Drug Survey

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



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

2. What is your gender?

Male Female Prefer Not to Respond.

3. What is the name of your school? _____

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

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

Black or African-American American Indian/Alaska Native
 Asian Middle Eastern or North African
 White Native Hawaiian or Other Pacific Islander
 Hispanic, Latino, or Spanish Other _____

If Hispanic, Latino or Spanish selected:

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

Mexican or Mexican American Dominican
 Puerto Rican Colombian
 Cuban Guatemalan
 Salvadoran Honduran
 Other _____

If Asian selected:

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

Chinese Vietnamese
 Filipino Korean
 Asian Indian Japanese
 Other _____

6. In which country were you born?

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

If Another country selected:

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

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

8. Who are you living with now?

- Mother & father
- Mother only
- Father only
- Parent & step-parent
- Grand parent
- Foster parent
- Group home
- Other _____

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

- Less than high school
- High school diploma or GED
- Vocational or trade school
- Some college or Associates degree
- Bachelor's or four-year college degree
- Graduate or professional school

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

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

11. What was your overall average grade last year?

- A
- B
- C
- D
- F

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

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

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

- Facebook
- Instagram
- Snapchat
- TikTok
- Twitter
- YouTube

The following section asks about cigarettes and other tobacco products.

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

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

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

- No Yes

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

- No Yes

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

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

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

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

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

- No Yes

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

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

The following section asks about alcohol.

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

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

If any alcohol use selected:

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

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

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

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

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

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

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

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

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

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

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

- No Yes Does not apply/never went

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

- No Yes Does not apply/never went

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

- No Yes

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

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

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

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

The following section asks about prescription drugs.

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

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

- No Yes

If Yes:

32a. You said that you have a current prescription for a drug or medication. Which types of medication are you prescribed? Select all that apply.

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

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

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

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

If any use selected:

33a. You said that you used prescription drugs without a prescription. Which types of prescription drugs did you use? Select all that apply.

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

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

- No Yes

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

- No Yes

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

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

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

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

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

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

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

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

- No Yes

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

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

The following section asks about marijuana.

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

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

If any marijuana use selected:

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

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

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

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

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

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

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

- No Yes

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

- No Yes

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

- No Yes

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

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

The following section asks about your experiences and thoughts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52. How many of your friends...

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

Thank you for taking the survey.