

# MONITORING THE FUTURE

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## SAMPLE SURVEY FORMS

### DEAR SCHOOL STAFF:

This document contains the items from forms one through four of the anonymous Monitoring the Future survey.

Each student who participates will complete only **one** form. The forms are distributed randomly to participating students.

This document is for parent and staff review only. Please keep it in your school's office.





# Monitoring the Future

SURVEY ITEMS

Form 1

2022

INSTITUTE FOR SOCIAL RESEARCH  
THE UNIVERSITY OF MICHIGAN  
ANN ARBOR, MICHIGAN





## 8th & 10th Grade Online Survey Introduction

**Thank you very much for taking this survey!**

This survey is part of a nationwide study of middle school, junior high, and high school students called Monitoring the Future.

If you attend school online, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation make good decisions about a wide range of important issues including your school experiences, use of and attitudes about using alcohol and drugs, health and leisure, work, and plans for the future. In a sense, many of your answers on this survey will count as "votes" on a wide range of important issues. Therefore, it is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time. There is a very small potential risk that someone could learn that you are in the study or see your study answers. To address these potential risks, all your answers are completely anonymous. There is no way for anyone to tell how you answered the questions since your name isn't anywhere on the survey. No one at your school or anyone you know will see your answers. The study may share your research with other researchers without asking for your consent again, but it will not contain information that could directly identify you. Privacy and confidentiality are very important to this study. We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this study.

This survey is completely voluntary. You do not have to take the survey. This is not a test, so there are no right or wrong answers. Taking this survey indicates your agreement to participate in the study. Other students have said that these surveys are very interesting and that they enjoy completing them. We hope you will too. Thank you very much for being an important part of this project.

The researchers conducting this study (ID HUM00131235) can be contacted at 1-800-766-2864.



Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

**A01**

What is your grade level in school?

1="7th grade" 2="8th grade" 3="9th grade" 4="10th grade" 5="11th grade" 6="12th grade"

**A02**

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

The next questions ask about the kinds of things you might do.

**A03A-I**

How often do you do each of the following?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- a. Watch movies
- b. Go to music concerts
- c. Ride around in a car (or motorcycle) just for fun
- d. Participate in community affairs or volunteer work
- e. Actively participate in sports, athletics or exercising



- f. Get together with friends informally (in your free time)
- g. Go to a shopping mall
- h. Spend at least an hour of leisure time (free time) alone
- i. Go to parties or other social affairs

**A04A-E**

How often do you use each of the following to get information about news and current events?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- a. Radio
- b. TV
- c. Print newspapers or magazines
- d. Social media
- e. Other online source

**A05A-G**

About how many hours on an average DAY do you spend...

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- a. ...playing games on a computer, TV, phone, or other electronic device?
- b. ...texting?
- c. ...talking on the phone?
- d. ...on social networking sites like Facebook, Twitter, Instagram, etc.?
- e. ...video chatting (Skype, etc.)?
- f. ...shopping online?
- g. ...emailing?

**A06A-B**

How many hours do you estimate you watch videos, TV, or movies on an electronic device (such as a TV, computer, tablet, or smartphone)?

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- a. On an average WEEKDAY?
- b. On an average WEEKEND DAY?

**A07A-G**

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

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Almost Always"

- a. Enjoy being in school?
- b. Hate being in school?
- c. Try to do your best work in school?

- d. Find the school work too hard to understand?
- e. Find your school work interesting?
- f. Fail to complete or turn in your assignments?
- g. Get sent to the office, or have to stay after school, because you misbehaved?

**A08**

On the average over the school year, how many hours per week do you work in a paid job?

1="None" 2="5 or less hours per week" 3="6 to 10 hours per week" 4="11 to 15 hours per week" 5="16 to 20 hours per week" 6="21 to 25 hours per week" 7="26 to 30 hours per week" 8="More than 30 hours per week"

**A09A-B**

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- a. A job or other work?
- b. Other sources (allowances, etc.)?

**A10**

Which ONE of the job categories below comes closest to the kind of work you have done for pay on your current (or most recent) job? (If more than one kind of work, choose the one where you worked the most hours. Do not include work around the house.)

01="Have not worked for pay" 02="Lawn or yard work" 03="Fast food worker" 04="Waiter or waitress" 05="Other restaurant worker" 06="Newspaper route" 07="Babysitting or childcare" 08="Farm or agricultural work" 09="Store clerk or salesperson" 10="Office or clerical" 11="Odd jobs" 12="Other"

**A11**

What is your current height (in feet and inches) without shoes?

01="4'5 or less" 02="4'6" 03="4'7" 04="4'8" 05="4'9" 06="4'10" 07="4'11" 08="5'0" 09="5'1" 10="5'2" 11="5'3" 12="5'4" 13="5'5" 14="5'6" 15="5'7" 16="5'8" 17="5'9" 18="5'10" 19="5'11" 20="6'0" 21="6'1" 22="6'2" 23="6'3" 24="6'4" 25="6'5" 26="6'6" 27="6'7 or more"

**A12**

What is your current weight (in pounds) without shoes or clothing?

01 = '80 lbs or less' 02 = '81-85' 03 = '86-90' 04 = '91-95' 05 = '96-100' 06 = '101-105' 07 = '106-110' 08 = '111-115' 09 = '116-120' 10 = '121-125' 11 = '126-130' 12 = '131-135' 13 = '136-140' 14 = '141-150' 15 = '151-160' 16 = '161-170' 17 = '171-180' 18 = '181-190' 19 = '191-200' 20 = '201-210' 21 = '211-220' 22 = '221-230' 23 = '231-240' 24 = '241-250' 25 = '251-260' 26 = '261 lbs or more'

The next questions are about feeling unsafe—that is, feeling that someone might try to harm or injure you.

**A13A-D**

How often do you...

1="Never" 2="Rarely" 3="Some days" 4="Most days" 5="Every day"

- a. ...feel unsafe when you are at school?
- b. ...feel unsafe going to or from school?
- c. ...feel bullied at school?
- d. ...feel bullied online?

**A14**

During the LAST FOUR WEEKS, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

1="0 days" 2="1 day" 3="2 or 3 days" 4="4 or more days"

**A15**

Do you feel that the rules about student behavior in your school are generally fair and reasonable?

5="Yes" 4="Yes, mostly" 3="Don't know, can't say" 2="No, mostly" 1="No"

**A16**

During the LAST FOUR WEEKS, on how many days (if any) did you carry a gun to school?

1="None" 2="One day" 3="Two days" 4="3-5 days" 5="6-9 days" 6="10 or more days"

In which competitive sports (if any) did you participate during the LAST 12 MONTHS? Include school, community, and other organized sports. (Select all that apply.)

0="UNMARKED" 1="MARKED"

- |                           |                 |
|---------------------------|-----------------|
| Baseball/Softball         | Lacrosse        |
| Basketball                | Soccer          |
| Cheerleading/Spirit Squad | Swimming/Diving |
| Crew                      | Tennis          |
| Cross country             | Track & Field   |
| Equestrian                | Volleyball      |
| Field hockey              | Water polo      |
| Football                  | Weight lifting  |
| Golf                      | Wrestling       |
| Gymnastics                | Other           |
| Ice hockey                | None            |

**A18**

During the LAST 7 DAYS, on how many days were you physically active for a total of AT LEAST 30 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you get out of breath some of the time.)

0="0 days" 1="1 day" 2="2 days" 3="3 days" 4="4 days" 5="5 days" 6="6 days" 7="7 days"

**A19**

Have you ever suffered a head injury that was diagnosed as a concussion?

1="No" 2="Yes, once" 3="Yes, more than once"

**A20A-P**

Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people doing each of the following?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove" 8="Can't Say, Drug Unfamiliar"

- |   |  |
|---|--|
| a. Smoking one or more packs of cigarettes per day                        | j. Having five or more drinks once or twice each weekend |
| b. Using smokeless tobacco regularly                                      | ◆◆◆◆◆◆◆◆   |
| c. Trying marijuana once or twice   |  |
| d. Using marijuana occasionally   | k. Sniffing glue, gases, or sprays once or twice         |
| e. Using marijuana regularly  | l. Sniffing glue, gases, or sprays regularly             |
| f. Trying cocaine once or twice   | m. Trying heroin once or twice without using a needle    |
| ◆◆◆◆◆◆◆◆  | n. Taking heroin occasionally without using a needle     |
| g. Taking cocaine occasionally  | o. Vaping marijuana occasionally                         |
| h. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor) | p. Vaping marijuana regularly                            |
| i. Having one or two drinks nearly every day                              |  |

**A21A-R**

The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they . . .

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 8="Can't Say, Drug Unfamiliar"

- |   |   |
|---|---|
| a. Smoke one or more packs of cigarettes per day?                       | j. Have five or more drinks once or twice each weekend? |
| b. Use smokeless tobacco regularly?                                     | ◆◆◆◆◆◆◆◆  |
| c. Try marijuana once or twice?   |   |
| d. Use marijuana occasionally?  | k. Sniff glue, gases, or sprays once or twice?          |
| e. Use marijuana regularly?   | l. Sniff glue, gases, or sprays regularly?              |
| f. Try cocaine once or twice?   | m. Try heroin once or twice without using a needle?     |
| ◆◆◆◆◆◆◆◆  | n. Take heroin occasionally without using a needle?     |
| g. Take cocaine occasionally?   | o. Try MDMA ("Molly," "ecstasy") once or twice?         |
| h. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)? | p. Take MDMA ("Molly," "ecstasy") occasionally?         |
| i. Have one or two drinks nearly every day?                             | q. Vape marijuana occasionally?                         |

- r. Vape marijuana regularly?

The following questions are about cigarette smoking.

**B01**

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B01=1:"Never, GO TO B04

**B02A**

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

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

**B02B**

Have you ever tried to stop smoking cigarettes and found that you could not?

1="Yes" 2="No"

**B03**

What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. Select only one.)

26="American Spirit" 1="Basic" 2="Benson & Hedges" 3="Black & Whites" 4="Cambridge" 5="Camel" 6="Capri" 7="Carlton" 8="Doral" 9="GPC" 10="Kent" 11="Kool" 12="Marlboro" 13="Merit" 14="Misty" 15="Monarch" 16="More" 17="Newport" 18="Pall Mall" 19="Parliament" 20="Salem" 22="Virginia Slims" 23="Winston" 24="Other" 25="No usual brand"

**B04A-C**

Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

On how many occasions (if any) have you had any alcoholic beverages to drink-more than just a few sips . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF B04A=1:"0 Occasions", GO TO B07A

**B05**

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

12 fl oz of regular beer

8-9 fl oz of malt liquor

5 fl oz of wine

1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? 1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

**B06A-C**

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank.

Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

The next questions are about MARIJUANA, which refers to cannabis products sometimes called pot, weed, hashish, hash oil, etc. Do NOT count any use of CBD products.

On how many occasions (if any) have you used marijuana in any form (e.g. smoking, vaping, edibles, concentrates, etc.). . .1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B08**

Have you ever used "medical marijuana;" that is, marijuana you used because a doctor told you to use it?

1="No" 2="Yes, I am currently using medical marijuana with a doctor's prescription" 3="Yes, I have used medical marijuana with a doctor's prescription in the past, but I am not using it now"

**B09A-C**

On how many occasions (if any) have you used LSD ("acid"). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B10A-C**

On how many occasions (if any) have you used hallucinogens other than LSD (like PCP, mescaline, peyote, "shrooms" or psilocybin). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B11A-C**

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B12A-C**

On how many occasions (if any) have you used cocaine in any other form (like cocaine powder). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B13A-C**

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata. On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them . . .

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B15A-C**

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them. . .

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B16A-C**

On how many occasions (if any) have you used heroin . . .

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B17A-C**

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy"). . .

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B18A-C**

Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development. On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them . . .

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B19A-C**

On how many occasions (if any) have you taken any drugs other than heroin by injection with a needle (like cocaine, amphetamines, or steroids). . . Do NOT include anything you took under a doctor's orders.

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B20A-C**

On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method. . .

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
- ...in your lifetime?
  - ...during the last 12 months?
  - ...during the last 30 days?

**B21**

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF B21=0, GO TO B32A

**B22A**

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B22A=1, GO TO B24A

**B22B**

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF B22A=2, GO TO B24A

**B22C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF B22C>1 OR (B22A AND B22B AND B22C NOT ANSWERED), THEN SHOW B23

**B23**

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

**B24A**

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B24A=1, GO TO B25A

**B24B**

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF B24B=2, GO TO B25A

**B24C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

**B25A**

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B25A=1, GO TO B26

**B25B**

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF B25B=2, GO TO B26

**B25C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF B22A > 1 OR B22B=1 OR B22C > 1 OR (B22A AND B22B AND B22C NOT ANSWERED), THEN SHOW B26

**B26**

Have you ever tried to stop vaping nicotine and found that you could not?

1="Yes" 2="No"

IF B22C>1 OR B24C>1 OR B25C>1 OR (IF B22A AND B24A AND B25A NOT ANSWERED), THEN SHOW B27

**B27**

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF B22A > 1 OR B22B=1 OR B22C > 1 OR (B22A AND B AND C NOT ANSWERED), THEN SHOW B28

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)?

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)"  
3="Tobacco " 4="Mint " 5="Menthol " 6="Unflavored"

IF B22C>1 OR B24C>1 OR B25C>1 OR (IF B22A AND B24A AND B25A NOT ANSWERED), THEN SHOW B29

**B29**

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF YES What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

IF B24A > 1 OR B24B=1 OR B24C > 1 OR (B24A AND B24B AND B24C NOT ANSWERED), THEN SHOW B30

**B30**

When you vape marijuana, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet" 2="Fruit" 3="Sour" 4="Unflavored (tastes like cannabis)"

**B31**

"The last time you used a vaping device how did you get it?"

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend"

4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet "

8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [capture write in]"

**B32A-C**

In your opinion how addictive is...

8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some- what addictive" 4="Very addictive"

- a. Vaping nicotine regularly
- b. Smoking cigarettes regularly
- c. Using marijuana regularly

**B33**

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

The next questions ask for some background information about yourself.

**C01**

In what year were you born?

1="Before '04" 2="2004" 3="2005" 4="2006" 5="2007" 6="2008" 7="2009" 8="After 2009"

**C02**

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November"  
12="December"

**C03**

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

**C04**

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

- Black or African American
- Mexican American or Chicano
- Cuban American
- Puerto Rican
- Other Hispanic or Latino

- Asian American
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Middle Eastern

**C05**

What was the first language you spoke when you were a child?

1="English" 2="Spanish" 3="Other"

**C06**

Where are you living now?

1="On a farm" 2="In the country, not on a farm" 3="In a city or town"

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Father (or stepfather)  
Mother (or stepmother)  
Brothers (or stepbrothers)  
Sisters (or stepsisters)  
Grandparent(s)

Other relative(s)  
Non-relative(s)  
I live alone  
Other

**C08**

On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)

1="None or almost none" 2="Less than 1 hour" 3="1-2 hours" 4="2-3 hours" 5="3-5 hours" 6="More than 5 hours"

The next three questions ask about your parents. If you were raised mostly by foster parents, stepparents or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

**C09**

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"  
6="Graduate or professional school after college" 7="Don't know, or does not apply"

**C10**

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"  
6="Graduate or professional school after college" 7="Don't know, or does not apply"

The next three questions are about religion.

**C11A**

What is your religious preference?

(Unnumbered) 1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

**C11B**

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

**C12**

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

The next questions are about your experiences in school.

**C13**

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)" 1="D (69 or below)"

**C14**

Which of the following best describes your present (or expected) high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

**C15**

About how many hours do you spend in an average week on all of your homework including both in school and out of school?

1="0 hours" 2="1-4 hours" 3="5-9 hours" 4="10-14 hours" 5="15-19 hours" 6="20-24 hours" 7="25 or more hours"

**C16A-E**

How likely is it that you will do each of the following things? ...

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- |   |  |
|---|--|
| a. Graduate from high school                                | c. Go to college                             |
| b. Go to a technical or vocational school after high school | d. Graduate from college (four-year program) |
|   | e. Serve in the military (armed forces)      |

**C17**

How often do you think about your future beyond high school?

1="Never" 2="Seldom" 3="Sometimes" 4="Often"

Which best describes your plans after high school?

1="I have no idea what I will do." 2="I have a few ideas about what I might do." 3="I know pretty well what I will do." 4="I know exactly what I will do."

**C19A-C**

During the LAST FOUR WEEKS, how many whole days of school have you missed . . .

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4-5 Days" 6="6-10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

**C20**

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

**C21**

Have you ever had to repeat a grade in school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C22**

Did you ever attend summer school to make up for poor grades or to keep from being held back?

1="No" 2="Yes, one summer" 3="Yes, two summers" 4="Yes, three or more summers"

**C23**

Have you ever been suspended or expelled from school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C24**

Have any of your friends dropped out of school?

1="None" 2="A few" 3="Some" 4="Most or all"

**C25**

During a typical week, on how many evenings do you go out for fun and recreation? (Don't count things you do with your parents or other adult relatives.)

1="Less than one evening per week" 2="One evening" 3="Two evenings" 4="Three evenings" 5="Four or five evenings" 6="Six or seven evenings per week"

**C26**

On the average, how often (if ever) do you go out with a date?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

**C27A-E**

How often do your parents (or stepparents or guardians) do the following?

1="Never" 2="Rarely" 3="Sometimes" 4="Often"

- a. Check on whether you have done your homework
- b. Provide help with your homework when it's needed
- c. Require you to do work or chores around the home
- d. Limit the amount of your screen time (such as video games, social media, TV/movies, etc.)
- e. Allow you to go out with friends on school nights

**C28**

If you were having problems in your life, do you think you would talk them over with one or both of your parents?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C29**

Other than your parents, is there at least one other adult you would feel able to talk to if you were having problems in your life?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C30**

During a typical week, how often do you have dinner with one or both of your parents?

1="Less than one day per week" 2="One day" 3="Two days" 4="Three days" 5="Four or five days" 6="Six or seven days per week"

Have you been tested for COVID-19 at least once?

1="Yes" 2="No" 3="Don't wish to say"

IF C31=YES, THEN SHOW C32

**C32**

Have you ever had a positive test for COVID-19 (that is, COVID-19 was detected)?

1="Yes" 2="No" 3="Don't wish to say"

**C33**

Have you been vaccinated for COVID-19?

1=Yes 2=No, but I plan to get a COVID-19 vaccination 3=No, I'm unsure if I will get a COVID-19 vaccination 4=No, and I will not get a COVID-19 vaccination

**C34**

Have any of the following people that you know had COVID-19? (Check all that apply.)

0="UNMARKED" 1="MARKED"

- Anyone in your household
- Some other member of your family
- Anyone else that you know personally
- None of these

IF C34 A, B, OR C SELECTED, THEN SHOW C35

**C35**

Were any of the people you knew who had COVID-19 admitted to the hospital because of COVID-19?

1="Yes" 2="No"

**C36**

The following questions are about the LAST SCHOOL SEMESTER/TERM (during August through December).

LAST SEMESTER:

- 1="I did all my schooling remotely and did not attend any classes in my school building."
- 2="I did most of my schooling remotely but sometimes attended classes in my school building, up to 1-2 times a week."
- 3="I did some of my schooling remotely but attended classes in my building 3+ times a week."
- 4="I did not complete any of my schooling remotely and attended all my classes in my school building."

IF C36 1, 2, OR 3 SELECTED, THEN SHOW C37

**C37**

How often was a parent or guardian in your home on a typical weekday when you were schooling at home?

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or almost always"

**C38**

THIS SEMESTER:

- 1=I do all my schooling remotely and do not attend any classes in my school building.
- 2=I do most of my schooling remotely but sometimes attend classes in my school building, up to 1-2 times a week.
- 3=I do some of my schooling remotely but attend classes in my building 3+ times a week.
- 4=I do not complete any of my schooling remotely and attend all my classes in my school building.

**C39**

Generally speaking, how often have you personally...

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or Almost Always"

- a. Been following the 'social distancing' recommendations?
- b. Worn a facemask when it is recommended?

**D01**

During an average week, how much do you usually drive a car, truck, motorcycle, or moped?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

**D02**

When you are riding in the front passenger seat of a car, how often do you wear a seatbelt?

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Always" 8="Does Not Apply"

**D03A**

During the LAST TWO WEEKS, how many times (if any) have you been a passenger in a car . . . when the driver had been drinking alcoholic beverages?

1="None" 2="Once" 3="Twice" 4="3-5 Times" 5="6-9 Times" 6="10 or more times"

During the LAST TWO WEEKS, how many times (if any) have you been a passenger in a car . . . when you think the driver had 5 or more drinks?

1="None" 2="Once" 3="Twice" 4="3-5 Times" 5="6-9 Times" 6="10 or more times"

**D04**

"Energy drinks" are non-alcoholic beverages that usually contain high amounts of caffeine, including such drinks as Red Bull, Full Throttle, Monster, and Rockstar. They are usually sold in 8- or 16-ounce cans or bottles. About how many (if any) energy drinks do you drink PER DAY, on average?

0="None" 1="Less than 1" 2="One" 3="Two" 4="Three" 5="Four" 6="Five or six" 7="7 or more"

**D05**

Energy drinks are also sold as small "shots", that usually contain just 2 or 3 ounces (5-hour ENERGY, Redline, etc.). How many (if any) energy drink shots do you drink PER DAY, on average?

0="None" 1="Less than 1" 2="One" 3="Two" 4="Three" 5="Four" 6="Five or six" 7="7 or more"

**D06A-P**

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy" 8="Can't Say, Drug Unfamiliar"

- |  |  |
|--|--|
| a. Marijuana (pot, weed)                                 | i. Cocaine powder  |
| b. LSD   | j. Heroin  |
| c. PCP (angel dust)                                      | k. Some other narcotic (codeine, Vicodin, OxyContin, Percocet, etc.) |
| d. MDMA ("Molly," "ecstasy")                             | l. Crystal meth ("ice")  |
| e. Amphetamines (uppers, speed, Adderall, Ritalin, etc.) | ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆  |
| f. Sedatives/barbiturates (downers)                      | m. Steroids (anabolic steroids)                                      |
| ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆  | n. Cigarettes  |
| g. Tranquilizers (Librium, Valium, Xanax, etc.)          | o. Alcohol   |
| h. "Crack" cocaine                                       | p. A JUUL vaping device  |

**D07**

Have you ever taken or used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus, dissolvable tobacco)?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

**D08**

How frequently have you taken smokeless tobacco during the past 30 days?

1="Not at all" 2="Once or twice" 3="Once or twice per week" 4="Three to five times per week" 5="About once a day" 6="More than once a day"

**D09A-I**

When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.

1="Grade 4 or below" 2="Grade 5" 3="Grade 6" 4="Grade 7" 5="Grade 8" 6="Grade 9" 7="Grade 10" 8="Never"

- |  |  |
|--|--|
| a. Smoke your first cigarette                          | ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆  |
| b. Smoke cigarettes on a daily basis                   |  |
| c. Try an alcoholic beverage—more than just a few sips | g. Try cocaine in powder form                                      |
| d. Drink enough to feel drunk or very high             | h. Sniff glue, gases, or sprays to get high                        |
| e. Try marijuana                                       | i. Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.) |
| f. Try "crack" cocaine                                 |  |

**D10A-F**

For each of the following drugs, was there ever a time in your life when you tried to quit or reduce your use and had difficulty doing so?

1="No" 2="Yes" 8="Never Used"

- |               |                                    |
|---------------|------------------------------------|
| a. Cigarettes | d. Cocaine ("crack," powder, etc.) |
| b. Alcohol    | e. Heroin                          |
| c. Marijuana  | f. Any other illegal drugs         |

During the LAST 12 MONTHS, how often (if ever) have you used marijuana or any other drugs (like cocaine, amphetamines, etc.) in each of the following places?

1="Not at All" 2="1-2 Times" 3="3-5 Times" 4="6 or More Times"

- |  |                       |
|--|-----------------------|
| a. At your home                              | e. Near school        |
| b. At friends' houses                        | f. In a car           |
| c. At a school dance, a game, or other event | g. At a party         |
| d. At school during the day                  | h. At a park or beach |

**D12A-L**

Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you...

1="0" 2="1-2" 3="3-5" 4="6-9" 5="10-19" 6="20-39" 7="40+"

- |   |   |
|---|---|
| a. ...taken creatine (amino acid used to build muscles)?                              | h. ...taken Salvia?   |
| b. ...taken Ritalin (without a doctor's orders)?                                      | i. ...taken "synthetic marijuana" ("K2," "Spice") to get high?              |
| c. ...taken Adderall (without a doctor's orders)?                                     | j. ...had an alcoholic beverage mixed with an energy drink (like Red Bull)? |
| d. ...taken OxyContin (without a doctor's orders)?                                    | k. ...used dissolvable tobacco products (Ariva, Stonewall, Orbs)?           |
| e. ...taken Vicodin (without a doctor's orders)?                                      | l. ...used snus (a small packet of tobacco that is put in the mouth)?       |
| f. ...taken fentanyl (without a doctor's orders)?                                     |   |
| ◆◆◆◆◆◆◆◆◆◆  |   |
| g. ...taken nonprescription cough or cold medicine ("robo," "DXM", etc.) to get high? |   |

**D13**

How likely is it that you will use marijuana in the next 12 months?

1="Definitely will" 2="Probably will" 3="Probably will not" 4="Definitely will not"

IF "DEFINITELY WILL" - GO TO D15; IF "PROBABLY WILL" - GO TO D15

**D14A-P**

Here are some reasons people give for not using marijuana or for stopping use. How important is each of the following as a reason for YOU not using marijuana?

1="Not At All" 2="Somewhat" 3="Very Important"

- |   |   |
|---|---|
| a. Concerned about possible psychological damage      | i. Not enjoyable, I wouldn't like it                |
| b. Concerned about possible physical damage           | j. My parents would disapprove                      |
| c. Concerned about getting arrested                   | k. My boyfriend/girlfriend would disapprove         |
| d. Concerned about becoming addicted                  | l. I wouldn't like being with the people who use it |
| e. It's against my beliefs                            | ◆◆◆◆◆◆◆◆◆◆  |
| f. Concerned about loss of energy or ambition         | m. My friends don't use it                          |
| ◆◆◆◆◆◆◆◆◆◆  | n. Too expensive                                    |
| g. Concerned about possible loss of control of myself | o. Not available                                    |
| h. It might lead to stronger drugs                    | p. Don't feel like getting high                     |

**D15**

Have you ever had the D.A.R.E. (Drug Abuse Resistance Education) program in school?

1="Yes" 2="No" 8="Not sure"

**E01**

The next questions are about drugs that doctors sometimes prescribe for people who have problems concentrating on one task at a time (attention deficit disorder), or with being too active or too disruptive (hyperactive), or both (ADHD).

Stimulant-type drugs (i.e., amphetamine, methylphenidate, and pemoline) are prescribed for these conditions. These drugs include Ritalin, Adderall, Concerta, Metadate, Dexedrine, Focalin, Vyvanse, and others.

Have you ever taken any of these stimulant-type prescription drugs under a doctor's supervision for these conditions? [Do NOT count drugs that are not stimulant-type, like Strattera, Wellbutrin, Provigil, Tenex, Intuniv, or Catapres]

1="No" 2="Yes, in the past, but not now" 3="Yes, I take them now"

IF "NO" - GO TO E04

How old were you when you first took one of these stimulant-type drugs under a doctor's supervision?

1="1-4 years old" 2="5-9" 3="10-14" 4="15+ years old"

**E03**

Altogether, for about how many years have you actually taken such drugs under a doctor's supervision?

1="Less than 1 year" 2="1 year" 3="2 years" 4="3-5 years" 5="6-9 years" 6="10 or more years"

**E04**

Have you ever taken a non-stimulant-type prescription drug under a doctor's supervision for these conditions (like Strattera, Wellbutrin, Provigil, Tenex, Intuniv, or Catapres)?

1="No" 2="Yes, in the past, but not now" 3="Yes, I take them now" 8="Don't know"

**E05A-G**

The next questions are about some things which may have happened TO YOU while you were at school (inside or outside or in a school bus). During the LAST 12 MONTHS, how often ...

1="Not At All" 2="Once" 3="Twice" 4="3 or 4 Times" 5="5 or More Times"

- Has something of yours (worth under \$50) been stolen?
- Has something of yours (worth over \$50) been stolen?
- Has someone deliberately damaged your property (your car, clothing, etc.)?
- Has someone injured you with a weapon (like a knife, gun, or club)?
- Has someone threatened you with a weapon, but not actually injured you?
- Has someone injured you on purpose without using a weapon?
- Has an unarmed person threatened you with injury, but not actually injured you?

**E06A-D**

To what extent have you participated in the following school activities during this school year?

1="Not At All" 2="Slight" 3="Moderate" 4="Considerable" 5="Great"

- School newspaper or yearbook
- Music or other performing arts
- Athletic teams
- Other school clubs or activities

**E07**

How much competition for grades is there among students at your school?

1="None" 2="A little" 3="Some" 4="Quite a bit" 5="A great deal"

**E08**

How do you think most of the students in your classes would feel if you cheated on a test?

1="They would like it very much" 2="They would like it" 3="They would not care" 4="They would dislike it" 5="They would dislike it very much"

**E09**

How do you think most of the students in your classes would feel if you intentionally did things to make your teachers angry?

1="They would like it very much" 2="They would like it" 3="They would not care" 4="They would dislike it" 5="They would dislike it very much"

**E10**

How often do you find that your friends encourage you to do things which your teachers wouldn't like?

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Almost Always"

**E11A-F**

How important is each of the following for being looked up to or having high status in your school?

1="No Importance" 2="Little Importance" 3="Moderate Importance" 4="Great Importance" 5="Very Great Importance"

- Coming from the right family
- Being a leader in student activities
- Having a nice car
- Getting good grades
- Being a good athlete
- Planning to go to college





UNIVERSITY OF MICHIGAN  
Survey Research Center

# Monitoring the Future

SURVEY ITEMS

Form 2

2022

INSTITUTE FOR SOCIAL RESEARCH  
THE UNIVERSITY OF MICHIGAN  
ANN ARBOR, MICHIGAN





## 8th & 10th Grade Online Survey Introduction

**Thank you very much for taking this survey!**

This survey is part of a nationwide study of middle school, junior high, and high school students called Monitoring the Future.

If you attend school online, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation make good decisions about a wide range of important issues including your school experiences, use of and attitudes about using alcohol and drugs, health and leisure, work, and plans for the future. In a sense, many of your answers on this survey will count as "votes" on a wide range of important issues. Therefore, it is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time. There is a very small potential risk that someone could learn that you are in the study or see your study answers. To address these potential risks, all your answers are completely anonymous. There is no way for anyone to tell how you answered the questions since your name isn't anywhere on the survey. No one at your school or anyone you know will see your answers. The study may share your research with other researchers without asking for your consent again, but it will not contain information that could directly identify you. Privacy and confidentiality are very important to this study. We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this study.

This survey is completely voluntary. You do not have to take the survey. This is not a test, so there are no right or wrong answers. Taking this survey indicates your agreement to participate in the study. Other students have said that these surveys are very interesting and that they enjoy completing them. We hope you will too. Thank you very much for being an important part of this project.

The researchers conducting this study (ID HUM00131235) can be contacted at 1-800-766-2864.



Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

**A01**

What is your grade level in school?

1="7th grade" 2="8th grade" 3="9th grade" 4="10th grade" 5="11th grade" 6="12th grade"

**A02**

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

**A03A-I**

The next questions ask about the kinds of things you might do. How often do you do each of the following?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- Watch movies
- Go to music concerts
- Ride around in a car (or motorcycle) just for fun
- Participate in community affairs or volunteer work
- Actively participate in sports, athletics or exercising



- Get together with friends informally (in your free time)
- Go to a shopping mall
- Spend at least an hour of leisure time (free time) alone
- Go to parties or other social affairs

**A04A-E**

How often do you use each of the following to get information about news and current events?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- Radio
- TV
- Print newspapers or magazines
- Social media
- Other online source

**A05A-G**

About how many hours on an average DAY do you spend...

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- ...playing games on a computer, TV, phone, or other electronic device?
- ...texting?
- ...talking on the phone?
- ...on social networking sites like Facebook, Twitter, Instagram, etc.?
- ...video chatting (Skype, etc.)?
- ...shopping online?
- ...emailing?

**A06A-B**

How many hours do you estimate you watch videos, TV, or movies on an electronic device (such as a TV, computer, tablet, or smartphone)?

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- On an average WEEKDAY?
- On an average WEEKEND DAY?

**A07A-G**

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

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Almost Always"

- Enjoy being in school?
- Hate being in school?
- Try to do your best work in school?
- Find the school work too hard to understand?
- Find your school work interesting?

- f. Fail to complete or turn in your assignments?
- g. Get sent to the office, or have to stay after school, because you misbehaved?

**A08**

On the average over the school year, how many hours per week do you work in a paid job?

1="None" 2="5 or less hours per week" 3="6 to 10 hours per week" 4="11 to 15 hours per week" 5="16 to 20 hours per week" 6="21 to 25 hours per week" 7="26 to 30 hours per week" 8="More than 30 hours per week"

**A09**

Think about the kinds of paid jobs that people your age usually have. If you could work just the number of hours that you wanted, how many hours per week would you PREFER to work during the school year?

1="None" 2="5 or less hours per week" 3="6-10" 4="11-15" 5="16-20" 6="21-25" 7="26-30" 8="More than 30 hours per week" 9="Don't know, can't say"

**A10**

How many hours per week do you think your PARENTS would prefer that you work in a paid job during the school year?

1="None" 2="5 or less hours per week" 3="6-10" 4="11-15" 5="16-20" 6="21-25" 7="26-30" 8="More than 30 hours per week" 9="Don't know, can't say"

**A11A-B**

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- a. A job or other work?
- b. Other sources (allowances, etc.)?

**A12**

Which ONE of the job categories below comes closest to the kind of work you have done for pay on your current (or most recent) job? (If more than one kind of work, choose the one where you worked the most hours. Do not include work around the house.)

01="Have not worked for pay" 02="Lawn or yard work" 03="Fast food worker" 04="Waiter or waitress" 05="Other restaurant worker" 06="Newspaper route" 07="Babysitting or childcare" 08="Farm or agricultural work" 09="Store clerk or salesperson" 10="Office or clerical" 11="Odd jobs" 12="Other"

**A13A-C**

During an average school week, about how many times . . .

1="Never" 2="Less than once a week" 3="1-2 times a week" 4="3-5 times a week" 5="6-9 times a week" 6="10-19 times a week" 7="20 or more"

- a. ...do your teachers interrupt the class to deal with student misbehavior or goofing off?
- b. ...does misbehavior or goofing off by other students in your class interfere with your own learning?
- c. ...do you come to class late (after class has begun) without an approved excuse?

**A14A-C**

The next questions ask your opinions about a number of different topics. How much do you agree or disagree with each statement below?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. Men and women should be paid the same money if they do the same work
- b. A woman should have exactly the same job opportunities as a man
- c. It is usually better for everyone involved if the man is the achiever outside the home and the woman takes care of the home and family

**A15A-R**

The next questions ask your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 8="Can't Say, Drug Unfamiliar"

- |   |   |
|---|---|
| a. Smoke one or more packs of cigarettes per day?                       | j. Have five or more drinks once or twice each weekend? |
| b. Use smokeless tobacco regularly?                                     | ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖   |
| c. Try marijuana once or twice?   | k. Sniff glue, gases, or sprays once or twice?          |
| d. Use marijuana occasionally?  | l. Sniff glue, gases, or sprays regularly?              |
| e. Use marijuana regularly?   | m. Try LSD once or twice?                               |
| f. Try cocaine once or twice?   | n. Take LSD regularly?                                  |
| ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖   | o. Try MDMA ("Molly," "ecstasy") once or twice?         |
| g. Take cocaine occasionally?   | p. Take MDMA ("Molly," "ecstasy") occasionally?         |
| h. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)? | ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖   |
| i. Have one or two drinks nearly every day?                             | q. Vape an e-liquid with nicotine occasionally?         |

- r. Vape an e-liquid with nicotine regularly?

**A16A-R**

Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people doing each of the following?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove" 8="Can't Say, Drug Unfamiliar"

- |   |   |
|---|---|
| <p>a. Smoking one or more packs of cigarettes per day</p> <p>b. Using smokeless tobacco regularly</p> <p>c. Trying marijuana once or twice</p> <p>d. Using marijuana occasionally</p> <p>e. Using marijuana regularly</p> <p>f. Trying cocaine once or twice</p> <p>◆◆◆◆◆◆◆◆</p> <p>g. Taking cocaine occasionally</p> <p>h. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)</p> <p>i. Having one or two drinks nearly every day</p> | <p>j. Having five or more drinks once or twice each weekend</p> <p>◆◆◆◆◆◆◆◆</p> <p>k. Sniffing glue, gases, or sprays once or twice</p> <p>l. Sniffing glue, gases, or sprays regularly</p> <p>m. Taking LSD once or twice</p> <p>n. Taking LSD regularly</p> <p>o. Trying MDMA ("Molly," "ecstasy") once or twice</p> <p>p. Taking MDMA ("Molly," "ecstasy") occasionally</p> <p>◆◆◆◆◆◆◆◆</p> <p>q. Vaping an e-liquid with nicotine occasionally</p> <p>r. Vaping an e-liquid with nicotine regularly</p> |
|---|---|

The following questions are about cigarette smoking.

**B01**

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

If "Never" - Go to 2B04A

**B02**

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

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

**B03**

Have you ever tried to stop smoking cigarettes and found that you could not?

1="Yes" 2="No"

Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

**B04A-C**

On how many occasions have you had any alcoholic beverages to drink-more than just a few sips . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

IF B04A=1:"0 Occasions", GO TO B07A

**B05**

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

- 12 fl oz of regular beer
- 8-9 fl oz of malt liquor
- 5 fl oz of wine
- 1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? 1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

**B06A-C**

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age. We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

**B07A-C**

On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B08A-C**

On how many occasions (if any) have you used LSD ("acid"). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B09A-C**

On how many occasions (if any) have you used hallucinogens other than LSD (like PCP, mescaline, peyote, "shrooms" or psilocybin). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B10A-C**

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B11A-C**

On how many occasions (if any) have you used cocaine in any other form (like cocaine powder). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B12A-C**

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B13A-C**

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them. . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B15A-C**

Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development.

On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...During the last 12 months?
- c. ...During the last 30 days?

**B16A-C**

On how many occasions (if any) have you taken any drugs other than heroin by injection with a needle (like cocaine, amphetamines, or steroids). . . Do NOT include anything you took under a doctor's orders.

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B17A-C**

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy"). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B18**

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF B18=0, GO TO B31

**B19A**

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B19A=1, GO TO B21A

**B19B**

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF B19B=2, GO TO B21A

**B19C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF B19C > 1 OR (B19A AND B19B AND B19C WERE NOT ANSWERED), THEN SHOW B20

**B20**

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

**B21A**

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B21A=1, GO TO B22A

**B21B**

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF B21B=2, GO TO B22A

**B21C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

**B22A**

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B22A=1, GO TO B23

**B2B**

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF B2B=2, GO TO B23

**B22C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF B19B =1 OR B19C>1, THEN SHOW B23A-M

**B23A-M**

What have been the most important reasons for you to vape nicotine? (Select all that apply.)

- |  |  |
|--|--|
| a. To help me quit regular cigarettes                    | h. To have a good time with my friends     |
| b. Because it is more convenient than smoking cigarettes | i. To avoid getting caught smoking         |
| c. Because regular cigarette use is not permitted        | j. Because of boredom, nothing else to do  |
| d. To experiment—to see what it's like                   | k. Because it tastes good                  |
| e. To relax or relieve tension                           | l. Because I am "hooked"—I have to have it |
| f. To feel good or get high                              | m. To lose or control my weight            |
| g. Because it looks cool                                 |  |

IF B21B =1 OR B21C>1, THEN SHOW B24 - 25

**B24A-N**

What have been the most important reasons for you to vape marijuana? (Select all that apply.)

- |  |   |
|--|---|
| a. To experiment—to see what it's like       | h. To avoid getting caught smoking marijuana              |
| b. To relax or relieve tension               | i. Because of boredom, nothing else to do                 |
| c. To feel good or get high                  | j. Because of anger or frustration                        |
| d. To seek deeper insights and understanding | k. To get through the day                                 |
| e. To have a good time with my friends       | l. To increase the effects of some other drug(s)          |
| f. To fit in with a group I like             | m. To decrease (offset) the effects of some other drug(s) |
| g. To get away from my problems or troubles  | n. Because I am "hooked"—I have to have it                |

**B25**

When you vaped MARIJUANA in the past 12 months where did you get the marijuana vape liquid that you used? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Took from a friend without asking   | Bought from a relative             |
| Took from a relative without asking | Bought from a drug dealer/stranger |
| Given for free by a friend          | Bought on the internet             |
| Given for free by a relative        | Other method                       |
| Bought from a friend                |                                    |

IF B19A > 1 OR B19B =1 OR B19C > 1 OR (B19A AND B19B AND B19C NOT ANSWERED), THEN SHOW B26

**B26**

Have you ever tried to stop vaping nicotine and found that you could not?

1="Yes" 2="No"

IF B19C>1 OR B21C>1 OR B22C>1 OR (IF B19A AND B21A AND B22A WERE NOT ANSWERED), THEN SHOW B27

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF B19A > 1 OR B19B = 1 OR B19C > 1 OR (B19A AND B19B AND B19C NOT ANSWERED), THEN SHOW B28

**B28**

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)?

1="Sweet (chocolate, crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)" 3="Tobacco " 4="Mint " 5="Menthol " 6="Unflavored"

IF B19C>1 OR B21C>1 OR B22C>1 OR (IF B19A AND B21A AND B22A NOT ANSWERED), THEN SHOW B29

**B29**

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF B29 = YES, THEN SHOW:

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

**B30**

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend"  
4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet "  
8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other"

**B31**

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

**B32A-E**

During the LAST 30 DAYS, on how many days (if any) have you . . .

1="None" 2="1-2 days" 3="3-5 days" 4="6-9 days" 5="10-19 days" 6="20-30 days"

- |  |   |
|--|---|
| a. ...smoked large cigars?                         | d. ...smoked tobacco using a hookah (water pipe)? |
| b. ...smoked flavored little cigars or cigarillos? | e. ...used smokeless tobacco?                     |
| c. ...smoked regular little cigars or cigarillos?  |   |

**B33A-C**

On how many occasions (if any) have you sniffed felt-tip pens or markers in order to get high...

1="0" 2="1-2" 3="3-5" 4="6-9" 5="10-19" 6="20-39" 7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B34**

In addition to drugs we have already asked you about, have you ever used any other drug or drugs for non-medical reasons? If so, please write the names(s) of those drug(s) here.

These next questions ask for some background information about yourself.

**C01**

In what year were you born?

1="Before '04" 2="2004" 3="2005" 4="2006" 5="2007" 6="2008" 7="2009" 8="After 2009"

**C02**

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November"  
12="December"

**C03**

What is your sex?

1="Male" 2="Female" 3="Other" [Capture write in] 4="Prefer not to answer"

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

Black or African American  
Mexican American or Chicano  
Cuban American  
Puerto Rican  
Other Hispanic or Latino

Asian American  
White  
American Indian or Alaska Native  
Native Hawaiian or Other Pacific Islander  
Middle Eastern

**C05**

What was the first language you spoke when you were a child?

1="English" 2="Spanish" 3="Other"

**C06**

Where are you living now?

1="On a farm" 2="In the country, not on a farm" 3="In a city or town"

**C07**

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Father (or stepfather)  
Mother (or stepmother)  
Brothers (or stepbrothers)  
Sisters (or stepsisters)  
Grandparent(s)

Other relative(s)  
Non-relative(s)  
I live alone  
Other

**C08**

On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)

1="None or almost none" 2="Less than 1 hour" 3="1-2 hours" 4="2-3 hours" 5="3-5 hours" 6="More than 5 hours"

The next three questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

**C09**

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"  
6="Graduate or professional school after college" 7="Don't know, or does not apply"

**C10**

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"  
6="Graduate or professional school after college" 7="Don't know, or does not apply"

The next three questions are about religion.

**C11A**

What is your religious preference?

(Unnumbered) 1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

**C11B**

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

**C12**

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

The next questions are about your experiences in school.

**C13**

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)" 1="D (69 or below)"

**C14**

Which of the following best describes your present (or expected) high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

**C15**

About how many hours do you spend in an average week on all of your homework including both in school and out of school?

1="0 hours" 2="1-4 hours" 3="5-9 hours" 4="10-14 hours" 5="15-19 hours" 6="20-24 hours" 7="25 or more hours"

**C16A-E**

How likely is it that you will do each of the following things?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- |   |  |
|---|--|
| a. Graduate from high school                                | c. Go to college                             |
| b. Go to a technical or vocational school after high school | d. Graduate from college (four-year program) |
|   | e. Serve in the military (armed forces)      |

**C17**

How often do you think about your future beyond high school?

1="Never" 2="Seldom" 3="Sometimes" 4="Often"

**C18**

Which best describes your plans after high school?

1="I have no idea what I will do." 2="I have a few ideas about what I might do." 3="I know pretty well what I will do." 4="I know exactly what I will do."

**C19A-C**

During the LAST FOUR WEEKS, how many whole days of school have you missed . . .

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4 to 5 Days" 6="6 to 10 Days" 7="11 or More"

- Because of illness
- Because you skipped or "cut"
- For other reasons

**C20**

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

**C21**

Have you ever had to repeat a grade in school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C22**

Did you ever attend summer school to make up for poor grades or to keep from being held back?

1="No" 2="Yes, one summer" 3="Yes, two summers" 4="Yes, three or more summers"

**C23**

Have you ever been suspended or expelled from school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C24**

Have any of your friends dropped out of school?

1="None" 2="A few" 3="Some" 4="Most or all"

**C25**

During a typical week, on how many evenings do you go out for fun and recreation? (Don't count things you do with your parents or other adult relatives.)

1="Less than one evening per week" 2="One evening" 3="Two evenings" 4="Three evenings" 5="Four or five evenings" 6="Six or seven evenings per week"

**C26**

On the average, how often (if ever) do you go out with a date?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

How often do your parents (or stepparents or guardians) do the following?

1="Never" 2="Rarely" 3="Sometimes" 4="Often"

- Check on whether you have done your homework
- Provide help with your homework when it's needed
- Require you to do work or chores around the home
- Limit the amount of your screen time (such as video games, social media, TV/movies, etc.)
- Allow you to go out with friends on school nights

**C28**

If you were having problems in your life, do you think you would talk them over with one or both of your parents?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C29**

Other than your parents, is there at least one other adult you would feel able to talk to if you were having problems in your life?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C30**

Have you been tested for COVID-19 at least once?

1="Yes" 2="No" 3="Don't wish to say"

IF C30=YES, THEN SHOW C31

**C31**

Have you ever had a positive test for COVID-19 (that is, COVID-19 was detected)?

1="Yes" 2="No" 3="Don't wish to say"

**C32**

Have you been vaccinated for COVID-19?

1=Yes 2=No, but I plan to get a COVID-19 vaccination 3=No, I'm unsure if I will get a COVID-19 vaccination 4=No, and I will not get a COVID-19 vaccination

**C33**

Have any of the following people that you know had COVID-19? (Check all that apply.)

0="UNMARKED" 1="MARKED"

- Anyone in your household
- Some other member of your family
- Anyone else that you know personally
- None of these

IF C33 A, B, OR C SELECTED, SHOW C34

**C34**

Were any of the people you knew who had COVID-19 admitted to the hospital because of COVID-19?

1="Yes" 2="No"

**C35**

The following questions are about the LAST SCHOOL SEMESTER/TERM (during August through December).

LAST SEMESTER:

- "I did all my schooling remotely and did not attend any classes in my school building."
- "I did most of my schooling remotely but sometimes attended classes in my school building, up to 1-2 times a week."
- "I did some of my schooling remotely but attended classes in my building 3+ times a week."
- "I did not complete any of my schooling remotely and attended all my classes in my school building"

IF C35 1, 2, OR 3 SELECTED THEN SHOW C36

**C36**

How often was a parent or guardian in your home on a typical weekday when you were schooling at home?

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or almost always"

**C37**

THIS SEMESTER:

- I do all my schooling remotely and do not attend any classes in my school building.
- I do most of my schooling remotely but sometimes attend classes in my school building, up to 1-2 times a week.
- I do some of my schooling remotely but attend classes in my building 3+ times a week.
- I do not complete any of my schooling remotely and attend all my classes in my school building.

**C38**

Generally speaking, how often have you personally...

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or Almost Always"

- Been following the 'social distancing' recommendations?
- Worn a facemask when it is recommended?

**D01A-N**

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy" 8="Can't Say, Drug Unfamiliar"

- |   |   |
|---|---|
| a. Marijuana (pot, weed)  | h. Steroids (anabolic steroids)   |
| b. LSD  | i. Cigarettes   |
| c. Amphetamines or other stimulant drugs (uppers, speed, Adderall, Ritalin, etc.) | j. Alcohol  |
| d. Tranquilizers (Librium, Valium, Xanax, etc.)                                   | k. Vaping device used to inhale a vapor into the lungs (JUUL, e-cigarette, e-pen, etc.)                   |
| e. "Crack" cocaine  | l. E-liquid with nicotine (for vaping)  |
| f. Cocaine powder   | m. E-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango |
| ◆◆◆◆◆   | n. E-liquid for marijuana vaping  |
| g. Heroin   |   |

**D02A-Q**

When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to?

1="Grade 4 or below" 2="Grade 5" 3="Grade 6" 4="Grade 7" 5="Grade 8" 6="Grade 9" 7="Grade 10" 8="Never"

- Smoke your first cigarette
- Smoke cigarettes on a daily basis
- Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.)
- Try smokeless tobacco (snuff, plug, chewing tobacco, snus, dissolvable tobacco)
- Try an alcoholic beverage—more than just a few sips
- Drink enough to feel drunk or very high

◆◆◆◆◆

- Try marijuana or hashish
- Try LSD
- Try any hallucinogen other than LSD (PCP, mescaline, "shrooms" or psilocybin, etc.)
- Try amphetamines or other stimulant drugs (uppers, speed, Adderall, Ritalin, etc.)
- Try tranquilizers (Valium, Librium, Xanax, etc.)
- Try "crack" cocaine

◆◆◆◆◆

- Try cocaine in powder form
- Try heroin
- Try any narcotic other than heroin (codeine, Vicodin, OxyContin, Percocet, etc.)
- Try MDMA ("Molly," "ecstasy")
- Sniff glue, gases, or sprays to get high

**D03A-J**

How many of your friends would you estimate . . .

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- |  |  |
|--|--|
| a. Smoke cigarettes?                               | ◆◆◆◆◆  |
| b. Use smokeless tobacco?                          |  |
| c. Drink alcoholic beverages (liquor, beer, wine)? | g. Take cocaine powder?                                    |
| d. Get drunk at least once a week?                 | h. Take heroin?  |
| e. Use marijuana or hashish?                       | i. Sniff glue, gases, or sprays?                           |
| f. Take "crack" cocaine?                           | j. Vape nicotine (using a JUUL, e-cigarette, e-pen, etc.)? |

**D04A-F**

Now think about all the students in your grade at your school. How many of them do you think . . .

1="0% - 10%" 2="11% - 30%" 3="31% - 50%" 4="51% - 70%" 5="71% - 90%" 6="91% - 100%"

- Smoke one or more cigarettes a day?
- Drank alcohol sometime in the past month?
- Used marijuana sometime in the past month?

During the last 12 months, how often (if ever) have you used alcohol in each of the following places?

1="Not at all" 2="1-2 times" 3="3-5 times" 4="6 or more times"

- a. At your home
- b. At friends' houses
- c. At a school dance, a game, or other event
- d. At school during the day
- e. Near school
- f. In a car
- g. At a party
- h. At a park or beach

The next questions are also about alcohol use—this time asking separately about beer and flavored alcoholic beverages.

**D06A-C**

On how many occasions (if any) have you had beer to drink- more than just a few sips. . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**D07A-C**

On how many occasions (if any) have you had flavored alcoholic beverages like Mike's Hard Lemonade, Smirnoff Ice, Bacardi Silver, wine coolers, etc. to drink—more than just a few sips... (Do not include regular liquor, beer, or wine) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**D08**

Have you ever received any professional counseling, treatment, or therapy because of your use of alcohol or drugs?

1="No, never" 2="Yes, but not in the past 12 months" 3="Yes, sometime in the past 12 months"

**D09A-D**

During the LAST FOUR WEEKS, on how many days (if any) were you . . .

1="None" 2="One day" 3="Two days" 4="3-5 days" 5="6-9 days" 6="10 or more days"

- a. under the influence of alcohol while you were at school?
- b. under the influence of marijuana or some other illegal drug while you were at school?
- c. smoking cigarettes or using chewing tobacco while you were at school?
- d. carrying a weapon such as a gun, knife, or club to school?

**D10**

During the past 12 months, has anyone made an offer at school to sell or give you an illegal drug (or actually sold or given you one at school)?

1="Yes" 2="No"

**D11**

During the past 12 months, how often have you seen people selling illegal drugs in your neighborhood?

1="Never" 2="A few times a year" 3="Once or twice a month" 4="At least once a week" 5="Almost every day"

**D12A-G**

Do you agree or disagree . . .

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. Smokers know how to enjoy life more than non-smokers
- b. I would prefer to date people who don't smoke
- c. The harmful effects of cigarettes have been exaggerated
- d. I think that becoming a smoker reflects poor judgment
- e. I personally don't mind being around people who are smoking
- f. Smoking is a dirty habit



- g. I strongly dislike being near people who are smoking

During the current school year, how helpful have the following been, if provided by your school?

5="Extremely helpful" 4="Quite helpful" 3="Somewhat helpful" 2="A little helpful" 1="Not at all helpful" 7="Not offered" 8="Don't Know/Not applicable"

- a. Counseling support
- b. Group counseling
- c. Mental health curriculum
- d. Mental health resources
- e. "Check-ins" or informal one-on-one meetings between students and school staff
- f. Mentoring

**D14**

Have you ever had the D.A.R.E. (Drug Abuse Resistance Education) program in school?

1="Yes" 2="No" 8="Not sure"

**D15**

The next questions are about anti-vaping ads that are intended to discourage vaping. In recent months, about how often have you seen any such ads against vaping?

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily" 6="More than once a day"

IF D15 = 1 (NOT AT ALL), GO TO E01A

**D16A-C**

To what extent do you think such ads have... (Select one for each line.)

1="Not at all" 2="To a little extent" 3="To some extent" 4="To a great extent" 5="To a very great extent"

- a. ...made you less favorable toward vaping?
- b. ...made you less likely to vape?
- c. ...overstated the dangers or risks of vaping?

**E01A-U**

How much do you agree or disagree with each of the following?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. I take a positive attitude toward myself
- b. Life often seems meaningless
- c. I feel I do not have much to be proud of
- d. I feel I am a person of worth, on an equal plane with others
- e. I enjoy life as much as anyone
- f. I get a real kick out of doing things that are a little dangerous  
◆◆◆◆◆◆◆◆
- g. Sometimes I think that I am no good at all
- h. I am able to do things as well as most people
- i. The future often seems hopeless
- j. I like to test myself every now and then by doing something a little risky
- k. I feel that I can't do anything right
- l. On the whole, I'm satisfied with myself  
◆◆◆◆◆◆◆◆
- m. I feel that my life is not very useful
- n. It feels good to be alive
- o. I would like to explore strange places
- p. I like to do frightening things
- q. I like new and exciting experiences, even if I have to break the rules
- r. I prefer friends who are exciting and unpredictable  
◆◆◆◆◆◆◆◆
- s. I am often bored
- t. I often find myself with nothing to do
- u. I often feel anxious

The next questions deal with activities which may be against the rules or against the law. We hope you will answer all of these questions. However, if you find a question which you cannot answer honestly, we would prefer that you leave it blank. Remember, your answers will never be connected with your name.

**E02A-I**

During the LAST 12 MONTHS, how often have you . . .

1="Not At All" 2="Once" 3="Twice" 4="3 or 4 Times" 5="5 or More Times"

- Run away from home (for more than 24 hours)?
- Gotten into a serious fight in school or at work?
- Taken part in a fight where a group of your friends were against another group?



- Hurt someone badly enough to need bandages or a doctor?
- Taken something not belonging to you worth under \$50?
- Taken something not belonging to you worth over \$50?
- Gone into some house or building when you weren't supposed to be there?
- Damaged school property on purpose?
- Sold an illegal drug?

**E03**

What is your current height (in feet and inches) without shoes?

01="4'5 or less" 02="4'6" 03="4'7" 04="4'8" 05="4'9" 06="4'10" 07="4'11" 08="5'0" 09="5'1" 10="5'2" 11="5'3" 12="5'4" 13="5'5" 14="5'6" 15="5'7" 16="5'8" 17="5'9" 18="5'10" 19="5'11" 20="6'0" 21="6'1" 22="6'2" 23="6'3" 24="6'4" 25="6'5" 26="6'6" 27="6'7 or more"

**E04**

What is your current weight (in pounds) without shoes or clothing?

01 =80 lbs or less' 02 =81-85' 03 =86-90' 04 =91-95' 05 =96-100' 06 =101-105' 07=106-110' 08=111-115' 09=116-120' 10=121-125' 11=126-130' 12=131-135' 13=136-140' 14=141-150' 15=151-160' 16=161-170' 17=171-180' 18=181-190' 19=191-200' 20=201-210' 21=211-220' 22=221-230' 23=231-240' 24=241-250' 25=251-260' 26=261 lbs or more'

**E05A-F**

How often do you . . .

1="Never" 2="Seldom" 3="Sometimes" 4="Most days" 5="Nearly every day" 6="Every day"

- Eat breakfast?
- Eat at least some green vegetables?
- Eat at least some fruit?
- Exercise vigorously (jogging, swimming, calisthenics, or any other active sports)?
- Get at least seven hours of sleep?
- Get less sleep than you think you should?

**E06**

How do you think your own life will go in the next few years—do you think it will get better or worse?

1="Get much better" 2="Get somewhat better" 3="Stay about the same" 4="Get somewhat worse" 5="Get much worse"

**E07A-I**

How do you think your parents feel about YOU doing each of the following things?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- Smoking one or more packs of cigarettes per day
- Trying marijuana once or twice
- Using marijuana occasionally
- Using marijuana regularly
- Having five or more drinks once or twice each weekend
- Vaping nicotine occasionally
- Vaping nicotine regularly
- Vaping marijuana occasionally
- Vaping marijuana regularly





UNIVERSITY OF MICHIGAN  
Survey Research Center

# Monitoring the Future

SURVEY ITEMS

Form 3

2022

INSTITUTE FOR SOCIAL RESEARCH  
THE UNIVERSITY OF MICHIGAN  
ANN ARBOR, MICHIGAN





## 8th & 10th Grade Online Survey Introduction

**Thank you very much for taking this survey!**

This survey is part of a nationwide study of middle school, junior high, and high school students called Monitoring the Future.

If you attend school online, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation make good decisions about a wide range of important issues including your school experiences, use of and attitudes about using alcohol and drugs, health and leisure, work, and plans for the future. In a sense, many of your answers on this survey will count as "votes" on a wide range of important issues. Therefore, it is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time. There is a very small potential risk that someone could learn that you are in the study or see your study answers. To address these potential risks, all your answers are completely anonymous. There is no way for anyone to tell how you answered the questions since your name isn't anywhere on the survey. No one at your school or anyone you know will see your answers. The study may share your research with other researchers without asking for your consent again, but it will not contain information that could directly identify you. Privacy and confidentiality are very important to this study. We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this study.

This survey is completely voluntary. You do not have to take the survey. This is not a test, so there are no right or wrong answers. Taking this survey indicates your agreement to participate in the study. Other students have said that these surveys are very interesting and that they enjoy completing them. We hope you will too. Thank you very much for being an important part of this project.

The researchers conducting this study (ID HUM00131235) can be contacted at 1-800-766-2864.



Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

**A01**

What is your grade level in school?

1="7th grade" 2="8th grade" 3="9th grade" 4="10th grade" 5="11th grade" 6="12th grade"

**A02**

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

**A03A-I**

The next questions ask about the kinds of things you might do. How often do you do each of the following?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- |  |   |
|--|---|
| a. Watch movies  | f. Get together with friends informally (in your free time) |
| b. Go to music concerts                                    | g. Go to a shopping mall                                    |
| c. Ride around in a car (or motorcycle) just for fun       | h. Spend at least an hour of leisure time (free time) alone |
| d. Participate in community affairs or volunteer work      | i. Go to parties or other social affairs                    |
| e. Actively participate in sports, athletics or exercising |   |



**A04A-E**

How often do you use each of the following to get information about news and current events?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- |                                  |                        |
|----------------------------------|------------------------|
| a. Radio                         | d. Social media        |
| b. TV                            | e. Other online source |
| c. Print newspapers or magazines |                        |

**A05A-G**

About how many hours on an average DAY do you spend...

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- |   |                                     |
|---|-------------------------------------|
| a. ...playing games on a computer, TV, phone, or other electronic device? | e. ...video chatting (Skype, etc.)? |
| b. ...texting?  | f. ...shopping online?              |
| c. ...talking on the phone?   | g. ...emailing?                     |
| d. ...on social networking sites like Facebook, Twitter, Instagram,       |                                     |

**A06A-B**

How many hours do you estimate you watch videos, TV, or movies on an electronic device (such as a TV, computer, tablet, or smartphone)?

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- On an average WEEKDAY?
- On an average WEEKEND DAY?

**A07A-G**

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

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Almost Always"

- |   |  |
|---|--|
| a. Enjoy being in school?                       | e. Find your school work interesting?  |
| b. Hate being in school?                        | f. Fail to complete or turn in your assignments?                                 |
| c. Try to do your best work in school?          | g. Get sent to the office, or have to stay after school, because you misbehaved? |
| d. Find the school work too hard to understand? |  |

The next questions ask for your opinions on the effects of using certain drugs and other substances.

**A08A-P**

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

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 8="Can't Say, Drug Unfamiliar"

- Smoke one to five cigarettes per day?
- Smoke one or more packs of cigarettes per day?
- Use smokeless tobacco regularly?
- Try "synthetic marijuana" ("K2," "Spice") once or twice?
- Take "synthetic marijuana" occasionally?

f. Try Adderall once or twice (without a doctor's orders)?



g. Take Adderall occasionally (without a doctor's order)?

h. Try OxyContin once or twice (without a doctor's orders)?

i. Take OxyContin occasionally (without a doctor's orders)?

j. Try Vicodin once or twice (without a doctor's orders)?

k. Take Vicodin occasionally (without a doctor's orders)?

l. Try nonprescription cough or cold medicine ("robo," "DXM," etc.) once or twice to get high?



m. Take nonprescription cough or cold medicine occasionally to get high?

n. Use dissolvable tobacco products (Ariva, Stonewall, Orbs) regularly?

o. Use snus (a small packet of tobacco that is put in the mouth) regularly?

p. Smoke little cigars or cigarillos regularly?

The following questions are about cigarette smoking.

#### B01

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B01="Never" - Go to B13

#### B02

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

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

IF B02="NOT AT ALL" - GO TO B06

#### B03A-F

During the last 30 days, about how many times (if any) have you bought cigarettes . . .

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

a. ...by having a friend or relative buy them for you?

b. ...on your own from vending machines?

c. ...through the mail?

d. ...in a store where you pick up the pack (or carton) and bring it to the check-out counter?

e. ...in a store where the clerk has to hand you the pack or carton?

f. ...bought them in some other way?

#### B04A-E

During the last 30 days, about how many times (if any) did YOU buy cigarettes for your own use. . .

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

a. ...at a big supermarket?

b. ...at a small grocery store?

c. ...at a drugstore?

d. ...at a convenience store (like a Hop-In or 7-Eleven) or a gas station?

e. ...from a website?

#### B05

What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. Select only one.)

26="American Spirit" 1="Basic" 2="Benson & Hedges" 3="Black & Whites" 4="Cambridge" 5="Camel" 6="Capri" 7="Carlton" 8="Doral" 9="GPC" 10="Kent" 11="Kool" 12="Marlboro" 13="Merit" 14="Misty" 15="Monarch" 16="More" 17="Newport" 18="Pall Mall" 19="Parliament" 20="Salem" 22="Virginia Slims" 23="Winston" 24="Other" 25="No usual brand"

#### B05A

Are the cigarettes you usually smoke menthol?

1="Yes" 2="No"

#### B06

The last time that you tried to buy cigarettes in a store or gas station, were you asked for proof of age?

1="I never tried to buy cigarettes at a store or a gas station." 2="No, they didn't ask me and they sold me the cigarettes." 3="No, they didn't ask but they didn't sell me the cigarettes." 4="Yes, I was asked for proof of age."

The last time that you tried to buy cigarettes in a store or gas station, were you asked for proof of age? If yes, what happened?

1="I showed some ID and got the cigarettes" 2="I showed some ID but they refused to sell me the cigarettes" 3="I didn't show ID and they sold them to me anyway" 4="I didn't show ID and they didn't sell me any cigarettes"

**B07**

Have you ever gone to a store and bought just one or a few cigarettes (fewer than the usual pack of 20)?

1="No, never" 2="Yes, in the past 12 months" 3="Yes, but not in the past 12 months"

**B08**

Have you ever tried to stop smoking cigarettes and found that you could not?

1="Yes" 2="No"

**B09**

How many times, if any, have you tried to stop smoking cigarettes?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

**B10**

Do you want to stop smoking cigarettes now?

1="Yes" 2="No" 8="Don't smoke now"

**B11**

Do you (or did you) worry that quitting smoking cigarettes would make you gain weight?

1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

**B12**

Some people start to smoke because they think it will help them lose weight. Was losing weight one of the reasons you started to smoke?

1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

**B13**

If you have never smoked, do you think you will try smoking cigarettes sometime this year?

1="I have already tried cigarettes" 2="I definitely will" 3="I probably will" 4="I probably will not" 5="I definitely will not"

**B14**

Do you think you will be smoking cigarettes five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

**B15**

If one of your best friends were to offer you a cigarette, would you smoke it?

1="Definitely yes" 2="Probably yes" 3="Probably not" 4="Definitely not"

**B16A-C**

How much do you agree or disagree with the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I will never get addicted to cigarettes
- I could smoke a pack a day for a year or more and still be able to quit if I wanted to
- At my age, smoking is not too dangerous because you can always quit later

**B17**

During the LAST 12 MONTHS have you used a heat-not-burn device for tobacco?"

1="Yes" 2="No" 8="Don't know"

Next we want to ask about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

**B18A-C**

On how many occasions have you had any alcoholic beverages to drink-more than just a few sips . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF B18A=1:"0 Occasions", GO TO B22A

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

- 12 fl oz of regular beer
- 8-9 fl oz of malt liquor
- 5 fl oz of wine
- 1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

**B20**

During the LAST TWO WEEKS, how many times (if any) have you had 10 or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

**B21A-C**

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

**B22A-C**

The next questions are about MARIJUANA, which refers to cannabis products sometimes called pot, weed, hashish, hash oil, etc. Do NOT count any use of CBD products.

On how many occasions (if any) have you used marijuana in any form (e.g. smoking, vaping, edibles, concentrates, etc.) . . . 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

IF B22A > 1 AND (B22B > 1 OR B22C > 1), THEN SHOW B23

**B23**

What methods have you used for using marijuana during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- Smoking a joint
- Smoking a blunt
- Smoking in a bong/water pipe
- Smoking in another type of pipe
- Vaping
- Eating in food
- Drink in a beverage
- Use a concentrate (such as "wax," "honey oil," "budder," or "shatter")
- Other

**B24A-C**

On how many occasions (if any) have you used LSD ("acid"). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

On how many occasions (if any) have you used hallucinogens other than LSD (like PCP, mescaline, peyote, "shrooms" or psilocybin). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B26A-C**

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B27A-C**

On how many occasions (if any) have you used cocaine in any other form (like cocaine powder). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B28A-C**

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B29A-C**

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B30A-C**

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them. . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B31A-C**

On how many occasions (if any) have you used heroin . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B33A-C**

On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B34A-C**

Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development.

On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B35A-C**

On how many occasions (if any) have you taken any drugs other than heroin by injection with a needle (like cocaine, amphetamines, or steroids). . . Do NOT include anything you took under a doctor's orders.

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B36A-C**

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy"). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

**B37**

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs.

Have you ever vaped?

0="No" 1="Yes"

IF B37=0, GO TO B50

**B38A**

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B38A=1, GO TO B40A

**B38B**

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF B38B=2, GO TO B40A

**B38C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF B38C>1 OR (B38A AND B38B AND B38C NOT ANSWERED), THEN SHOW B39

**B39**

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

**B40A**

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B40A=1, GO TO B41A

**B40B**

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF B40B=2, GO TO B41A

**B40C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

**B41A**

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B41A=1, GO TO B42

**B41B**

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF B41B=2, GO TO B42

**B41C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF B38A > 1 OR B38B=1 OR B38C > 1 OR (B38A AND B38B AND B38C NOT ANSWERED), THEN SHOW B42-B44

**B42**

Have you ever tried to stop vaping nicotine and found that you could not?

1="Yes" 2="No"

**B43**

How many times, if any, have you tried to stop vaping nicotine?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

**B44**

Do you want to stop vaping nicotine now?

1="Yes" 2="No" 8="Don't vape nicotine now"

IF B38C>1 OR B40C>1 OR B41C>1 OR (IF B38A AND B40A AND B41A NOT ANSWERED), THEN SHOW B45

**B45**

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF B38A>1 OR B38B=1 OR B38C>1 OR (B38A AND B38B AND B38C NOT ANSWERED), THEN SHOW B46

**B46**

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)"

3="Tobacco" 4="Mint" 5="Menthol" 6="Unflavored"

IF B38C>1 OR B40C>1 OR B41C>1 OR (IF B38A AND B40A AND B41A NOT ANSWERED), THEN SHOW B47

**B47**

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF B47 = YES

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write-in]

IF B40A > 1 OR B40B=1 OR B40C > 1 OR (B40A AND B40B AND B40C NOT ANSWERED), THEN SHOW B48

**B48**

When you vape marijuana, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet" 2="Fruit" 3="Sour" 4="Unflavored (tastes like cannabis)"

**B49**

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend"  
4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet "  
8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [capture write in]"

**B50**

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

These next questions ask for some background information about yourself.

**C01**

In what year were you born?

1="Before '04" 2="2004" 3="2005" 4="2006" 5="2007" 6="2008" 7="2009" 8="After 2009"

**C02**

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November"  
12="December"

**C03**

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

**C04**

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

Black or African American  
Mexican American or Chicano  
Cuban American  
Puerto Rican  
Other Hispanic or Latino

Asian American  
White  
American Indian or Alaska Native  
Native Hawaiian or Other Pacific Islander  
Middle Eastern

**C05**

What was the first language you spoke when you were a child?

1="English" 2="Spanish" 3="Other"

**C06**

Where are you living now?

1="On a farm" 2="In the country, not on a farm" 3="In a city or town"

**C07**

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Father (or stepfather)  
Mother (or stepmother)  
Brothers (or stepbrothers)  
Sisters (or stepsisters)  
Grandparent(s)

Other relative(s)  
Non-relative(s)  
I live alone  
Other

**C08**

On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)

1="None or almost none" 2="Less than 1 hour" 3="1-2 hours" 4="2-3 hours" 5="3-5 hours" 6="More than 5 hours"

The next three questions ask about your parents. If you were raised mostly by foster parents, stepparents or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"  
6="Graduate or professional school after college" 7="Don't know, or does not apply"

**C10**

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"  
6="Graduate or professional school after college" 7="Don't know, or does not apply"

The next three questions are about religion.

**C11A**

What is your religious preference?

1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

**C11B**

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

**C12**

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

The next questions are about your experiences in school.

**C13**

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)" 1="D (69 or below)"

**C14**

Which of the following best describes your present (or expected) high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

**C15**

About how many hours do you spend in an average week on all of your homework including both in school and out of school?

1="0 hours" 2="1-4 hours" 3="5-9 hours" 4="10-14 hours" 5="15-19 hours" 6="20-24 hours" 7="25 or more hours"

**C16A-E**

How likely is it that you will do each of the following things? ...

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- |   |  |
|---|--|
| a. Graduate from high school                                | d. Graduate from college (four-year program) |
| b. Go to a technical or vocational school after high school | e. Serve in the military (armed forces)      |
| c. Go to college  |  |

**C17**

How often do you think about your future beyond high school?

1="Never" 2="Seldom" 3="Sometimes" 4="Often"

**C18**

Which best describes your plans after high school?

1="I have no idea what I will do." 2="I have a few ideas about what I might do." 3="I know pretty well what I will do." 4="I know exactly what I will do."

**C19A-C**

During the LAST FOUR WEEKS, how many whole days of school have you missed . . .

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4 to 5 Days" 6="6 to 10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

**C20**

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

Have you ever had to repeat a grade in school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C22**

Did you ever attend summer school to make up for poor grades or to keep from being held back?

1="No" 2="Yes, one summer" 3="Yes, two summers" 4="Yes, three or more summers"

**C23**

Have you ever been suspended or expelled from school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C24**

Have any of your friends dropped out of school?

1="None" 2="A few" 3="Some" 4="Most or all"

**C25**

During a typical week, on how many evenings do you go out for fun and recreation? (Don't count things you do with your parents or other adult relatives.)

1="Less than one evening per week" 2="One evening" 3="Two evenings" 4="Three evenings" 5="Four or five evenings" 6="Six or seven evenings per week"

**C26**

On the average, how often (if ever) do you go out with a date?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

**C27A-D**

The following questions are about your parents (or stepparents or guardians):

1="Never" 2="Rarely" 3="Sometimes" 4="Most of the time" 5="Always"

- a. My parents know where I am after school
- b. When I go out at night, my parents know whom I am with
- c. When I go out at night, my parents know where I am
- d. When I go out on weekend nights I have to be home by a set time

**C28**

If you were having problems in your life, do you think you would talk them over with one or both of your parents?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C29**

Other than your parents, is there at least one other adult you would feel able to talk to if you were having problems in your life?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C30**

Have you been tested for COVID-19 at least once?

1="Yes" 2="No" 3="Don't wish to say"

IF C30="YES", THEN SHOW C31

**C31**

Have you ever had a positive test for COVID-19 (that is, COVID-19 was detected)?

1="Yes" 2="No" 3="Don't wish to say"

**C32**

Have you been vaccinated for COVID-19?

1=Yes 2=No, but I plan to get a COVID-19 vaccination 3=No, I'm unsure if I will get a COVID-19 vaccination 4=No, and I will not get a COVID-19 vaccination

**C33**

Have any of the following people that you know had COVID-19? (Check all that apply.)

0="UNMARKED" 1="MARKED"

- Anyone in your household
- Some other member of your family
- Anyone else that you know personally
- None of these

IF C33 A, B, OR C SELECTED, THEN SHOW C34

**C34**

Were any of the people you knew who had COVID-19 admitted to the hospital because of COVID-19?

1="Yes" 2="No"

**C35**

The following questions are about the LAST SCHOOL SEMESTER/TERM in 2020 (during August through December).

LAST SEMESTER:

1="I did all my schooling remotely and did not attend any classes in my school building."

2="I did most of my schooling remotely but sometimes attended classes in my school building, up to 1-2 times a week."

3="I did some of my schooling remotely but attended classes in my building 3+ times a week."

4="I did not complete any of my schooling remotely and attended all my classes in my school building."

IF C35 1, 2, OR 3 SELECTED, THEN SHOW C36

**C36**

How often is a parent or guardian in your home on a typical weekday when you were schooling at home?

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or almost always"

**C37**

THIS SEMESTER:

1=I do all my schooling remotely and do not attend any classes in my school building.

2=I do most of my schooling remotely but sometimes attend classes in my school building, up to 1-2 times a week.

3=I do some of my schooling remotely but attend classes in my building 3+ times a week.

4=I do not complete any of my schooling remotely and attend all my classes in my school building.

**C38**

Generally speaking, how often have you personally...

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or Almost Always"

- Been following the 'social distancing' recommendations?
- Worn a facemask when it is recommended?

**D01**

On the average over the school year, how many hours per week do you work in a paid job?

1="None" 2="5 or less hours per week" 3="6 to 10 hours per week" 4="11 to 15 hours per week" 5="16 to 20 hours per week" 6="21 to 25 hours per week" 7="26 to 30 hours per week" 8="More than 30 hours per week"

**D02**

Think about the kinds of paid jobs that people your age usually have. If you could work just the number of hours that you wanted, how many hours per week would you PREFER to work during the school year?

1="None" 2="5 or less hours per week" 3="6-10" 4="11-15" 5="16-20" 6="21-25" 7="26-30" 8="More than 30 hours per week" 9="Don't know, can't say"

**D03A-B**

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- A job or other work?
- Other sources (allowances, etc.)?

**D04**

During an average week, how much do you usually drive a car, truck, motorcycle, or moped?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

**D05**

When you are riding in the front passenger seat of a car, how often do you wear a seatbelt?

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Always" 8="Does Not Apply"

**D06A-C**

During the LAST TWO WEEKS, how many times (if any) have you been a passenger in a car . . .

1="None" 2="Once" 3="Twice" 4="3-5 Times" 5="6-9 Times" 6="10 or More"

- when the driver had been drinking alcoholic beverages?
- when you think the driver had 5 or more drinks?
- when the driver had been using marijuana?

The next questions are about anti-smoking commercials or "spots" that are intended to discourage cigarette smoking. In recent months, about how often have you seen such anti-smoking commercials on TV, or heard them on the radio?

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily" 6="More than once a day"

**D08**

In recent months, about how often have you seen anti-smoking ads on billboards or in magazines and newspapers?

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily" 6="More than once a day"

**D09A-C**

To what extent do you think such ads on TV, radio, and billboards or in magazines and newspapers have . . .

1="Not at All" 2="To a Little Extent" 3="To Some Extent" 4="To a Great Extent" 5="To a Very Great Extent"

- a. ...made you less favorable toward smoking cigarettes?
- b. ...made you less likely to smoke cigarettes?
- c. ...overstated the dangers or risks of cigarette smoking?

**D10A-D**

These days, how many people in the following groups would you guess are regular cigarette smokers?

1="0% to 10%" 2="11% to 30%" 3="31% to 50%" 4="51% to 70%" 5="71% to 90%" 6="91% to 100%" 8="Have no idea"

- a. Professional athletes
- b. Popular music performers
- c. Actors and actresses
- d. Students in your school

**D11A-D**

How many people in the following groups would you guess use illicit drugs (like marijuana, cocaine, etc.) occasionally or regularly?

1="0% to 10%" 2="11% to 30%" 3="31% to 50%" 4="51% to 70%" 5="71% to 90%" 6="91% to 100%" 8="Have no idea"

- a. Professional athletes
- b. Popular music performers
- c. Actors and actresses
- d. Students in your school

**D12**

Think about the movie that you watched most recently. Did any of the characters in the movie smoke cigarettes?

1="No" 2="Yes, some" 3="Yes, a lot" 4="Don't remember"

**D13A-F**

During the current school year, how helpful have the following been, if provided by your school?

5="Extremely helpful" 4="Quite helpful" 3="Somewhat helpful" 2="A little helpful" 1="Not at all helpful" 7="Not offered" 8="Don't Know/Not applicable"

- a. Counseling support
- b. Group counseling
- c. Mental health curriculum
- d. Mental health resources
- e. "Check-ins" or informal one-on-one meetings between students and school staff
- f. Mentoring

**D14A-G**

How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

1="Not Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- a. Smoking cigarettes occasionally
- b. Smoking cigarettes every day
- c. Smoking one or more packs of cigarettes per day
- d. Using smokeless tobacco occasionally
- e. Using smokeless tobacco every day
- f. Using smokeless tobacco several times per day
- g. Driving a car after using marijuana

**D15**

Have you had any drug education courses or lectures in school?

1="No" 2="No, and I wish I had" 3="Yes"

IF "NO" - GO TO D19A; IF "NO, AND I WISH I HAD" - GO TO D19A

Would you say that the information about drugs that you received in school classes or programs has . . .

1="Made you less interested in trying drugs." 2="Not changed your interest in trying drugs" 3="Made you more interested in trying drugs"

**D17**

How many of the following drug education experiences have you had in high school? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- A special course about drugs
- Films, lectures, or discussions in one of my regular courses
- Films or lectures, outside of my regular courses
- Special group discussions about drugs

**D18**

Overall, how valuable were the experiences to you?

1="Little or no value" 2="Some value" 3="Considerable value" 4="Great value"

**D19A-P**

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy" 8="Can't Say, Drug Unfamiliar"

- a. Marijuana (pot, weed)
- b. LSD
- c. PCP (angel dust)
- d. MDMA ("Molly," "ecstasy")
- e. Amphetamines (uppers, speed, Adderall, Ritalin, etc.)
- f. Sedatives/barbiturates (downers)  
◆◆◆◆◆◆◆◆
- g. Tranquilizers (Librium, Valium, Xanax, etc.)
- h. "Crack" cocaine
- i. Cocaine powder
- j. Heroin
- k. Some other narcotic (codeine, Vicodin, OxyContin, Percocet, etc.)
- l. Crystal meth ("ice")  
◆◆◆◆◆◆◆◆
- m. Steroids (anabolic steroids)
- n. Cigarettes
- o. Alcohol
- p. A JUUL vaping device

**D20**

Have you ever taken or used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco, snus, dissolvable tobacco)?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

**D21**

How often have you taken smokeless tobacco during the past 30 days?

1="Not at all" 2="Once or twice" 3="Once or twice per week" 4="Three to five times per week" 5="About once a day" 6="More than once a day"

**D22A-J**

How many of your friends would you estimate . . .

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- a. Smoke cigarettes?
- b. Use smokeless tobacco?
- c. Drink alcoholic beverages (liquor, beer, wine)?
- d. Get drunk at least once a week?
- e. Use marijuana?
- f. Take "crack" cocaine?
- g. Take cocaine powder?
- h. Take heroin?
- i. Sniff glue, gases, or sprays?
- j. Vape nicotine (using a JUUL, e-cigarette, e-pen, etc.)?

**D23A-D**

How much pressure do you feel from your friends and schoolmates to . . .

1="None" 2="A Little" 3="Some" 4="A Lot"

- a. Smoke cigarettes?
- b. Drink alcoholic beverages?
- c. Use marijuana?
- d. Use other illegal drugs?

**D24**

If one of your best friends were to offer you some marijuana, would you use it?

1="Definitely yes" 2="Probably yes" 3="Probably not" 4="Definitely not"

When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to?

8="Never" 1="Grade 4 or below" 2="Grade 5" 3="Grade 6" 4="Grade 7" 5="Grade 8" 6="Grade 9" 7="Grade 10"

- |  |   |
|--|---|
| a. Smoke your first cigarette                          | f. Try "crack" cocaine                      |
| b. Smoke cigarettes on a daily basis                   | ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆                             |
| c. Try an alcoholic beverage—more than just a few sips | g. Try cocaine in powder form               |
| d. Drink enough to feel drunk or very high             | h. Sniff glue, gases, or sprays to get high |
| e. Try marijuana                                       | i. Try steroids (anabolic steroids)         |

**D26A-F**

For each of the following drugs, was there ever a time in your life when you tried to quit or reduce your use and had difficulty doing so?

1="No" 2="Yes" 8="Never Used"

- |               |                                    |
|---------------|------------------------------------|
| a. Cigarettes | d. Cocaine ("crack," powder, etc.) |
| b. Alcohol    | e. Heroin                          |
| c. Marijuana  | f. Any other illegal drugs         |

This section asks for your views and feelings about a number of different things.

**E01A-H**

Do you agree or disagree with each of the following?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. A lot of times I feel lonely
- b. There is always someone I can turn to if I need help
- c. I get a real kick out of doing things that are a little dangerous
- d. I often feel left out of things
- e. There is usually someone I can talk to if I need to
- f. I like to test myself every now and then by doing something a little risky
- g. I often wish I had more good friends
- h. I usually have a few friends around that I can get together with

**E02A-D**

To what extent have you participated in the following school activities during this school year?

1="Not At All" 2="Slight" 3="Moderate" 4="Considerable" 5="Great"

- a. School newspaper or yearbook
- b. Music or other performing arts
- c. Athletic teams
- d. Other school clubs or activities

**E03**

How much competition for grades is there among students at your school?

1="None" 2="A little" 3="Some" 4="Quite a bit" 5="A great deal"

**E04**

How do you think most of the students in your classes would feel if you cheated on a test?

1="They would like it very much" 2="They would like it" 3="They would not care" 4="They would dislike it" 5="They would dislike it very much"

**E05**

How do you think most of the students in your classes would feel if you intentionally did things to make your teachers angry?

1="They would like it very much" 2="They would like it" 3="They would not care" 4="They would dislike it" 5="They would dislike it very much"

**E06**

How often do you find that your friends encourage you to do things which your teachers wouldn't like?

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Almost Always"

How important is each of the following for being looked up to or having high status in your school?

1="No Importance" 2="Little Importance" 3="Moderate Importance" 4="Great Importance" 5="Very Great Importance"

- a. Coming from the right family
- b. Being a leader in student activities
- c. Having a nice car
- d. Getting good grades
- e. Being a good athlete
- f. Planning to go to college

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UNIVERSITY OF MICHIGAN  
Survey Research Center

# Monitoring the Future

SURVEY ITEMS

Form 4

2022

INSTITUTE FOR SOCIAL RESEARCH  
THE UNIVERSITY OF MICHIGAN  
ANN ARBOR, MICHIGAN





## 8th & 10th Grade Online Survey Introduction

**Thank you very much for taking this survey!**

This survey is part of a nationwide study of middle school, junior high, and high school students called Monitoring the Future.

If you attend school online, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation make good decisions about a wide range of important issues including your school experiences, use of and attitudes about using alcohol and drugs, health and leisure, work, and plans for the future. In a sense, many of your answers on this survey will count as "votes" on a wide range of important issues. Therefore, it is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time. There is a very small potential risk that someone could learn that you are in the study or see your study answers. To address these potential risks, all your answers are completely anonymous. There is no way for anyone to tell how you answered the questions since your name isn't anywhere on the survey. No one at your school or anyone you know will see your answers. The study may share your research with other researchers without asking for your consent again, but it will not contain information that could directly identify you. Privacy and confidentiality are very important to this study. We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this study.

This survey is completely voluntary. You do not have to take the survey. This is not a test, so there are no right or wrong answers. Taking this survey indicates your agreement to participate in the study. Other students have said that these surveys are very interesting and that they enjoy completing them. We hope you will too. Thank you very much for being an important part of this project.

The researchers conducting this study (ID HUM00131235) can be contacted at 1-800-766-2864.



Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

**A01**

What is your grade level in school?

1="7th grade" 2="8th grade" 3="9th grade" 4="10th grade" 5="11th grade" 6="12th grade"

**A02**

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

**A03A-I**

The next questions ask about the kinds of things you might do. How often do you do each of the following?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- a. Watch movies
- b. Go to music concerts
- c. Ride around in a car (or motorcycle) just for fun
- d. Participate in community affairs or volunteer work
- e. Actively participate in sports, athletics or exercising



- f. Get together with friends informally (in your free time)
- g. Go to a shopping mall
- h. Spend at least an hour of leisure time (free time) alone
- i. Go to parties or other social affairs

**A04A-E**

How often do you use each of the following to get information about news and current events?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year" 1="Never"

- a. Radio
- b. TV
- c. Print newspapers or magazines
- d. Social media
- e. Other online source

**A05A-G**

About how many hours on an average DAY do you spend...

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- a. ...playing games on a computer, TV, phone, or other electronic device?
- b. ...texting?
- c. ...talking on the phone?
- d. ...on social networking sites like Facebook, Twitter, Instagram, etc.?
- e. ...video chatting (Skype, etc.)?
- f. ...shopping online?
- g. ...emailing?

**A06A-B**

How many hours do you estimate you watch videos, TV, or movies on an electronic device (such as a TV, computer, tablet, or smartphone)?

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- a. On an average WEEKDAY?
- b. On an average WEEKEND DAY?

**A07A-G**

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

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Almost Always"

- a. Enjoy being in school?
- b. Hate being in school?
- c. Try to do your best work in school?
- d. Find the school work too hard to understand?
- e. Find your school work interesting?

- f. Fail to complete or turn in your assignments?
- g. Get sent to the office, or have to stay after school, because you misbehaved?

The next questions ask for your opinions on the effects of using certain drugs and other substances

**A08A-P**

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

- a. Smoke one to five cigarettes per day?
- b. Smoke one or more packs of cigarettes per day?
- c. Use smokeless tobacco regularly?
- d. Try "synthetic marijuana" ("K2," "Spice") once or twice?
- e. Take "synthetic marijuana" occasionally?  
❖ ❖ ❖ ❖ ❖ ❖ ❖
- f. Try Adderall once or twice (without a doctor's orders)?
- g. Take Adderall occasionally (without a doctor's order)?
- h. Try OxyContin once or twice (without a doctor's orders)?
- i. Take OxyContin occasionally (without a doctor's orders)?
- j. Try Vicodin once or twice (without a doctor's orders)?  
❖ ❖ ❖ ❖ ❖ ❖ ❖
- k. Take Vicodin occasionally (without a doctor's orders)?
- l. Try nonprescription cough or cold medicine ("robo," "DXM," etc.) once or twice to get high?
- m. "Take nonprescription cough or cold medicine occasionally to get high?"
- n. Use dissolvable tobacco products (Ariva, Stonewall, Orbs) regularly?
- o. Use snus (a small packet of tobacco that is put in the mouth) regularly?  
❖ ❖ ❖ ❖ ❖ ❖ ❖
- p. Smoke little cigars or cigarillos regularly?

The following questions are about cigarette smoking.

**B01**

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B01="Never" - Go to B13

**B02**

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

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

IF B02="NOT AT ALL" - GO TO B06

**B03A-F**

During the last 30 days, about how many times (if any) have you bought cigarettes . . .

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

- a. ...by having a friend or relative buy them for you?
- b. ...on your own from vending machines?
- c. ...through the mail?
- d. ...in a store where you pick up the pack (or carton) and bring it to the check-out counter?
- e. ...in a store where the clerk has to hand you the pack or carton?
- f. ...bought them in some other way?

**B04A-E**

During the last 30 days, about how many times (if any) did YOU buy cigarettes for your own use. . .

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

- a. ...at a big supermarket?
- b. ...at a small grocery store
- c. ...at a drugstore?
- d. ...at a convenience store (like a Hop-In or 7-Eleven) or a gas station?
- e. ...from a website?

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

**B05**

What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. Select only one.)

26	American Spirit	9	GPC	18	Pall Mall
1	Basic	10	Kent	19	Parliament
2	Benson & Hedges	11	Kool	20	Salem
3	Black & Whites	12	Marlboro	22	Virginia Slims
4	Cambridge	13	Merit	23	Winston
5	Camel	14	Misty	24	Other
6	Capri	15	Monarch	25	No usual brand
7	Carlton	16	More		
8	Doral	17	Newport		

**B05A**

Are the cigarettes you usually smoke menthol?

1="Yes" 2="No"

**B06**

The last time that you tried to buy cigarettes in a store or gas station, were you asked for proof of age?

1="I never tried to buy cigarettes at a store or a gas station." 2="No, they didn't ask me and they sold me the cigarettes." 3="No, they didn't ask but they didn't sell me the cigarettes." 4="Yes, I was asked for proof of age."

IF B06=4:"Yes, I was asked for proof of age.", THEN SHOW B06A

**B06A**

If yes, what happened?

1="I showed some ID and got the cigarettes" 2="I showed some ID but they refused to sell me the cigarettes" 3="I didn't show ID and they sold them to me anyway" 4="I didn't show ID and they didn't sell me any cigarettes"

**B07**

Have you ever gone to a store and bought just one or a few cigarettes (fewer than the usual pack of 20)?

1="No, never" 2="Yes, in the past 12 months" 3="Yes, but not in the past 12 months"

**B08**

Have you ever tried to stop smoking cigarettes and found that you could not?

1="Yes" 2="No"

**B09**

How many times, if any, have you tried to stop smoking cigarettes?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

**B10**

Do you want to stop smoking cigarettes now?

1="Yes" 2="No" 8="Don't smoke now"

**B11**

Do you (or did you) worry that quitting smoking cigarettes would make you gain weight?

1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

**B12**

Some people start to smoke because they think it will help them lose weight. Was losing weight one of the reasons you started to smoke?

1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

**B13**

If you have never smoked, do you think you will try smoking cigarettes sometime this year?

1="I have already tried cigarettes" 2="I definitely will" 3="I probably will" 4="I probably will not" 5="I definitely will not"

**B14**

Do you think you will be smoking cigarettes five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

**B15A-C**

How much do you agree or disagree with the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I will never get addicted to cigarettes
- I could smoke a pack a day for a year or more and still be able to quit if I wanted to
- At my age, smoking is not too dangerous because you can always quit later

**B16**

During the LAST 12 MONTHS have you used a heat-not-burn device for tobacco?

1="Yes" 2="No" 8="Don't know"

Next we want to ask about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

**B17A-C**

On how many occasions have you had alcoholic beverages to drink-more than just a few sips . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF B17A=1:"0 Occasions" GO TO B21A

**B18**

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

- 12 fl oz of regular beer
- 8-9 fl oz of malt liquor
- 5 fl oz of wine
- 1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

**B19**

During the LAST TWO WEEKS, how many times (if any) have you had 10 or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

**B20A-C**

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

**B21A-C**

On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF B21A > 1 AND (B21B > 1 OR B21C > 1), THEN SHOW B22

**B22**

What methods have you used for using marijuana or hashish during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- Smoking a joint
- Smoking a blunt

- Smoking in a bong/water pipe
- Smoking in another type of pipe

Vaping  
Eating in food  
Drink in a beverage

Use a concentrate (such as "wax," "honey oil," "budder," or "shatter")  
Other

**B23A-C**

On how many occasions (if any) have you used LSD ("acid"). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B24A-C**

On how many occasions (if any) have you used hallucinogens other than LSD (like PCP, mescaline, peyote, "shrooms" or psilocybin). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B25A-C**

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B26A-C**

On how many occasions (if any) have you used cocaine in any other form (like cocaine powder). . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B27A-C**

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B28A-C**

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B29A-C**

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them. . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B30A-C**

On how many occasions (if any) have you used heroin . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B31A-C**

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B32A-C**

On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B33A-C**

Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development. On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...During the last 12 months?
- ...During the last 30 days?

**B34A-C**

On how many occasions (if any) have you taken any drugs other than heroin by injection with a needle (like cocaine, amphetamines, or steroids). . .

Do NOT include anything you took under a doctor's orders.

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B35A-C**

On how many occasions (if any) have you used Rohypnol ("rophies," "roofies") . . .

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

**B36**

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF B36=0, GO TO B49

**B37A**

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B37A=1, GO TO B39A

**B37B**

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF B37B=2, GO TO B39A

**B37C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF B37C > 1 OR (B37A AND B37B AND B37C NOT ANSWERED), THEN SHOW B38

**B38**

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

**B39A**

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B39A=1, GO TO B40A

**B39B**

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF B39B=2, GO TO B40A

**B39C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

**B40A**

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF B40A=1, GO TO B41

**B40B**

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF B40B=2, GO TO B41

**B40C**

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF B39B=1 OR B39C > 1, THEN SHOW B41A-I

**B41A-I**

When you vaped MARIJUANA in the past 12 months where did you get the marijuana vape liquid that you used? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- |  |                                       |
|--|---------------------------------------|
| a. Took from a friend without asking   | f. Bought from a relative             |
| b. Took from a relative without asking | g. Bought from a drug dealer/stranger |
| c. Given for free by a friend          | h. On the internet                    |
| d. Given for free by a relative        | i. Other method                       |
| e. Bought from a friend                |                                       |

IF B37A>1 OR B37B=1 OR B37C>1, OR (B37A AND B AND C NOT ANSWERED), THEN SHOW B42-B44

**B42**

Have you ever tried to stop vaping nicotine and found that you could not?

1="Yes" 2="No"

**B43**

How many times, if any, have you tried to stop vaping nicotine?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

**B44**

Do you want to stop vaping nicotine now?

1="Yes" 2="No" 8="Don't vape nicotine now"

IF B37C > 1 OR B39C > 1 OR B40C > 1 OR (IF B37A AND B39A AND B40A WERE NOT ANSWERED), THEN SHOW B45

**B45**

What is the brand name of the vaping device you use most often

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF B37A>1 OR B37B=1 OR B37C>1, OR (B37A AND B AND C NOT ANSWERED), THEN SHOW B46

**B46**

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)?

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)"  
3="Tobacco " 4="Mint " 5="Menthol " 6="Unflavored"

IF B37C>1 OR B39C>1 OR B40C>1 OR (IF B37A AND B39A AND B40A NOT ANSWERED), THEN SHOW B47

**B47**

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF YES "What have you vaped other than nicotine, marijuana, or just flavoring?" [capture write in]

**B48**

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend"  
4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet "  
8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [Capture write in]"

**B49**

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

These next questions ask for some background information about yourself.

**C01**

In what year were you born?

1="Before '04" 2="2004" 3="2005" 4="2006" 5="2007" 6="2008" 7="2009" 8="After 2009"

**C02**

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November"  
12="December"

**C03**

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

**C04**

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

**C05**

What was the first language you spoke when you were a child?

1="English" 2="Spanish" 3="Other"

**C06**

Where are you living now?

1="On a farm" 2="In the country, not on a farm" 3="In a city or town"

**C07**

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Father (or stepfather)

Mother (or stepmother)

Brothers (or stepbrothers)

Sisters (or stepsisters)

Grandparent(s)

Other relative(s)

Non-relative(s)

I live alone

Other

**C08**

On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)

1="None or almost none" 2="Less than 1 hour" 3="1-2 hours" 4="2-3 hours" 5="3-5 hours" 6="More than 5 hours"

The next three questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

**C09**

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"

6="Graduate or professional school after college" 7="Don't know, or does not apply"

**C10**

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college"

6="Graduate or professional school after college" 7="Don't know, or does not apply"

The next three questions are about religion.

**C11A**

What is your religious preference?

1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples

of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish"

15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

**C11B**

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

**C12**

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

The next questions are about your experiences in school.

**C13**

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)" 1="D (69 or below)"

**C14**

Which of the following best describes your present (or expected) high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

**C15**

About how many hours do you spend in an average week on all of your homework including both in school and out of school?

1="0 hours" 2="1-4 hours" 3="5-9 hours" 4="10-14 hours" 5="15-19 hours" 6="20-24 hours" 7="25 or more hours"

**C16A-E**

How likely is it that you will do each of the following things? ...

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

a. Graduate from high school

b. Go to a technical or vocational school after high school

c. Go to college

d. Graduate from college (four-year program)

e. Serve in the military (armed forces)

**C17**

How often do you think about your future beyond high school?

1="Never" 2="Seldom" 3="Sometimes" 4="Often"

**C18**

Which best describes your plans after high school?

1="I have no idea what I will do." 2="I have a few ideas about what I might do." 3="I know pretty well what I will do." 4="I know exactly what I will do."

**C19A-C**

During the LAST FOUR WEEKS, how many whole days of school have you missed . . .

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4 to 5 Days" 6="6 to 10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

**C20**

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

**C21**

Have you ever had to repeat a grade in school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C22**

Did you ever attend summer school to make up for poor grades or to keep from being held back?

1="No" 2="Yes, one summer" 3="Yes, two summers" 4="Yes, three or more summers"

**C23**

Have you ever been suspended or expelled from school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

**C24**

Have any of your friends dropped out of school?

1="None" 2="A few" 3="Some" 4="Most or all"

**C25**

During a typical week, on how many evenings do you go out for fun and recreation? (Don't count things you do with your parents or other adult relatives.)

1="Less than one evening per week" 2="One evening" 3="Two evenings" 4="Three evenings" 5="Four or five evenings" 6="Six or seven evenings per week"

**C26**

On the average, how often (if ever) do you go out with a date?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

**C27A-D**

The following questions are about your parents (or stepparents or guardians):

1="Never" 2="Rarely" 3="Sometimes" 4="Most of the time" 5="Always"

- a. My parents know where I am after school
- b. When I go out at night, my parents know whom I am with
- c. When I go out at night, my parents know where I am
- d. When I go out on weekend nights I have to be home by a set time

**C28**

If you were having problems in your life, do you think you would talk them over with one or both of your parents?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C29**

Other than your parents, is there at least one other adult you would feel able to talk to if you were having problems in your life?

3="Yes, for most or all problems" 2="Yes, for at least some of my problems" 1="No"

**C30**

Have you been tested for COVID-19 at least once?

1="Yes" 2="No" 3="Don't wish to say"

IF C30="Yes", THEN SHOW C31

**C31**

Have you ever had a positive test for COVID-19 (that is, COVID-19 was detected)?

1="Yes" 2="No" 3="Don't wish to say"

**C32**

Have you been vaccinated for COVID-19?

1=Yes 2=No, but I plan to get a COVID-19 vaccination 3=No, I'm unsure if I will get a COVID-19 vaccination 4=No, and I will not get a COVID-19 vaccination

**C33**

Have any of the following people that you know had COVID-19? (Check all that apply.)

0="UNMARKED" 1="MARKED"

- Anyone in your household
- Some other member of your family
- Anyone else that you know personally
- None of these

IF C33 A, B, OR C SELECTED, THEN SHOW C34

**C34**

Were any of the people you knew who had COVID-19 admitted to the hospital because of COVID-19?

1="Yes" 2="No"

**C35**

The following questions are about the LAST SCHOOL SEMESTER/TERM (during August through December).

LAST SEMESTER:

- 1=I did all my schooling remotely and did not attend any classes in my school building.
- 2=I did most of my schooling remotely but sometimes attended classes in my school building, up to 1-2 times a week.
- 3=I did some of my schooling remotely but attended classes in my building 3+ times a week.
- 4=I did not complete any of my schooling remotely and attended all my classes in my school building.

IF C35 1, 2, OR 3 SELECTED, THEN SHOW C36

**C36**

How often was a parent or guardian in your home on a typical weekday when you were schooling at home?

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or almost always"

**C37**

THIS SEMESTER:

- 1=I do all my schooling remotely and do not attend any classes in my school building.
- 2=I do most of my schooling remotely but sometimes attend classes in my school building, up to 1-2 times a week.
- 3=I do some of my schooling remotely but attend classes in my building 3+ times a week.
- 4=I do not complete any of my schooling remotely and attend all my classes in my school building.

**C38A-B**

Generally speaking, how often have you personally...

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or Almost Always"

- a. Been following the 'social distancing' recommendations?
- b. Worn a facemask when it is recommended?

**D01**

On the average over the school year, how many hours per week do you work in a paid job?

1="None" 2="5 or less hours per week" 3="6 to 10 hours per week" 4="11 to 15 hours per week" 5="16 to 20 hours per week" 6="21 to 25 hours per week" 7="26 to 30 hours per week" 8="More than 30 hours per week"

**D02**

Think about the kinds of paid jobs that people your age usually have. If you could work just the number of hours that you wanted, how many hours per week would you PREFER to work during the school year?

1="None" 2="5 or less hours" 3="6-10 hours" 4="11-15 hours" 5="16-20 hours" 6="21-25 hours" 7="26-30 hours" 8="More than 30 hours" 9="Don't know, can't say"

**D03A-B**

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- A job or other work?
- Other sources (allowances, etc.)?

**D04**

The next questions are about anti-smoking commercials or "spots" that are intended to discourage cigarette smoking. In recent months, about how often have you seen such anti-smoking commercials on TV, or heard them on the radio?

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily" 6="More than once a day"

**D05**

In recent months, about how often have you seen anti-smoking ads on billboards or in magazines and newspapers?

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily" 6="More than once a day"

**D06A-C**

To what extent do you think such ads on TV, radio, and billboards or in magazines and newspapers have . . .

1="Not at All" 2="To a Little Extent" 3="To Some Extent" 4="To a Great Extent" 5="To a Very Great Extent"

- ...made you less favorable toward smoking cigarettes?
- ...made you less likely to smoke cigarettes?
- ...overstated the dangers or risks of cigarette smoking?

**D07A-D**

These days, how many people in the following groups would you guess are regular cigarette smokers?

1="0% to 10%" 2="11% to 30%" 3="31% to 50%" 4="51% to 70%" 5="71% to 90%" 6="91% to 100%" 8="Have no idea"

- |                             |                            |
|-----------------------------|----------------------------|
| a. Professional athletes    | c. Actors and actresses    |
| b. Popular music performers | d. Students in your school |

**D08A-D**

How many people in the following groups would you guess use illicit drugs (like marijuana, cocaine, etc.) occasionally or regularly?

1="0% to 10%" 2="11% to 30%" 3="31% to 50%" 4="51% to 70%" 5="71% to 90%" 6="91% to 100%" 8="Have no idea"

- |                             |                            |
|-----------------------------|----------------------------|
| a. Professional athletes    | c. Actors and actresses    |
| b. Popular music performers | d. Students in your school |

**D09**

Think about the movie that you watched most recently. Did any of the characters in the movie smoke cigarettes?

1="No" 2="Yes, some" 3="Yes, a lot" 4="Don't remember"

**D10A**

In your LIFETIME how often have you used an e-cigarette?

1=Never 2= Once or twice 3= Occasionally but not regularly 4= Regularly in the past 5= Regularly now

IF D10A=1, GO TO D11A

**D10B**

During the LAST 12 MONTHS have you used an e-cigarette?

1=Yes, 2=No

IF D10B=2, GO TO D11A

**D10C**

On how many days (if any) during the LAST 30 DAYS have you used an e-cigarette?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

**D11A-I**

How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things? (Select one response for each line.)

1="Not Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- |  |  |
|--|--|
| a. Smoking cigarettes occasionally                 | f. Using smokeless tobacco several times per day |
| b. Smoking cigarettes every day                    | g. Vaping nicotine occasionally                  |
| c. Smoking one or more packs of cigarettes per day | h. Vaping nicotine regularly                     |
| d. Using smokeless tobacco occasionally            | i. Driving a car after using marijuana           |
| e. Using smokeless tobacco every day               |  |

**D12A-N**

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy" 8="Can't Say, Drug Unfamiliar"

- |   |   |
|---|---|
| a. Marijuana (pot, weed)  | h. Steroids (anabolic steroids)   |
| b. LSD  | i. Cigarettes   |
| c. Amphetamines or other stimulant drugs (uppers, speed, Adderall, Ritalin, etc.) | j. Alcohol  |
| d. Tranquilizers (Librium, Valium, Xanax, etc.)                                   | k. A JUUL vaping device   |
| e. "Crack" cocaine  | l. E-liquid with nicotine (for vaping)  |
| f. Cocaine powder   | ❖ ❖ ❖ ❖ ❖ ❖   |
| ❖ ❖ ❖ ❖ ❖ ❖   | m. E-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango |
| g. Heroin   | n. E-liquid for marijuana vaping  |

**D13A-Q**

When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.

1="Grade 4 or below" 2="Grade 5" 3="Grade 6" 4="Grade 7" 5="Grade 8" 6="Grade 9" 7="Grade 10" 8="Never"

- Smoke your first cigarette
- Smoke cigarettes on a daily basis
- Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.)
- Try smokeless tobacco (snuff, plug, chewing tobacco, snus, dissolvable tobacco)
- Try an alcoholic beverage—more than just a few sips
- Drink enough to feel drunk or very high
- ❖ ❖ ❖ ❖ ❖ ❖
- Try marijuana or hashish
- Try LSD
- Try any hallucinogen other than LSD (PCP, mescaline, "shrooms" or psilocybin, etc.)
- Try amphetamines or other stimulant drugs (uppers, speed, Adderall, Ritalin, etc.)
- Try sedatives/barbiturates (downers)
- Try tranquilizers (Valium, Librium, Xanax, etc.)
- ❖ ❖ ❖ ❖ ❖ ❖
- Try "crack" cocaine
- Try cocaine in powder form
- Try heroin
- Try any narcotic other than heroin (codeine, Vicodin, OxyContin, Percocet, etc.)
- Sniff glue, gases, or sprays to get high

**D14A-J**

How many of your friends would you estimate . . .

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- |  |  |
|--|--|
| a. Smoke cigarettes?                               | ❖ ❖ ❖ ❖ ❖ ❖  |
| b. Use smokeless tobacco?                          |  |
| c. Drink alcoholic beverages (liquor, beer, wine)? |  |
| d. Get drunk at least once a week?                 |  |
| e. Use marijuana or hashish?                       |  |
| f. Take "crack" cocaine?                           |  |
|  | g. Take cocaine powder?                                    |
|  | h. Take heroin?  |
|  | i. Sniff glue, gases, or sprays?                           |
|  | j. Vape nicotine (using a JUUL, e-cigarette, e-pen, etc.)? |

**D15A-D**

How much pressure do you feel from your friends and schoolmates to . . .

1="None" 2="A Little" 3="Some" 4="A Lot"

- Smoke cigarettes?
- Drink alcoholic beverages?
- Use marijuana?
- Use other illegal drugs?

**D16A-F**

During the current school year, how helpful have the following been, if provided by your school?

5="Extremely helpful" 4="Quite helpful" 3="Somewhat helpful" 2="A little helpful" 1="Not at all helpful" 7="Not offered" 8="Don't Know/Not applicable"

- a. Counseling support
- b. Group counseling
- c. Mental health curriculum
- d. Mental health resources
- e. "Check-ins" or informal one-on-one meetings between students and school staff
- f. Mentoring

**D17**

Have you ever received any professional counseling, treatment, or therapy because of your use of alcohol or drugs?

1="No, never" 2="Yes, but not in the past 12 months" 3="Yes, sometime in the past 12 months"

**D18**

During the past 12 months, has anyone made an offer at school to sell or give you an illegal drug (or actually sold or given you one at school)?

1="Yes" 2="No"

**D19A-G**

Do you agree or disagree . . .

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. Smokers know how to enjoy life more than non-smokers
- b. I would prefer to date people who don't smoke
- c. The harmful effects of cigarettes have been exaggerated
- d. I think that becoming a smoker reflects poor judgment
- e. I personally don't mind being around people who are smoking
- f. Smoking is a dirty habit



- g. I strongly dislike being near people who are smoking

**D20A-D**

About how often have you seen or heard advertisements for marijuana...

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily" 6="More than once a day"

- a. ...on storefronts?
- b. ...on billboards?
- c. ...on any screen (TV, smart phone, tablet, computer)?
- d. ...on the radio?

How much do you agree or disagree with each of the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. I take a positive attitude toward myself
- b. Life often seems meaningless
- c. I feel I do not have much to be proud of
- d. I feel I am a person of worth, on an equal plane with others
- e. I enjoy life as much as anyone
- f. I get a real kick out of doing things that are a little dangerous
- ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆
- g. Sometimes I think that I am no good at all
- h. I am able to do things as well as most people
- i. The future often seems hopeless
- j. I like to test myself every now and then by doing something a little risky
- k. I feel that I can't do anything right
- l. On the whole, I'm satisfied with myself
- ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆
- m. I feel that my life is not very useful
- n. It feels good to be alive
- o. I often feel anxious
- p. I often worry about how other people react to me
- q. I have trouble controlling my temper

**E02**

What is your current height (in feet and inches) without shoes?

01="4'5 or less" 02="4'6" 03="4'7" 04="4'8" 05="4'9" 06="4'10" 07="4'11" 08="5'0" 09="5'1" 10="5'2" 11="5'3" 12="5'4" 13="5'5" 14="5'6" 15="5'7" 16="5'8" 17="5'9" 18="5'10" 19="5'11" 20="6'0" 21="6'1" 22="6'2" 23="6'3" 24="6'4" 25="6'5" 26="6'6" 27="6'7 or more"

**E03**

What is your current weight (in pounds) without shoes or clothing?

01='80 lbs or less' 02='81-85' 03='86-90' 04='91-95' 05='96-100' 06='101-105' 07='106-110' 08='111-115' 09='116-120' 10='121-125' 11='126-130' 12='131-135' 13='136-140' 14='141-150' 15='151-160' 16='161-170' 17='171-180' 18='181-190' 19='191-200' 20='201-210' 21='211-220' 22='221-230' 23='231-240' 24='241-250' 25='251-260' 26='261 lbs or more'

The next questions deal with activities which may be against the rules or against the law. We hope you will answer all of these questions. However, if you find a question which you cannot answer honestly, we would prefer that you leave it blank. Remember, your answers will never be connected with your name.

**E04A-C**

During the LAST 12 MONTHS, how often have you . . .

1="Not At All" 2="Once" 3="Twice" 4="3 or 4 Times" 5="5 or More Times"

- a. Taken something not belonging to you worth under \$50?
- b. Taken something not belonging to you worth over \$50?
- c. Damaged school property on purpose?



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