

CHARLOTTE-MECKLENBURG SCHOOLS

2017 STUDENT SURVEY

Dear Student: Thank you for taking the 2017 CMS Student survey!

This survey collects information about what students think about alcohol, drugs, and their school. It will only take about 20-25 minutes to complete. You are not required to take this survey if you do not want to, but if you do choose to take the survey, your answers will be very helpful to us.

Your answers will remain anonymous and will *NOT* be shared with your parents, your teachers, your school, or anyone else. You will not be asked to provide any identifiable information, including your name, birthday, or any other information that could identify you or link your responses to you. Completing this survey will not affect your grades or your relationship with your teacher, your school, etc. If you have any questions or concerns about this survey please contact Angela Allen, Executive Director, Center for Prevention Services at allen@preventionservices.org.

This is *NOT* a test. There is no right or wrong answers to this survey, but it is important that you answer each question *honestly*. **Please, DO NOT put your name on this questionnaire.**

I agree to participate in the 2017 CMS Student Survey Yes No

1. How old are you? _____ years old

2. What is your gender? Male Female Other _____

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?

- | | |
|--|--|
| <input type="checkbox"/> Black/African-American (non-Hispanic/Latino) | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian/Pacific Islander/Southeast Asian/Asian American | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> White/Caucasian/European American (non-Hispanic/Latino) | <input type="checkbox"/> Mixed heritage/Multi-racial |
| | <input type="checkbox"/> Other _____ |

6. In what country were you born? USA Other (specify) _____

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

8. Who are you living with now?

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

9. What is the highest level of education reached by an adult in your home?

- | | |
|--|--|
| <input type="checkbox"/> No high school | <input type="checkbox"/> College degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate work |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Don't know |

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

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21. 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 | (specify) _____ |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a school sports event | |

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

- No Yes

23. 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"/> Other _____ |
| <input type="checkbox"/> To feel adventurous | |

The following section asks about alcohol.

24. 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"/> Never drank alcohol | <input type="checkbox"/> 11-20 times |
| <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 | |

25. Answer if you are **female**:

How often in the past 30 days have you had 4 or more drinks in a row?

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

Answer if you are **male**:

How often in the past 30 days have you had 5 or more drinks in a row?

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

26. 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 took it from a friend's home |
| <input type="checkbox"/> My parents gave it to me | <input type="checkbox"/> I bought it at a store 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 (specify) _____ |

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27. 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
(specify) _____ |
| <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 | |

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

- No Yes Does not apply/never went

29. 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

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

- No Yes

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

- | | |
|--|---|
| <input type="checkbox"/> They never drink in front of me | <input type="checkbox"/> 11-20 times |
| <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 | |

32. Why do you think students drink alcohol? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> To look cool | <input type="checkbox"/> To feel good when drunk |
| <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"/> They see their parents drink at home |
| <input type="checkbox"/> To feel adventurous | <input type="checkbox"/> Other _____ |

The following section asks about prescription drugs.

33a. Do you have a prescription for ADD/ADHD medication (such as Ritalin, Adderall)?

- No Yes

33b. Do you have a prescription for pain medication (such as Hydrocodone, Oxycontin, Vicodin)?

- No Yes

33c. If you answered yes to question 33a or 33b:

Have you ever given or sold some of your prescription medication to someone else?

- No Yes

33d. If you answered yes to question 33a or 33b:

Have you ever taken more medication than was prescribed?

- No Yes

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34. How often in the past 30 days have you used prescription drugs *not prescribed to you* (such as Ritalin, Adderall, Hydrocodone, OxyContin, Vicodin)?

- | | |
|---|---|
| <input type="checkbox"/> Never used | <input type="checkbox"/> 11-20 times |
| <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 | |

35. The last time you used prescription drugs *not prescribed to you* (such as Ritalin, Adderall, Hydrocodone, OxyContin, Vicodin), *why* did you use them?

- | | |
|---|--|
| <input type="checkbox"/> Never used | <input type="checkbox"/> At a party |
| <input type="checkbox"/> To get high | <input type="checkbox"/> To improve athletic performance |
| <input type="checkbox"/> To hurt myself | <input type="checkbox"/> To study better |
| <input type="checkbox"/> To focus/pay attention | <input type="checkbox"/> To forget about problems |
| <input type="checkbox"/> To fit in with friends who were using it | <input type="checkbox"/> Other (specify) _____ |

36. The last time you took prescription drugs *not prescribed to you* (such as Ritalin, Adderall, Hydrocodone, OxyContin, Vicodin) *how* did you get them?

- | | |
|---|---|
| <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"/> A friend's parents gave it to me |
| <input type="checkbox"/> I took it from home | <input type="checkbox"/> At a party |
| <input type="checkbox"/> A friend gave it to me | <input type="checkbox"/> I bought it myself |
| <input type="checkbox"/> I took a friend's prescription | <input type="checkbox"/> Other (specify) _____ |

37. The last time you used prescription drugs *not prescribed to you* (such as Ritalin, Adderall, Hydrocodone, OxyContin, Vicodin), *where* did you use them?

- | | | |
|---|--|---|
| <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 | (specify) _____ |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a school sports event | |

38. Do your parents/caregivers have clear rules about your use of prescription drugs *not prescribed to you* (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?

- No Yes

39. Why do you think students use prescription drugs without a prescription (such as Ritalin, Hydrocodone, OxyContin, Vicodin)? (*Select all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> To look cool | <input type="checkbox"/> To feel good when high |
| <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"/> Other _____ |
| <input type="checkbox"/> To feel adventurous | |

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The following section asks about marijuana.

40. How often in the past 30 days have you used marijuana (weed, pot, grass)?

- | | |
|---|---|
| <input type="checkbox"/> Never used marijuana | <input type="checkbox"/> 11-20 times |
| <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 | |

41. During the past 30 days, how did you use marijuana (weed, pot, grass)? (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Never used marijuana | <input type="checkbox"/> Cannabis oil |
| <input type="checkbox"/> Did not use marijuana in the past 30 days | <input type="checkbox"/> Edibles |
| <input type="checkbox"/> Smoked | <input type="checkbox"/> Other (specify) _____ |

42. The last time you used marijuana (weed, pot, grass) 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 myself |
| <input type="checkbox"/> I took it from home | <input type="checkbox"/> At a party |
| <input type="checkbox"/> A friend gave it to me | <input type="checkbox"/> Some other way (specify) _____ |
| <input type="checkbox"/> A friend's parents gave it to me | |

43. The last time you used marijuana (weed, pot, grass), 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 | (specify) _____ |
| <input type="checkbox"/> In a vacant building | <input type="checkbox"/> At a school sports event | |

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

- No Yes

45. Does any adult, 18 years or older, who lives in your home smoke marijuana (weed, pot, grass)?

- No Yes

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

- No Yes

47. Why do you think students use marijuana (weed, pot, grass)? (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"/> Other _____ |
| <input type="checkbox"/> To feel adventurous | |

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The following section asks about your experience and thoughts.

48. For the following table, mark how often you use each drug or substance, if at all.

	Never used	No longer use	Monthly	Weekly	1-2 times a week	4-5 times a week	Every Day
Alcohol (beer, wine, wine coolers, liquor)							
Marijuana (weed, pot, grass)							
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)							
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, China White)							
Ecstasy (Molly, E, X, MDMA)							
Paneotropines							
Steroid pills or shots without a doctor's prescription							
Prescription Pain killers (such as codeine, OxyContin, Vicodin, Hydrocodone, Percocet)							
Synthetic drugs (bath salts, flakka)							
Over-the-counter medications to get high (sizzurp, Robo, Tussin, Dex, skittles, Triple C's)							
Tobacco products (cigarettes, dip/chewing tobacco, cigars/cigarillos, e-cigarettes, hookah)							

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49. At what age did you first try the following substances?

	Never used	7 or younger	8	9	10	11	12	13	14	15	16	17	18
Alcohol (beer, wine, wine coolers, liquor)													
Marijuana (weed, pot, grass)													
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)													
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													
Prescription Pain killers (such as codeine, OxyContin, Vicodin, Hydrocodone, Percocet)													
Synthetic drugs (bath salts, flakka)													
Over-the-counter medications to get high (sizzurp, Robo, Tussin, Dex, skittles, Triple C's)													
Tobacco products (cigarettes, dip/chewing tobacco, cigars/cigarillos, e-cigarettes, hookah)													

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

	Can't get	Fairly hard	Fairly easy	Very easy	Don't know
Alcohol (beer, wine, wine coolers, liquor)					
Marijuana (weed, pot, grass)					
Cigarettes					
Other tobacco products (e-cigs, hookah)					
Prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)					
Other drugs					

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51. 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 other tobacco products (e-cigarettes, hookah)?				
Smoke marijuana (weed, pot, grass)?				
Use prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?				
Use other drugs?				
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?				

52. 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 other tobacco products (e-cigarettes, hookah)?				
Smoke marijuana (weed, pot, grass)?				
Use prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?				
Use other drugs?				
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?				

53. 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 other tobacco products (e-cigarettes, hookah)?				
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?				
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?				

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

	0	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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?											
Smoke cigarettes?											
Use other tobacco products (e-cigs, hookah)?											

55. How many of your friends...

	None	A few	Several	Many	All of them
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?					
Smoke cigarettes?					
Use other tobacco products (e-cigs, hookah)?					

56. In the next year how likely is it that you will...

	Extremely unlikely	Unlikely	Likely	Extremely likely
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?				
Smoke cigarettes?				
Use other tobacco products (e-cigs, hookah)?				

Do you have any other thoughts or feedback about alcohol and drug use at your school or in your community?

Thank you for taking this survey!

Please bring your survey to the front of the room and place it in the yellow envelope.