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.

This survey asks you to respond to questions about substance use and behaviors. We anticipate that this will involve minimal risk to you. However, it is possible that some questions may make you feel uncomfortable or upset. If you have some of these feelings during or after taking the survey, we encourage you to speak to a designated counselor at your school.

Your answers will remain anonymous and will NOT be shared with your parents, your teachers, your school, law enforcement (except when mandated by law/court order), 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.

You are invited to respond to all questions, though you may skip any question at any time. You may also stop the survey at any time. You can also change your mind and withdraw from the study anytime before completing the survey by simply stopping the survey. If you decide to stop the survey before it is complete, your responses will not be used. Once you complete the survey, there will be no way to identify or remove your responses.

This is NOT a test. There are 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 survey.

If you have any questions or concerns about this survey please contact Angela Allen, Executive Director, Center for Prevention Services at allen@preventionservices.org.

Contact the solutions IRB Institutional Review Board at 855-226-4472 or participants@solutionsirb.com if you have questions about your rights as a study participant.

I agree to participate in the 2020 RSS Student Survey
☐ Yes (CONTINUE)
☐ No (DO NOT CONTINUE-Thank you for taking the survey)

1. How old are you? (Answer in years) ___________

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? Note: you may report more than one group.
   ☐ Black or African-American
   ☐ Asian
   ☐ White
   ☐ Hispanic, Latino, or Spanish
   ☐ American Indian/Alaska Native
   ☐ Middle Eastern or North African
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ Other _________________________________
If Hispanic, Latino or Spanish selected:
5a. 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
- Puerto Rican
- Cuban
- Salvadoran
- Other ______________________
- Dominican
- Colombian
- Guatemalan
- Honduran
- Dominican
- Colombian
- Guatemalan
- Honduran
- Cuban
- Puerto Rican
- Salvadoran
- Mexican or Mexican American
- Other ______________________

If Asian selected:
5b. You selected that you identified as Asian. Please select the nationality that best describes you. Note: you may report more than one group.
- Chinese
- Filipino
- Asian Indian
- Vietnamese
- Other ______________________
- Korean
- 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:
6a. You selected that you were born in a country other than the United States. Please select the country in which you were born. (drop down)
________________________________________________________

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? Choose only one option.
- □ A
- □ B
- □ C
- □ D
- □ F

12. How many days did you have unexcused absences last year?
- □ None
- □ 1-5 days
- □ 6-10 days
- □ 11-15 days
- □ 16+ days
The following section asks about cigarettes and other tobacco products.

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

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never used</th>
<th>No times in the past 30 days</th>
<th>1-5 times</th>
<th>6-10 times</th>
<th>11-20 times</th>
<th>21-30 times</th>
<th>More than 30 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked part or all of a cigarette?</td>
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<td>Used e-cigarettes, e-hookah, vape pen, including JUULs</td>
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<tr>
<td>Used dip or chew tobacco?</td>
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<tr>
<td>Smoked cigars, cigarillos, Black &amp; Mild with tobacco?</td>
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<tr>
<td>Smoked hookah?</td>
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</tbody>
</table>

18. 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

19. 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

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

- Never used
- My parents gave it to me
- I bought it at a store myself
- I took it from home
- Someone else bought it for me
- A friend gave it to me
- A friend’s parents gave it to me
- At a party
- Other

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

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

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.

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

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)?

- Never drank alcohol
- Did not drink in the past 30 days
- 1-5 times
- 6-10 times
- 11-20 times
- 21-30 times
- More than 30 times

If any alcohol use selected:

24a. 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.

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

25. Answer if you are 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

Answer if you are 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

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

- Never drank alcohol
- My parents gave it to me
- I took it from home
- A friend gave it to me
- A friend’s parents gave it to me
- I took it from a friend’s home
- I bought it at a store myself
- I bought online myself
- Someone bought it for me
- At a party
- Other
27. The last time you drank an alcoholic beverage (beer, wine, wine coolers, liquor), where did you drink it?
☐ Never drank alcohol  ☐ At a party (my house)  ☐ In a restaurant, bar, club
☐ At home with my parent(s) ☐ At a party (friend’s house) ☐ At a family event/party
☐ At home alone  ☐ At a party (stranger’s house)  ☐ At another large party/event (ex. Wedding)
☐ At home with friends  ☐ In a car  ☐ Some other place
☐ At a friend’s house  ☐ At a school sports event
☐ In a vacant building  ☐ At a professional sports event
☐ At a park or outside  ☐ 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?
☐ No times in the past 30 days  ☐ 21-30 times
☐ 1-5 times  ☐ More than 30 times
☐ 6-10 times  ☐ They never drink in front of me
☐ 11-20 times

32. Why do you think students drink alcohol? Select all that apply.
☐ To look cool  ☐ To feel good
☐ To relax  ☐ To have fun
☐ To relax socially  ☐ To study better
☐ To deal with the pressures and stress of school  ☐ It doesn’t seem dangerous
☐ Parties are more fun  ☐ To improve athletic performance
☐ To feel better about themselves  ☐ To lose weight
☐ To deal with problems at home  ☐ Another reason
☐ To feel adventurous

The following section asks about prescription drugs.

33. 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
**ROWAN-SALISBURY SCHOOLS**  
**2020 STUDENT SURVEY**

If Yes:

**33a. 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)
- [ ] 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

**34. 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).
- [ ] 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

If any use selected:

**34a. 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)
- [ ] 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

**35. Have you ever given or sold prescription medication to someone else?**
- [ ] No
- [ ] Yes

**36. Have you ever taken more prescription medication than was prescribed to you?**
- [ ] No
- [ ] Yes

**37. 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).
- [ ] Never used
- [ ] A friend’s parents gave it to me
- [ ] My parents gave it to me
- [ ] I took it from a friend’s prescription
- [ ] My friend gave it to me
- [ ] I took it from home
- [ ] A friend gave it to me
- [ ] I bought it in a store
- [ ] I bought it online myself
- [ ] A party
- [ ] At a party
- [ ] Other
38. 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).

☐ Never used  ☐ At a park or outside  ☐ At a professional sports event
☐ At home with parent(s)  ☐ At a party (my house)  ☐ At a concert
☐ At home alone  ☐ At a party (friend’s house)  ☐ In a restaurant, bar, club
☐ At home with friends  ☐ At a party (stranger’s house)  ☐ Some other place
☐ At a friend’s house  ☐ In a car
☐ In a vacant building  ☐ At a school sports event

39. 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

40. Why do you think students use prescription drugs without a prescription? Select all that apply.
☐ To look cool  ☐ To feel good
☐ To relax  ☐ To have fun
☐ To relax socially  ☐ To study better
☐ To deal with the pressures and stress of school  ☐ It doesn’t seem dangerous
☐ Parties are more fun  ☐ To improve athletic performance
☐ To feel better about themselves  ☐ To lose weight
☐ To deal with problems at home  ☐ Another reason
☐ To feel adventurous

The following section asks about marijuana.

41. How often in the past 30 days have you used marijuana (weed, pot, grass, THC/CBD)
☐ Never used marijuana  ☐ 11-20 times
☐ No times in the past 30 days  ☐ 21-30 times
☐ 1-5 times  ☐ More than 30 times
☐ 6-10 times

If any marijuana use selected:

41a. You selected that you used marijuana during the past 30 days. How did you use it? Select all that apply.
☐ Smoked  ☐ Edibles
☐ Vaped THC  ☐ Used in a hookah
☐ Vaped CBD  ☐ Used synthetic marijuana (K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, Moon rocks)
☐ Cannabis oil  ☐ Other

42. The last time you used marijuana (weed, pot, grass THC/CBD) how did you get it?
☐ Never used  ☐ I took it from a friend’s home
☐ My parents gave it to me  ☐ I bought it in a store
☐ I took it from home  ☐ I bought it online myself
☐ A friend gave it to me  ☐ At a party
☐ A friend’s parents gave it to me  ☐ Some other way
43. The last time you used marijuana (weed, pot, grass, THC/CBD), where did you use it?
- Never used
- At home with parent(s)
- At home alone
- At home with friends
- At a friend’s house
- In a vacant building
- At a park or outside
- At a party (my house)
- At a party (friend’s house)
- At a party (stranger’s house)
- In a car
- At a school sports event
- At a professional sports event
- At a concert
- In a restaurant, bar, club
- Some other place

44. Does any person (other than yourself) under the age of 18 who lives in your home smoke marijuana (weed, pot, grass THC/CBD)?
- No
- Yes

45. Does any adult, 18 years or older, who lives in your home smoke marijuana (weed, pot, grass, THC/CBD)?
- No
- Yes

46. Do your parents/caregivers have clear rules about your use of marijuana (weed, pot, grass, THC/CBD)?
- No
- Yes

47. Why do you think students use marijuana (weed, pot, grass, THC/CBD)? Select all that apply
- To look cool
- To relax
- To relax socially
- To deal with the pressures and stress of school
- Parties are more fun
- To feel better about themselves
- To deal with problems at home
- To feel adventurous
- To feel good
- To have fun
- To study better
- It doesn’t seem dangerous
- To improve athletic performance
- To lose weight
- Another reason

The following section asks about your experience and thoughts.

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

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never used</th>
<th>Not in the past 30 days</th>
<th>1-5 times</th>
<th>6-10 times</th>
<th>11-20 times</th>
<th>21-30 times</th>
<th>More than 30 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine (powder, crack, freebase)</td>
<td></td>
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<td></td>
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<tr>
<td>Methamphetamines (speed, crystal, meth, crank, chalk, ice)</td>
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<tr>
<td>Inhalants (glue, paints or sprays, aerosol spray cans)</td>
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<tr>
<td>Hallucinogens (LSD, salvia, mushrooms, Acid, tabs)</td>
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<td>Heroin (smack, junk, China White)</td>
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<td>Ecstasy (Molly, E, X, MDMA)</td>
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<td>Paneotropines</td>
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<td>Synthetic drugs (bath salts, flakka)</td>
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<tr>
<td>Over-the-counter medications to get high (sizzurp, Robo, Tussin, Dex, skittles, Triple C’s)</td>
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</tbody>
</table>
49. Have you ever used any of the following substances?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never used</th>
<th>I have used</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<th>12</th>
<th>13</th>
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<th>15</th>
<th>16</th>
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<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco: cigarettes</td>
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<td>Tobacco: e-cigarettes, e-hookah, vape pen, including JUULs</td>
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<td>Tobacco: Other products (dip/chewing tobacco, cigars/cigarillos, hookah)</td>
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<td>Alcohol (beer, wine, wine coolers, liquor)</td>
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<td>Marijuana (weed, pot, grass, THC/CBD)</td>
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<td>Cocaine (powder, crack, freebase)</td>
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<tr>
<td>Benzodiazepines (benzos, Klonipin, Xanax, Valium)</td>
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<tr>
<td>Stimulants without a doctor’s prescription (such as Adderall, Ritalin, Concerta)</td>
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<tr>
<td>Methamphetamines (speed, crystal, meth, crank, chalk, ice)</td>
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<tr>
<td>Synthetic Marijuana (K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, Moon rocks)</td>
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<tr>
<td>Inhalants (glue, paints or sprays, aerosol spray cans)</td>
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<tr>
<td>Alcoholic Energy Drinks (Four Loco, Tilt)</td>
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<tr>
<td>Hallucinogens (LSD, salvia, mushrooms, acid, tabs)</td>
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<td>Heroin (smack, junk, black tar, China White)</td>
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<tr>
<td>Ecstasy (Molly, MDMA)</td>
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<tr>
<td>Steroid pills or shots without a doctor’s prescription</td>
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<tr>
<td>Prescription Pain killers (such as codeine, OxyContin, Vicodin, Hydrocodone, Percocet)</td>
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<tr>
<td>Synthetic drugs (bath salts, flakka)</td>
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<tr>
<td>Over-the-counter medications to get high (sizzurp, Robo, Tussin, Dex, skittles, Triple C’s)</td>
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</tbody>
</table>
50. How easy is it for you to get the following substances?

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

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

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all wrong</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke cigarettes?</td>
<td></td>
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<tr>
<td>Use e-cigarette/e-hookah/vape pen, including JUULs?</td>
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<tr>
<td>Use other tobacco products (cigars, cigarillos, hookah)?</td>
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<td>Have 5 or more drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) once or twice per week?</td>
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<tr>
<td>Smoke marijuana (weed, pot, grass, THC/CBD)?</td>
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<td></td>
</tr>
<tr>
<td>Use prescription drugs not prescribed to you (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?</td>
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<tr>
<td>Use other drugs?</td>
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</tbody>
</table>
53. How much do you think people risk harming themselves (physically or in other ways) if they:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Risk</th>
<th>Some Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke one or more packs of cigarettes per day?</td>
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<tr>
<td>Use e-cigarette/e-hookah/vape pen, including JUULs?</td>
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<tr>
<td>Use other tobacco products (cigars, cigarillos, hookah)?</td>
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<tr>
<td>Have 1-2 drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) nearly every day?</td>
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</tr>
<tr>
<td>Have 5 or more drinks of an alcoholic beverage (beer, wine, wine coolers, liquor) once or twice a week?</td>
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</tr>
<tr>
<td>Smoke marijuana (weed, pot, grass) once or twice a week?</td>
<td></td>
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<tr>
<td>Use prescription drugs that are not prescribed to them (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?</td>
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<tr>
<td>Use other drugs?</td>
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54. What percent of kids at your school do you think...

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

55. How many of your friends...

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>A few</th>
<th>Several</th>
<th>Many</th>
<th>All of them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke cigarettes?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Use e-cigarette/e-hookah/vape pen, including JUULs?</td>
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<tr>
<td>Use other tobacco products (cigars, cigarillos, hookah)?</td>
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<tr>
<td>Drink alcohol (beer, wine, wine coolers, liquor)?</td>
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<tr>
<td>Smoke marijuana (weed, pot, grass)?</td>
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<tr>
<td>Use prescription drugs without a prescription (such as Ritalin, Hydrocodone, OxyContin, Vicodin)?</td>
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<tr>
<td>Use any other type of drug?</td>
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</table>
Thank you for taking the survey.