

## OPNA Survey (8<sup>th</sup>/10<sup>th</sup>/12<sup>th</sup> Grade)

**(Note: Students will take the survey online. This form is for the purpose of parents/guardians, school personnel, etc. to be able to easily view the survey questions.)**

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous.
3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so that you can finish.
4. 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.

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**Would you like to take this survey in English or Spanish?**

**¿Le gustaría realizar esta encuesta en inglés o español?**

- ☐ English      ☐ Spanish

**What zip code do you live in most of the time?** \_\_\_\_\_

**Are you:**

- ☐ Male      ☐ Female

**How old are you?**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> 10 or younger | <input type="radio"/> 15          |
| <input type="radio"/> 11            | <input type="radio"/> 16          |
| <input type="radio"/> 12            | <input type="radio"/> 17          |
| <input type="radio"/> 13            | <input type="radio"/> 18          |
| <input type="radio"/> 14            | <input type="radio"/> 19 or older |

**What grade are you in?**

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> 7th | <input type="radio"/> 10th |
| <input type="radio"/> 8th | <input type="radio"/> 11th |
| <input type="radio"/> 9th | <input type="radio"/> 12th |

**What Tribe (if any) are you enrolled in?**

- |   |   |   |
|---|---|---|
| <input type="radio"/> I am not enrolled in a Tribe                  | <input type="radio"/> Iowa Tribe of Oklahoma  | <input type="radio"/> Ponca Tribe of Indians of Oklahoma                    |
| <input type="radio"/> Absentee Shawnee Tribe of Indians of Oklahoma | <input type="radio"/> Kaw Nation  | <input type="radio"/> Prairie Band of Potawatomi Nation                     |
| <input type="radio"/> Alabama-Quassarte Tribal Town                 | <input type="radio"/> Kialegee Tribal Town  | <input type="radio"/> Quapaw Nation   |
| <input type="radio"/> Alaska Native                                 | <input type="radio"/> Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas | <input type="radio"/> Sac and Fox Nation                                    |
| <input type="radio"/> Apache Tribe of Oklahoma                      | <input type="radio"/> Kickapoo Tribe of Oklahoma                                      | <input type="radio"/> Sac and Fox Nation of Missouri in Kansas and Nebraska |
| <input type="radio"/> Caddo Nation of Oklahoma                      | <input type="radio"/> Kickapoo Tribe of Texas   | <input type="radio"/> Sac and Fox Tribe of the Mississippi in Iowa          |
| <input type="radio"/> Cherokee Nation                               | <input type="radio"/> Kiowa Indian Tribe of Oklahoma                                  | <input type="radio"/> Seminole Nation of Oklahoma                           |
| <input type="radio"/> Cheyenne and Arapaho Tribes                   | <input type="radio"/> Miami Tribe of Oklahoma   | <input type="radio"/> Seneca-Cayuga Nation                                  |
| <input type="radio"/> Chickasaw Nation                              | <input type="radio"/> Modoc Nation  | <input type="radio"/> Shawnee Tribe   |
| <input type="radio"/> Choctaw Nation of Oklahoma                    |   |   |

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- |  |   |   |
|--|---|---|
| <input type="radio"/> Citizen Potawatomi Nation          | <input type="radio"/> Muscogee (Creek) Nation             | <input type="radio"/> Thlopthlocco Tribal Town of Oklahoma                                |
| <input type="radio"/> Comanche Nation                    | <input type="radio"/> Navajo                              | <input type="radio"/> Tonkawa Tribe of Indians of Oklahoma                                |
| <input type="radio"/> Delaware Nation                    | <input type="radio"/> Navajo Nation                       | <input type="radio"/> United Keetoowah Band of Cherokee Indians in Oklahoma               |
| <input type="radio"/> Delaware Tribe of Indians          | <input type="radio"/> Osage Nation                        | <input type="radio"/> Wichita and Affiliated Tribes (Wichita, Keechi, Waco and Tawakonie) |
| <input type="radio"/> Eastern Band of Cherokee Indians   | <input type="radio"/> Otoe-Missouria Tribe of Indians     | <input type="radio"/> Wyandotte Nation  |
| <input type="radio"/> Eastern Shawnee Tribe of Oklahoma  | <input type="radio"/> Ottawa Tribe of Oklahoma            | <input type="radio"/> Other tribe _____   |
| <input type="radio"/> Fort Sill Apache Tribe of Oklahoma | <input type="radio"/> Pawnee Nation of Oklahoma           |   |
| <input type="radio"/> Iowa Tribe of Kansas and Nebraska  | <input type="radio"/> Peoria Tribe of Indians of Oklahoma |   |

**What is your race or ethnicity? (Mark all that apply.)**

- ☐ Asian  
☐ American Indian  
☐ Alaska Native  
☐ Black or African American  
☐ Hispanic or Latino  
☐ Middle Eastern  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

	Strongly Disagree	Disagree	Agree	Strongly Agree
In my school, students have lots of chances to engage in class discussions and help decide things like class activities and rules.				
Teachers ask me to work on special classroom projects.				
My teachers notice when I am doing a good job and let me know about it.				
There are lots of chances for students in my school to get involved in sports, clubs, and other school activities.				
There are lots of chances for students in my school to talk with a teacher one-on-one.				
I feel safe at my school.				
The school lets my parents/guardians know when I have done something well.				
My teachers praise me when I work hard in school.				
My grades are better than the grades of most students in my class.				
I have lots of chances to be part of class discussions or activities.				

**Putting them all together, what were your grades like last year?**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="radio"/> Mostly F's | <input type="radio"/> Mostly B's |
| <input type="radio"/> Mostly D's | <input type="radio"/> Mostly A's |
| <input type="radio"/> Mostly C's |                                  |

**How important do you think the things you are learning in school are going to be for your later life?**

- |  |  |
|--|--|
| <input type="radio"/> Very Important   | <input type="radio"/> Slightly Important   |
| <input type="radio"/> Quite Important  | <input type="radio"/> Not at all Important |
| <input type="radio"/> Fairly Important |  |

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**How interesting are most of your courses to you?**

- ☐ Very Interesting
 ☐ Slightly Interesting  
☐ Quite Interesting
 ☐ Not at all Interesting  
☐ Fairly Interesting

**Now thinking back over the past year in school, how often did you:**

	Never	Seldom	Sometimes	Often	Almost Always or Always
a. enjoy being in school?					
b. hate being in school?					
c. try to do your best work in school?					
d. feel like the work you are assigned is meaningful and important?					

**During the last four weeks, how many whole days of school have you missed because you skipped or 'cut'?**

- ☐ None
 ☐ 4 to 5 days  
☐ 1 day
 ☐ 6 to 10 days  
☐ 2 days
 ☐ 11 or more days  
☐ 3 days

**In the last 30 days, how often have you been bullied? Bullying is when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again.**

- ☐ I have not been bullied
 ☐ About once a week  
☐ Once
 ☐ Several times a week  
☐ 2-3 times

	Strongly Disagree	Disagree	Agree	Strongly Agree
I think bullying is a problem in my school.				
I think cyberbullying is a problem in my school.				

**Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:**

	Number of friends				
	0 friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
a. participated in clubs, organizations, or activities at school?					
b. smoked cigarettes?					
c. used a vaping product containing nicotine (a vape or e-cig)?					
d. tried beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol when their parents or guardians didn't know about it?					
e. made a commitment to stay drug free?					
f. used marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)					
g. tried to do well in school?					
h. been suspended from school?					
i. liked school?					

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Think of your **four** best friends (the friends you feel closest to). In the **past year (12 months)**, how many of your best friends have:

	0 friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
j. carried a handgun? ( <b>not guns carried when hunting or while used in sport, such as target shooting</b> )					
k. sold illegal drugs?					
l. regularly attended religious services?					
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?					
n. been arrested?					
o. dropped out of school?					

How many times (if any) have you had beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol to drink in your lifetime?

- ☐ 0 times                      ☐ 10 to 19  
☐ 1 to 2                        ☐ 20 to 39  
☐ 3 to 5                         ☐ 40+  
☐ 6 to 9

How old were you when you first (even if only one time):

	Never	10 or younger	11	12	13	14	15	16	17 or older
a. used marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)									
b. smoked a cigarette, even just a puff?									
c. used a vaping product containing nicotine (a vape or e-cig)?									
d. drank beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol?									
e. began drinking beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol regularly, that is, at least once or twice a month?									
f. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or codeine) without a doctor telling you to take them? (This does <b>not</b> include over-the-counter pain relievers such as Tylenol, Advil, etc.)									
g. used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?									
h. used prescription sedatives (tranquilizers, such as Valium or Xanax, or sleeping pills) without a doctor telling you to take them?									
i. used phenoxydine? (pox, px, breeze)									
j. got suspended from school?									
k. got arrested?									
l. carried a handgun? ( <b>not guns carried when hunting or while used in sport, such as target shooting</b> )									
m. attacked someone with the idea of seriously hurting them?									

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**How wrong do you think it is for someone your age to:**

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?				
b. steal anything worth more than \$5?				
c. pick a fight with someone?				
d. attack someone with the idea of seriously hurting them?				
e. stay away from school all day when their parents think they are at school?				
f. drink beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol) regularly?				
g. smoke cigarettes?				
h. use a vaping product containing nicotine (a vape or e-cig)?				
i. use marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
j. use prescription drugs without a doctor telling you to take them?				

**How many times in the past year (12 months) have you:**

	Never	1 or 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 29 times	30 to 39 times	40+ times
a. participated in clubs, organizations, or activities at school or in your community?								
b. done extra work on your own for school?								
c. volunteered to do community service?								

**How many times (if any) have you:**

	Number of times						
	0 times	1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 39 times	40+ times
a. had beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol to drink in the <b>past 30 days</b> ?							
b. used marijuana in the <b>past 30 days</b> ? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)							
c. used phenoxdyne (pox, px, breeze) during the <b>past 30 days</b> ?							
d. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or codeine) without a doctor telling you to take them during the <b>past 30 days</b> ? (This does <b>not</b> include over-the-counter pain relievers such as Tylenol, Advil, etc.)							
e. used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them during the <b>past 30 days</b> ?							
f. used prescription sedatives (tranquilizers, such as Valium or Xanax, or sleeping pills) without a doctor telling you to take them during the <b>past 30 days</b> ?							

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How frequently have you used smokeless tobacco (chewing tobacco, snuff, dip, lozenges, patches, Zyn) during the past 30 days?

- |  |  |
|--|--|
| <input type="radio"/> Never                  | <input type="radio"/> 3 to 5 times a week  |
| <input type="radio"/> Once or twice          | <input type="radio"/> About once a day     |
| <input type="radio"/> Once or twice per week | <input type="radio"/> More than once a day |

How frequently have you smoked cigarettes during the past 30 days?

- |   |  |
|---|--|
| <input type="radio"/> Not at all                      | <input type="radio"/> About one pack per day               |
| <input type="radio"/> Less than one cigarette per day | <input type="radio"/> About one and one-half packs per day |
| <input type="radio"/> One to five cigarettes per day  | <input type="radio"/> Two packs or more per day            |
| <input type="radio"/> About one-half pack per day     |  |

How frequently have you used a vaping product containing nicotine (a vape or e-cig) during the past 30 days?

- |  |  |
|--|--|
| <input type="radio"/> Never                  | <input type="radio"/> 3 to 5 times a week  |
| <input type="radio"/> Once or twice          | <input type="radio"/> About once a day     |
| <input type="radio"/> Once or twice per week | <input type="radio"/> More than once a day |

Think back over the last two weeks. How many times have you had five or more alcoholic beverages in a row? (This includes beer, wine, liquor, or another drink containing alcohol.)

- |                             |  |
|-----------------------------|--|
| <input type="radio"/> None  | <input type="radio"/> 3 to 5 times     |
| <input type="radio"/> Once  | <input type="radio"/> 6 to 9 times     |
| <input type="radio"/> Twice | <input type="radio"/> 10 or more times |

During the past 12 months, how often (if ever) have you used beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol in the following places?

	Not at all	1 to 2 times	3 to 5 times	6 or more times
a. At a school dance, a game, or other event				
b. At school during the day				

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"/> 0 times      | <input type="radio"/> 4 or 5 times    |
| <input type="radio"/> 1 time       | <input type="radio"/> 6 or more times |
| <input type="radio"/> 2 or 3 times |                                       |

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"/> 0 times      | <input type="radio"/> 4 or 5 times    |
| <input type="radio"/> 1 time       | <input type="radio"/> 6 or more times |
| <input type="radio"/> 2 or 3 times |                                       |

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**If you drank ALCOHOL (beer, wine, or liquor, or another drink containing alcohol) in the past 12 months, how did you USUALLY get it? (Mark all that apply.)**

- ☐ I did not use alcohol in the past 12 months.
- ☐ I bought it myself **with** a fake ID.
- ☐ I bought it myself **without** a fake ID.
- ☐ I got it from someone I know age **21 or older**.
- ☐ I got it from someone I know **under age 21**.
- ☐ I got it from my brother or sister.
- ☐ I got it from home **with** my parents'/guardians' permission.
- ☐ I got it from home **without** my parents'/guardians' permission.
- ☐ I got it from another relative.
- ☐ I got it from my friend's parents/guardians.
- ☐ A stranger bought it for me.
- ☐ I stole it from a store or shop.
- ☐ I got it at a bar or restaurant.
- ☐ I got it at a party
- ☐ I got it some other way. How else did you usually get alcohol in the past 12 months? \_\_\_\_\_

**If you used marijuana in the past 12 months, how did you usually get it? (Mark all that apply.)**

- ☐ I did not use marijuana in the past 12 months.
- ☐ I took it from a friend/relative without asking.
- ☐ It was given to me for free by a friend or relative or I bought it from a friend or relative.
- ☐ I bought it with my own medical marijuana card.
- ☐ I bought it with someone else's medical marijuana card.
- ☐ I got it from someone who is not a friend or relative.
- ☐ I got it some other way. How else did you usually get marijuana in the past 12 months? \_\_\_\_\_

**How have you usually used marijuana in the past 12 months? (Mark all that apply.)**

- ☐ I did not use marijuana in the past 12 months.
- ☐ Smoked it (for example, in a joint, bong, pipe, or blunt)
- ☐ Smoked using an Electronic Nicotine Device (for example vape, pen, Juul, or e-cig)
- ☐ Eaten it (for example in brownies, cakes, cookies, or candy)
- ☐ Drank it (for example in tea, cola, or alcohol)
- ☐ Dabbed it (for example, using waxes or concentrates)

**What have been the most important reasons for your using marijuana in the past 12 months? (Mark all that apply.)**

- ☐ I did not use marijuana in the 12 months.
- ☐ To experiment - to see what it's like
- ☐ To relax or reduce stress
- ☐ To feel good or get high
- ☐ To fit in with a group I like
- ☐ To get away from my problems or troubles
- ☐ Because of anger or frustration
- ☐ To help manage pain or other issues
- ☐ To increase the effects of some other drug(s) or decrease the effect of some other drug(s)
- ☐ Because I am "hooked" - I have to have it
- ☐ To cope with problems with my emotions, anxiety, depression, or other mental health issues

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If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)

- |   |  |
|---|--|
| <input type="radio"/> I've never used prescription drugs to get high. | <input type="radio"/> Doctor/Pharmacy  |
| <input type="radio"/> From friends                                    | <input type="radio"/> School   |
| <input type="radio"/> From family/relatives                           | <input type="radio"/> Over the Internet  |
| <input type="radio"/> At a party                                      | <input type="radio"/> Outside the United States  |
| <input type="radio"/> From my home (such as from a medicine cabinet)  | <input type="radio"/> I got them some other way. How else did you get prescription drugs in order to get high, not for a medical reason? _____ |

If you used vaping products containing nicotine (vapes or e-cigs) in the past 12 months, how did you usually get them? (Mark all that apply.)

- ☐ I did not use vaping products containing nicotine (vapes or e-cigs) in the past 12 months.
- ☐ I bought them myself **with** a fake ID.
- ☐ I bought them myself **without** a fake ID.
- ☐ I got them from someone I know age 21 or older.
- ☐ I got them from someone I know under age 21.
- ☐ I got them from my brother or sister.
- ☐ I got them from my parents/guardians **with** their permission.
- ☐ I got them from my parents/guardians **without** their permission.
- ☐ I got them from another relative.
- ☐ I got them from my friend's parents/guardians.
- ☐ A stranger bought them for me.
- ☐ I stole them from a store or shop.
- ☐ I got them some other way. How else did you usually get them in the past 12 months? \_\_\_\_\_

In the past 12 months:

	No	Yes	Don't use
a. have you spent more time using alcohol than you intended?			
b. have you neglected some of your usual responsibilities because of using alcohol?			
c. have you wanted to cut down on your alcohol use?			
d. has anyone objected to your alcohol use?			
e. did you frequently find yourself thinking about using alcohol?			
f. did you use alcohol to relieve feelings such as sadness, anger, or boredom?			

In the past 12 months:

	No	Yes	Don't use
a. have you spent more time using drugs than you intended?			
b. have you neglected some of your usual responsibilities because of drugs?			
c. have you wanted to cut down on your drug use?			
d. has anyone objected to your drug use?			
e. did you frequently find yourself thinking about using drugs?			
f. did you use drugs to relieve feelings such as sadness, anger, or boredom?			

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During the **past 12 months**, have you seen or heard any prevention messages about the risks associated with the following behaviors from sources like TV, radio, the Internet, posters, billboards, brochures, school assemblies, school lessons, or discussions in school classrooms?

	No	Yes, at school	Yes, outside of school	Yes, both inside and outside of school
a. Alcohol use among youth				
b. Using prescription drugs not prescribed to you				
c. Marijuana use among youth				
d. Fentanyl use				

During the **past 12 months** have you seen or heard any message about mental health, suicide prevention, or calling 988 from sources like TV, radio, the Internet, posters, billboards, brochures, school assemblies, lectures, school lessons, or discussions in school classrooms?

- ☐ No  
☐ Yes, at school  
☐ Yes, outside of school  
☐ Yes, both inside and outside of school

During the **past 12 months**, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or other drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians - whether or not they live with you. (Mark all that apply.)

- ☐ No, I did not talk with my parents/guardians about the dangers of tobacco, alcohol, or drug use.  
☐ Yes, I talked with my parents/guardians about the dangers of tobacco use.  
☐ Yes, I talked with my parents/guardians about the dangers of alcohol use.  
☐ Yes, I talked with my parents/guardians about the dangers of drug use.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Sometimes I think that life is not worth it.				
At times I think I am no good at all.				
All in all, I am inclined to think that I am a failure.				
In the <b>past 12 months</b> , I have felt depressed or sad MOST days, even if I felt okay sometimes.				

There is an adult in my life, such as a parent, guardian, relative, teacher or neighbor, who I:

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. share my thoughts and feelings with.				
b. could ask for help if I had a problem.				

During the **past 30 days**, how often did you:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel nervous?					
b. feel hopeless?					
c. feel restless or fidgety?					
d. feel so depressed that nothing could cheer you up?					
e. feel that everything was an effort?					
f. feel worthless?					

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	No	Yes
During the <b>past 12 months</b> , did you ever seriously consider attempting suicide?		
During the <b>past 12 months</b> , did you make a plan about how you would attempt suicide?		

During the **past 12 months**, how many times did you attempt suicide?

- ☐ 0 times      ☐ 4 or 5 times  
☐ 1 time      ☐ 6 or more times  
☐ 2 or 3 times

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

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?				
b. use a vaping product containing nicotine (a vape or e-cig)?				
c. try marijuana once or twice? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
d. use marijuana once or twice a week? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
e. have one or two alcoholic beverages (beer, wine, liquor, or another drink containing alcohol) nearly every day?				
f. have five or more alcoholic beverages in a row once or twice a week?				
g. use prescription drugs without a doctor telling them to take them?				
h. use fentanyl?				

What are the chances you would be seen as “cool” if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?					
b. used a vaping product containing nicotine (a vape or e-cig)?					
c. worked hard at school?					
d. began drinking alcohol (beer, wine, liquor, or another drink containing alcohol) regularly, that is, at least once or twice a month?					
e. defended someone who was being verbally abused at school?					
f. used marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)					
g. regularly volunteered to do community service?					

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Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you.

**WHEN I AM AN ADULT I WILL:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. smoke cigarettes.				
b. use vaping products containing nicotine (vapes or e-cigs).				
c. drink alcohol (beer, wine, liquor, or another drink containing alcohol).				
d. use marijuana. (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two alcoholic beverages (beer, wine, liquor, or another drink containing alcohol) nearly every day?				
b. smoke tobacco?				
c. use marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
d. use prescription drugs not prescribed to you?				

**The next set of questions ask about social media, such as Instagram, Tik Tok, Snapchat, and X.**

	Never	Rarely	Sometimes	Often	Always
How often do you feel the urge to use social media?					
How often do you feel like you can't go a day without using social media?					
How often do you use social media as a way to escape from problems or stress?					
How often do you feel anxious or irritable when you can't use social media?					
How often do you neglect other responsibilities because of social media use?					

**How many hours a day, during free time, do you usually use social media?**

- ☐ I don't use social media
 ☐ 4 hours
- ☐ Less than 1 hour
 ☐ 5 hours
- ☐ 1 hour
 ☐ 6 hours
- ☐ 2 hours
 ☐ 7 hours or more
- ☐ 3 hours

	Never	Rarely	Sometimes	Often	Always
How often do you use social media during school hours?					
How often do you think about cutting down the time you spend on social media?					

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**In general, does social media make you feel:**

	No	Yes
a. more connected to information about what's going on in your friends' lives?		
b. worse about your own life because of what you see from other friends on social media?		
c. better connected to your friends' feelings?		
d. pressure to post content that will be popular and get lots of likes or comments?		
e. pressure to only post content that makes you look good to others?		

**The following questions ask about the neighborhood and community you live in. For these questions, 'your neighborhood and community' means whatever you think of as your neighborhood or community. It may be different for each student.**

**Which of the following activities for people your age are available in your community?**

	No	Yes
a. Sports teams		
b. Scouting		
c. After school programs such as boys and girls clubs		
d. 4-H or FFA clubs		
e. Service clubs (such as Student Council, Beta Club, etc.)		

**How wrong would most adults (over 21) in your neighborhood think it is for kids your age:**

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. to use marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
b. to drink beer, wine, liquor (such as vodka, rum, or whiskey) or another drink containing alcohol?				
c. to smoke cigarettes?				
d. to use vaping products containing nicotine (vapes or e-cigs)?				

	Strongly Disagree	Disagree	Agree	Strongly Agree
If a kid used a vaping product containing nicotine (a vape or e-cig) in my neighborhood, he or she would get caught by the police.				
If a kid used marijuana in my neighborhood, he or she would get caught by the police. (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
If a kid drank beer, wine, liquor (such as vodka, rum, or whiskey), or another drink containing alcohol in my neighborhood, he or she would get caught by the police.				

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	Strongly Disagree	Disagree	Agree	Strongly Agree
There are lots of adults in my neighborhood I could talk to about something important.				
I feel safe in my neighborhood.				

	Very hard	Sort of hard	Sort of easy	Very easy
If you wanted to get some cigarettes, how easy would it be for you to get some?				
If you wanted to get vaping products containing nicotine (vapes or e-cigs), how easy would it be for you to get some?				
If you wanted to get some beer, wine, liquor (such as vodka, rum, or whiskey), or other drinks containing alcohol, how easy would it be for you to get some?				
If you wanted to get some marijuana, how easy would it be for you to get some?				
If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?				

**The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, guardians, stepparents, grandparents, aunts, uncles, etc.**

**How often do your parents/guardians tell you they're proud of you for something you've done?**

- ☐ Never or almost never  
☐ Sometimes  
☐ Often  
☐ All the time

**My parents/guardians notice when I am doing a good job and let me know about it.**

- ☐ Never or almost never  
☐ Sometimes  
☐ Often  
☐ All the time

	Strongly Disagree	Disagree	Agree	Strongly Agree
People in my family often insult or yell at each other.				
We argue about the same things in my family over and over.				
I share my thoughts and feelings with at least one of my parents/guardians.				
I feel very close to at least one of my parents/guardians.				
My parents/guardians ask me what I think before most family decisions affecting me are made.				
If I had a personal problem, I could ask my mom, dad, or guardian for help.				
My parents/guardians give me lots of chances to do fun things with them.				
People in my family have serious arguments.				

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	Strongly Disagree	Disagree	Agree	Strongly Agree
It is important to be honest with your parents, even if they become upset or you get punished.				

**How wrong do your parents/guardians feel it would be for YOU to:**

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have 1 to 2 alcoholic beverages (beer, wine, liquor, or another drink containing alcohol) nearly every day?				
b. smoke cigarettes?				
c. use a vaping product containing nicotine (a vape or e-cig)?				
d. use marijuana? (This includes smoking marijuana, vaping marijuana, using a dab pen, or eating marijuana in food such as candy, cookies, etc.)				
e. use prescription drugs without a doctor telling you to take them?				

**Thank you for your time spent taking this survey. If you would like to talk to a trusted adult or school counselor regarding anything that came up for you while taking this survey, please ask your survey proctor to connect you with someone you can speak with at your school. You may also call or text 988 for additional support and resources.**