SHARP Question Bank – 8th Grade – (Fall 2026)

Demographics

1. **What is your Zip Code?**

2. **How old are you?**
    a. 13 or younger, 14, 15, 16, 17, 18 or older.

3. **What grade are you in?**
    a. 8, 9, 10, 11, 12.

4. **What is your race? (Select one or more)**
    a. American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White.

5. **Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply)**
    a. Mother, Stepmother, Father, Stepfather, Foster Parent(s), Grandparent(s), Aunt, Uncle, Other Adult(s), Brother(s), Stepbrother(s), Sister(s), Stepsister(s), Other children.

6. **Think of the adults you live with. What is the highest level of schooling any of them completed?**
    a. Completed grade school or less, Some high school, Completed high school, Some college, Completed college, Graduate or professional, school after college, Don't know, Does not apply

7. **Are you:**
    a. Male, Female.

Community Domain Items

8. **If I had to move, I would miss the neighborhood I now live in.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

9. **I like my neighborhood.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

10. **I'd like to get out of my neighborhood.**

a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

11. **How wrong would most adults (over 21) in your neighborhood think it is for kids your age:**
    a. **to use marijuana?**
        i. Very Wrong, Wrong, A little bit wrong, Not wrong at all.
    b. **to drink alcohol?**
        i. Very Wrong, Wrong, A little bit wrong, Not wrong at all.
    c. **to smoke cigarettes?**
        i. Very Wrong, Wrong, A little bit wrong, Not wrong at all.
    d. **to use vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
        i. Very Wrong, Wrong, A little bit wrong, Not wrong at all.

12. **If a kid used marijuana in your neighborhood, would he or she be caught by the police?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

13. **If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila) in your neighborhood, would he or she be caught by the police?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

14. **If a kid carried a handgun in your neighborhood, would he or she be caught by the police?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

15. **If you wanted to get some cigarettes, how easy would it be for you to get some?**
    a. Very hard, Sort of Hard, Sort of easy, Very easy**.**

16. **If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila), how easy would it be for you to get some?**
    a. Very hard, Sort of Hard, Sort of easy, Very easy.

17. **If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?**
    a. Very hard, Sort of Hard, Sort of easy, Very easy.

18. **If you wanted to get some marijuana, how easy would it be for you to get some?**
    a. Very hard, Sort of Hard, Sort of easy, Very easy.

19. **If you wanted to get a handgun, how easy would it be for you to get one?**
    a. Very hard, Sort of Hard, Sort of easy, Very easy. (FORM A ONLY)

20. **My neighbors notice when I am doing a good job and let me know about it.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

21. **There are people in my neighborhood who are proud of me when I do something well.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

22. **There are people in my neighborhood who encourage me to do my best.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

<u>Family Domain Items</u>

23. **My parents/caregivers ask if I've gotten my homework done.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

24. **Would your parents/guardian know if you did not come home on time?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

25. **The rules in my family are clear.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

26. **When I am not at home, one of my parents/guardians knows where I am and who I am with.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

27. **My parents/caregivers expect me to eat dinner at home with my family.**

a. Never or almost never, Sometimes, Often, All the time

28. **During a typical week, how many days do all or most of your family eat at least one meal together?**
    a. 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, all 7 days

29. **If you drank some beer or wine or liquor (for example, vodka, whiskey, gin, or tequila) without your parent/guardians' permission, would you be caught by your parents/guardians?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

30. **My family has clear rules about alcohol and drug use.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

31. **If you carried a handgun without your parent/guardians' permission, would you be caught by your parents/guardian?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

32. **If you skipped school, would you be caught by your parents/guardian?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

33. **People in my family often insult or yell at each other.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

34. **We argue about the same things in my family over and over.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

35. **People in my family have serious arguments.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

36. **Has anyone in your family ever had severe alcohol or drug problems?**
    a. No, Yes.

37. **Have any of your brothers and sisters ever:** (FORM A ONLY)
    a. **drunk beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila)?**

i. No, Yes, I don't have any brothers or sisters.

b. **used marijuana?**
   i. No, Yes, I don't have any brothers or sisters.
c. **smoked cigarettes?**
   i. No, Yes, I don't have any brothers or sisters.
d. **taken a handgun to school?**
   i. No, Yes, I don't have any brothers or sisters.
e. **been suspended or expelled from school?**
   i. No, Yes, I don't have any brothers or sisters.
f. **used a vape product (such as Vuse, JUUL, Geek Bar, Breeze Smoke, or Raz)?**
   i. No, Yes, I don't have any brothers or sisters.

38. **About how many adults over 21 (if any) have you known personally who in the past year have:** (FORM A ONLY)
   a. **used marijuana, crack cocaine, or other drugs?**
      i. 0 adults, 1 adult, 2 adults, 3- 4 adults, 5 + adults.
   b. **sold or dealt drugs?**
      i. 0 adults, 1 adult, 2 adults, 3- 4 adults, 5 + adults.
   c. **done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?**
      i. 0 adults, 1 adult, 2 adults, 3- 4 adults, 5 + adults.
   d. **gotten drunk or high?**
      i. 0 adults, 1 adult, 2 adults, 3- 4 adults, 5 + adults.

39. **How wrong do your parents/caregivers feel it would be for YOU to:**
   a. **drink beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila) regularly?**
      i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
   b. **smoke cigarettes?**
      i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
   c. **use marijuana?**
      i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
   d. **steal anything worth more than $5?**
      i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
   e. **draw graffiti, or write things, or draw pictures on buildings or other property (without the owner's permission)?**
      i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
   f. **pick a fight with someone?**
      i. Very wrong, Wrong, A little bit wrong, Not wrong at all.

g. **have one or two drinks of an alcoholic beverage nearly every day?**
    i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
h. **use prescription drugs not prescribed to you?**
    i. Very wrong, Wrong, A little bit wrong, Not wrong at all.
i. **use vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
    i. Very wrong, Wrong, A little bit wrong, Not wrong at all.

40. **Do you feel very close to you parents/caregivers?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

41. **Do you share your thoughts and feeling with your parents/caregivers?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

42. **My parent/caregiver asks me what I think before most family decisions affecting me are made.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

43. **If I had a personal problem, I could ask my parent/caregiver for help.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

44. **My parents/caregivers give me lots of chances to do fun things with them.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

45. **Do you enjoy spending time with your parents/caregivers?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

46. **My parents/caregivers notice when I am doing a good job and let me know about it.**
    a. Never or almost never, Sometimes, Often, All the time. (FORM A ONLY)

47. **How often do your parents/caregivers tell you they're proud of you for something you've done?**
    a. Never or almost never, Sometimes, Often, All the time. (FORM A ONLY)

School Domain Items

48. **Are your school grades better than the grades of most students in your class?**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

49. **Putting them all together, what were your grades like last year?**
    a. Mostly F's, Mostly D's, Mostly C's, Mostly B's, Mostly A's.

50. **How often do you feel that the schoolwork you are assigned is meaningful and important?**
    a. Never, Seldom, Sometimes, Often, Almost Always.

51. **How important do you think the things you are learning in school are going to be for your later life?**
    a. Very important, Quite important, Fairly important, Slightly important, Not at all important.

52. **How interesting are most of your courses to you?**
    a. Very interesting & stimulating, Quite interesting, Fairly interesting, Slightly interesting, Not at all interesting.

53. **Now thinking back over the past school year, how often do you:**
    a. **enjoy being in school?**
        i. Never, Seldom, Sometimes, Often, Almost Always.
    b. **hate being in school?**
        i. Never, Seldom, Sometimes, Often, Almost Always.
    c. **try to do your best work in school?**
        i. Never, Seldom, Sometimes, Often, Almost, Always.

54. **During the LAST FOUR WEEKS, how many (if any) whole days of school have you missed because you skipped, "sluffed," or "cut"?**
    a. None, 1, 2, 3, 4-5, 6-10, 11+ days.

55. **In my school, students have lots of chances to help decide things like class activities and rules.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

56. **Teachers ask me to work on special classroom projects.**

a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

57. **There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

58. **There are lots of chances for students in my school to talk with a teacher one-on-one.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

59. **I have lots of chances to be part of class discussions or activities.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

60. **My teachers notice when I am doing a good job and let me know about it.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

61. **I feel safe at my school.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

62. **The school lets my parents/caregivers know when I have done something well.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

63. **My teachers praise me when I work hard in school.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

<u>Peer-Individual Domain Items</u>

64. **During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?**
    a. Never, Rarely, Sometimes, Most of the time, Always.

65. **During your life, how often have you felt that you were able to talk to a friend about your feelings?**
    a. Never, Rarely, Sometimes, Most of the time, Always.

66. **Do you agree or disagree that you feel close to people at your school?**
    a. Strongly agree, Agree, Not sure, Disagree, Strongly disagree.

67. **Other than the adults in your home, is there at least one other adult in your school, neighborhood, or community who you can rely on for advice or guidance?**
    a. No, Yes.

68. **I do the opposite of what people tell me, just to get them mad.**
    a. Very False, Somewhat False, Somewhat True, Very True. (FORM A ONLY)

69. **I like to see how much I can get away with.**
    a. Very False, Somewhat False, Somewhat True, Very True. (FORM A ONLY)

70. **I ignore the rules that get in my way.**
    a. Very False, Somewhat False, Somewhat True, Very True. (FORM A ONLY)

71. **If ever, how old were you when you first:**
    a. **used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil)?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    b. **smoked a cigarette, even just a puff?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    c. **had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila)?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    d. **began drinking alcoholic beverages regularly, that is, at least once or twice a month?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    e. **used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    f. **got suspended from school?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    g. **got arrested?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    h. **carried a handgun?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
    i. **attacked someone with the idea of seriously hurting them?**
        i. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.

72. **How wrong do you think it is for someone your age to:**
    a. **take a handgun to school?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    b. **steal anything worth more than $5?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    c. **pick a fight with someone?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    d. **attack someone with the idea of seriously hurting them?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    e. **stay away from school all day when their parents/caregivers think they are at school?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    f. **drink beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila) regularly?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    g. **smoke cigarettes?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    h. **use marijuana?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.
    i. **use LSD, cocaine, amphetamines or another illegal drug?**
        i. Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All.

73. **How much do you think people risk harming themselves (physically or in other ways) if they:**
    a. **smoke one or more packs of cigarettes per day?**
        i. No Risk, Slight Risk, Moderate Risk, Great Risk.
    b. **try marijuana once or twice?**
        i. No Risk, Slight Risk, Moderate Risk, Great Risk.
    c. **use marijuana regularly?**
        i. No Risk, Slight Risk, Moderate Risk, Great Risk.
    d. **take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day.**
        i. No Risk, Slight Risk, Moderate Risk, Great Risk.
    e. **have five or more drinks once or twice each weekend?**
        i. No Risk, Slight Risk, Moderate Risk, Great Risk.
    f. **have five or more drinks of an alcoholic beverage once or twice a week?**
        i. No Risk, Slight Risk, Moderate Risk, Great Risk.
    g. **use marijuana once or twice a week?**

i. No Risk, Slight Risk, Moderate Risk, Great Risk.

h. **use prescription drugs that are not prescribed for them?**
   i. No Risk, Slight Risk, Moderate Risk, Great Risk.

i. **smoke 1-5 cigarettes per day?**
   i. No Risk, Slight Risk, Moderate Risk, Great Risk.

j. **use vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
   i. No Risk, Slight Risk, Moderate Risk, Great Risk.

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

a. **been suspended from school?**
   i. 0, 1, 2, 3, 4.

b. **carried a handgun?**
   i. 0, 1, 2, 3, 4.

c. **sold illegal drugs?**
   i. 0, 1, 2, 3, 4.

d. **stolen or tried to steal a motor vehicle such as a car or motorcycle?**
   i. 0, 1, 2, 3, 4.

e. **been arrested?**
   i. 0, 1, 2, 3, 4.

f. **dropped out of school?**
   i. 0, 1, 2, 3, 4.

g. **smoked cigarettes?**
   i. 0, 1, 2, 3, 4.

h. **tried beer, wine, or hard liquor (for example, vodka, whiskey, gin or tequila) when their parents/guardians didn't know about it?**
   i. 0, 1, 2, 3, 4.

i. **used marijuana?**
   i. 0, 1, 2, 3, 4.

j. **used LSD, cocaine, amphetamines or another illegal drugs?**
   i. 0, 1, 2, 3, 4.

75. **What are the chances you would be seen as cool if you:** (FORM A ONLY)

a. **smoked cigarettes?**
   i. No or Very Little Chance, Little Chance, Some Chance, Pretty Good Chance, Very Good Chance.

b. **began drinking alcoholic beverages regularly, that is, at least once or twice a month?**

i. No or Very Little Chance, Little Chance, Some Chance, Pretty Good Chance, Very Good Chance.

c. **used marijuana?**
   i. No or Very Little Chance, Little Chance, Some Chance, Pretty Good Chance, Very Good Chance.

d. **carried a handgun?**
   i. No or Very Little Chance, Little Chance, Some Chance, Pretty Good Chance, Very Good Chance.

76. **Have you ever belonged to a gang?**
   a. No; No, but would like to; Yes, in the past; Yes, belong now; Yes, but would like to get out.

77. **Sometimes I think that life is not worth it.**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

78. **At times I think I am no good at all.**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

79. **All in all, I am inclined to think that I am a failure.**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

80. **In the past year have you felt depressed or sad MOST days, even if you felt OK sometimes?**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

81. **I think sometimes it's okay to cheat at school.**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

82. **I think it is okay to take something without asking if you can get away with it.**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

83. **It is all right to beat up people if they start the fight.**
   a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

84. **It is important to be honest with your parents/caregivers, even if they become upset or you get punished.**

a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

85. **If ever, how many times in the past year (12 months) have you:**
    a. **participated in clubs, organizations and activities at school?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    b. **done extra work on your own for school?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    c. **volunteered to do community service?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.

86. **What are the chances you would be seen as cool if you:** (FORM A ONLY)
    a. **worked hard in school?**
        i. Very good chance, Pretty good chance, Some chance, Little chance, No or very little chance.
    b. **defended someone who was being verbally abused at school?**
        i. Very good chance, Pretty good chance, Some chance, Little chance, No or very little chance.
    c. **regularly volunteered to do community service?**
        i. Very good chance, Pretty good chance, Some chance, Little chance, No or very little chance.

87. **Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your best friends have:** (FORM A ONLY)
    a. **participated in clubs, organizations and activities at school?**
        i. 0, 1, 2, 3, 4.
    b. **made a commitment to stay drug-free?**
        i. 0, 1, 2, 3, 4.
    c. **tried to do well in school?**
        i. 0, 1, 2, 3, 4.
    d. **liked school?**
        i. 0, 1, 2, 3, 4.
    e. **regularly attended religious services?**
        i. 0, 1, 2, 3, 4.

<u>Substance Use Items</u>

88. **On how many occasions (if any) have you had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?**

a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

89. **During the past 30 days, on how many occasions, if any, have you had beer, wine or hard liquor?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

90. **Think back over the last two weeks; if any, how many times have you had five or more alcoholic drinks in a row?**
    a. None, Once, Twice, 3-5 times, 6-9 times, 10+ times.

91. **If ever, how old were you when you first: used a vape product (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
    a. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.

92. **During the past 30 days, on how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

93. **During the past 30 days, how did you use marijuana (Mark ALL that apply.)**
    a. I did not use marijuana during the past 30 days, I vaped it; I smoked it (e.g., joints, spliffs, blunts); I ate it (in an edible, candy, tincture or other food); I dabbed it; I used it in some other way (FORM B ONLY)

94. **If ever, how old were you when you first: used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?**
    a. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.

95. **During the past 30 days, on how many occasions (if any) have you used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

96. **On how many occasions (if any) have you used a kratom product (MIT, 7-OH, 7-hydroxy, Pseudo, Seven) in your lifetime?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

97. **During the past 30 days, on how many occasions (if any) have you used a kratom product (MIT, 7-OH, 7-hydroxy, Pseudo, Seven)?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

98. **On how many occasions (if any) have you used fentanyl in your lifetime?**

a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

99. **During the past 30 days, on how many occasions (if any) have you used fentanyl?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

100. **If ever, how old were you when you first: used methamphetamines (meth, speed, crank, crystal meth)?**
    a. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.
101. **During the past 30 days, on how many occasions (if any) have you used methamphetamines (meth, speed, crank, crystal meth)?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+ above

102. **During the past 30 days, on how many occasions (if any) have you used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

103. **If ever, how old were you when you first: used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?**
    a. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.

104. **During the past 30 days, on how many occasions (if any) have you used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

105. **If ever, how old were you when you first: used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?**
    a. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.

106. **During the past 30 days, on how many occasions (if any) have you used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+.

107. **In the past 12 months have you spent more time using alcohol or drugs than you intended?**
    a. Alcohol:
        i. No, Yes, Don't Use.
    b. Drugs:
        i. No, Yes, Don't Use.

108. **In the past 12 months, have you neglected some of your usual responsibilities because of using alcohol and drugs?**
    a. Alcohol:
        i. No, Yes, Don't Use.
    b. Drugs:
        i. No, Yes, Don't Use.

109. **In the past 12 months, have you wanted to cut down on your alcohol or drug use?**
    a. Alcohol:
        i. No, Yes, Don't Use.
    b. Drugs:
        i. No, Yes, Don't Use.

110. **In the past 12 months, has anyone objected to your alcohol or drug use?**
    a. Alcohol:
        i. No, Yes, Don't Use.
    b. Drugs:
        i. No, Yes, Don't Use.

111. **In the past 12 months, did you frequently find yourself thinking about using alcohol or drugs?**
    a. Alcohol:
        i. No, Yes, Don't Use.
    b. Drugs:
        i. No, Yes, Don't Use.

112. **In the past 12 months, did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?**
    a. Alcohol:
        i. No, Yes, Don't Use.
    b. Drugs:
        i. No, Yes, Don't Use.

113. **My parents/guardians have set clear rules and expectations with me about NOT drinking ANY alcohol.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes.

114. **During the past year (12 months), how often have you talked with at least one of your parents/caregivers about the rules and expectations of NO alcohol use?**
    a. At least once a month, Every 2 to 3 months, Every 4 to 6 months, A few times in the past year, Talked, but not in the past year, Never. (FORM B ONLY)

115. **During the past 12 months, have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug abuse? (Mark ALL that apply).**
    a. No; Yes, tobacco use; Yes, alcohol use; Yes, marijuana use; Yes, other drug use. (FORM B ONLY)

116. **How wrong do your friends feel it would be for you to: have one or two drinks of an alcoholic beverage nearly every day?**
    a. Very wrong, Wrong, A little bit wrong, Not wrong at all**.**

117. **How wrong do your friends feel it would be for you to: smoke tobacco?**
    a. Very wrong, Wrong, A little bit wrong, Not wrong at all**.**

118. **How wrong do your friends feel it would be for you to: use marijuana?**
    a. Very wrong, Wrong, A little bit wrong, Not wrong at all**.**

119. **How wrong do your friends feel it would be for you to: use prescription drugs not prescribed to you?**
    a. Very wrong, Wrong, A little bit wrong, Not wrong at all.

120. **If you used alcohol the past year (12 months), how did you get it? (Mark all that apply.)**
    a. I did not use alcohol in the past year, I bought it myself from a store, I got it at a party, I gave someone else money to buy it for me, I got it from someone I know age 21 or older, I got it from someone I know under age 21, I got it from a family member or relative other than my parents/guardians, I got it from home with my parent/guardians'

permission, I got it from home without my parent/guardians' permission, I got it in another way.

Antisocial Behavior Items

121. **If ever, how many times in the past year (12 months) have you:**
    a. **been suspended from school?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    b. **carried a handgun?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    c. **sold illegal drugs?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    d. **stolen or tried to steal a motor vehicle such as a car or motorcycle?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    e. **been arrested?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    f. **attacked someone with the idea of seriously hurting them?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    g. **been drunk or high at school?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.
    h. **taken a handgun to school?**
        i. Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+.

School Climate and Safety Items

122. **How worried (if at all) are you about the possibility of each of the following things happening at your school?**
    a. **Getting bullied:**
        i. Not at all worried, Not too worried, Somewhat worried, Very worried.
    b. **Gun violence or active shooter situation:**
        i. Not at all worried, Not too worried, Somewhat worried, Very worried.
    c. **Suicide by a student:**
        i. Not at all worried, Not too worried, Somewhat worried, Very worried.
    d. **Gang activity:**
        i. Not at all worried, Not too worried, Somewhat worried, Very worried.
    e. **Students using alcohol or drugs:**

i. Not at all worried, Not too worried, Somewhat worried, Very worried.

f. **Earthquake/Fire:**
   i. Not at all worried, Not too worried, Somewhat worried, Very worried.

123. **How safe do you feel in each of the following areas at your school (before and after school)?**
   a. **Playgrounds or fields:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.
   b. **Lunchroom/Cafeteria:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.
   c. **Classrooms:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.
   d. **Bathrooms:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.
   e. **Parking lots:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.
   f. **Stairs and hallways:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.
   g. **On the school bus:**
      i. Very unsafe, Somewhat unsafe, Somewhat safe, Very safe.

124. **During the past 30 days, on how many days (if any) did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?**
   a. 0 days, 1 day, 2-3 days, 4-5 days, 6+ days.

125. **During the past 12 months, how often (if at all) have you been picked on or bullied by a student ON SCHOOL PROPERTY?**
   a. 0 days, 1 day, 2-3 days, 4-5 days, 6+ days.

126. **During the past 12 months, how often (if at all), have you been threatened or harassed over the internet, by e-mail, or by someone using a cell phone?**
   a. 0 days, 1 day, 2-3 days, 4-5 days, 6+ days.

<u>Physical Health and Safety Items</u>

127. **During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any**

kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

a. 0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days. (FORM B ONLY)

128. **On an average school day, how many hours do you use an electronic device for something that is not schoolwork? (Count time spent on things such as Xbox, PlayStation, texting, YouTube, Instagram, Facebook, or other social media.):**

a. Less than 1 hour per day, 1 hour per day, 2 hours per day, 3 hours per day, 4 hours per day, 5+ hours per day.

129. **In a typical week, how many days do you walk or ride your bike, scooter, or skateboard (non-motorized, not e-bikes or e-scooters) to and from school?**

a. No days, 1, 2, 3, 4, 5. (FORM B ONLY)

130. **Has a doctor or nurse ever told you that you have asthma?**

a. No, Yes. (FORM B ONLY)

131. **Do you still have asthma?**

a. No, Yes. (FORM B ONLY)

132. **During the past 12 months, did you have an episode of asthma or an asthma attack?**

a. No, Yes. (FORM B ONLY)

133. **An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?**

a. **I** do not have asthma, Yes, No, Not sure. (FORM B ONLY)

134. **During the past 12 months, about how many days of school did you miss because of your asthma?**

a. I do not have asthma, 0 days, 1 to 3 days, 4 to 9 days, 10 to 12 days, 13+ days. (FORM B ONLY)

135. **How tall are you without your shoes on?**

a. Grid. (FORM B ONLY)

136. **How much do you weigh without your shoes on?**
    a. Grid. (FORM B ONLY)

137. **During the past 30 days, did you drive a car or other vehicle when you were talking on a cell phone? If so, on how many days?**
    a. I did not drive a car or other vehicle during the past 30 days, 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, All 30 days. (FORM B ONLY)

138. **During the past 30 days, did you text or e-mail while driving a car or other vehicle? If so, on how many days?**
    a. I did not drive a car or other vehicle during the past 30 days, 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, All 30 days. (FORM B ONLY)

139. **During the past 30 days, did you drive a car or other vehicle when you had been drinking alcohol? If so, how many times?**
    a. I do not drive, 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6+ times.

140. **How are guns and bullets stored in your home?**
    a. We don't have any guns or bullets.; Unlocked and in plain sight.; Locked or hidden, but I know how to access them.; Locked or hidden, and I DON'T know how to access them.; Don’t know. (FORM B ONLY)

141. **During the past 12 months, how many times (if any) did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)**
    a. I did not date or go out with anyone during the past 12 months, 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6+ times. (FORM A ONLY)

142. **I feel safe in my neighborhood.**
    a. Definitely No, Somewhat No, Somewhat Yes, Definitely Yes. (FORM A ONLY)

143. **On an average school night, how many hours of sleep do you get?**
    a. 4 hours or less, 5 hours, 6 hours, 7 hours, 8 hours, 9 hours, 10+ hours, I don’t know. (FORM A ONLY)

Mental Health, Depression, Loneliness, and Suicide Ideation

144. **During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**
    a. No, Yes.

145. **During the past 12 months, did you ever seriously consider attempting suicide?**
    a. No, Yes.

146. **During the past 12 months, did you make a plan about how you would attempt suicide?**
    a. No, Yes.

147. **During the past 12 months, how many times (if any) did you actually attempt suicide?**
    a. 0 times, 1 time, 2 to 3 times, 4 to 5 times, 6+ times.

148. **How often do you feel lonely?**
    a. Never, Rarely, Sometimes, Often, Always.

149. **In the past seven days, I have felt that people are around me but not with me.**
    a. Never, Rarely, Sometimes, Often, Always.

150. **During the past 12 months, did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times did you do so?**
    a. 0 times, 1 time, 2 or 3 times, 4 or 5 times, 6+ times.

151. **During the past 30 days, how often did you:**
    a. **feel nervous?**
        i. All of the time, Most of the time, Some of the time, A little of the time, None of the time.
    b. **feel hopeless?**
        i. All of the time, Most of the time, Some of the time, A little of the time, None of the time.
    c. **feel restless or fidgety?**
        i. All of the time, Most of the time, Some of the time, A little of the time, None of the time.

d. **feel so depressed that nothing could cheer you up?**
    i. All of the time, Most of the time, Some of the time, A little of the time, None of the time.
e. **feel that everything was an effort?**
    i. All of the time, Most of the time, Some of the time, A little of the time, None of the time.
f. **feel worthless?**
    i. All of the time, Most of the time, Some of the time, A little of the time, None of the time.

152. **How often in the last 30 days (if at all) did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal?**
    a. I have not felt this way in the past 30 days, 0 times, 1 time, 2 to 4 times, 5 or more times. (FORM A ONLY)

153. **If you have felt very sad, hopeless, or suicidal in the past 30 days who did you talk to about it? (Mark all that apply)**
    a. I have not felt this way in the past 30 days, I felt this way but did not talk to anyone about it, Parent/Caregiver, Friend//Peer, Teacher, Doctor, School Counselor, School Nurse, Therapist, Clergy (e.g. Bishop, Priest or Nun, Minister, Pastor), Other Adult. (FORM A ONLY)

154. **Do you think it's OK to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?**
    a. Yes, No, I think it's okay for other people to seek help, but not for me to seek help. (FORM A ONLY)

<u>Tobacco Items</u>

155. **Have you ever tried:**
    a. **cigarettes, even just one puff?**
        i. No, Yes.
    b. **cigars, cigarillos, or little cigars, even a puff?**
        i. No, Yes.
    c. **vape products containing nicotine (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
        i. No, Yes.
    d. **chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?**

i. No, Yes.

e. **nicotine pouches like Zyn, On!, Rogue, or Velo?**
    i. No, Yes.
f. **vape products containing marijuana?**
    i. No, Yes.

156. **During the past 30 days, on how many days did you:**
    a. **smoke cigarettes?**
        i. 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, all 30 days.
    b. **smoke cigars, cigarillos, or little cigars?**
        i. 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, all 30 days.
    c. **use a vape products containing nicotine (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
        i. 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, all 30 days.
    d. **use vape products containing marijuana?**
        i. 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, all 30 days.
    e. **use chewing tobacco, snuff, dip, or snus (moist smokeless tobacco usually sold in small pouches)?**
        i. 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, all 30 days.
    f. **nicotine pouches like Zyn, On!, Rogue, or Velo?**
        i. 0 days, 1 or 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, 20 to 29 days, all 30 days.

157. **“Smart” vapes have features such as built-in screens, wireless connectivity to smart phones, games, and customizable settings. In the past 30 days, have you used a “smart” vape, such as RAZ 9000, Geek Bar Pulse, or Rama?**
    a. Yes, No, Not sure.

158. **If you used a nicotine pouch in the past 30 days, such as Zyn, On!, Rogue, or Velo, what flavor have you used most often?**
    a. I have never used a nicotine pouch; Mint or spearmint; Menthol; Fruit (such as citrus, berry, or mango); Drink (such as coffee, cider, or mojito); Candy, dessert, or other sweets; Cinnamon, clove, or other spice;

Tobacco; A flavor with a name that doesn't clearly describe what it tastes like (such as freeze, smooth, chill, or black); Some other flavor.

159. **How frequently (if ever) have you smoked cigarettes during the past 30 days?**
    a. Not at all; Less than one cigarette per day; One to five cigarettes per day; About one-half pack per day; About one pack per day; About one and one-half packs per day; Two packs or more per day.

160. **If you smoked cigarettes or used vape products in the past 30 days, how did you usually get your own cigarettes or vape products? (CHOOSE ONLY ONE ANSWER FOR EACH TOBACCO TYPE– Vape Products, Regular Cigarettes)**
    a. I did not use cigarettes or vape products (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars) in the past 30 days, I bought them in a convenience store, supermarket, discount store, or gas station, I bought them at a smoke or vape shop, I bought them on the internet or social media (such as Facebook, Instagram, or SnapChat), I bought them from someone at school or at a community location, I gave someone else money to buy them for me, I borrowed (or bummed) them from someone else, A person 18 years old or older gave them to me, I took them from a store or family member, I got them some other way. (FORM B ONLY)

161. **Do you think that you will try a cigarette soon?**
    a. I have already tried smoking cigarettes, No, Yes. (FORM B ONLY)

162. **If you have ever tried a tobacco product, which one did you try first?**
    a. I have never tried any tobacco product; Cigarettes; Cigars, cigarillos, or little cigars; Vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz); Chewing tobacco, snuff, or dip; Nicotine pouches like Zyn, On, or Velo; Other. (FORM B ONLY)

163. **If you used vape products in the past 30 days (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz), what flavor have you used most often?**
    a. I have never used vape product; Tobacco flavor; Mint flavor; Menthol flavor; Sweet, alcohol, or other flavor. (FORM B ONLY)

164. **If you smoked during the past 12 months, did you ever stop smoking for one day or longer because you were trying to quit smoking?**
    a. I have not smoked in the past 12 months, Yes, No. (FORM B ONLY)

165. **Do you think you will smoke a cigarette at any time during the next year?**
    a. Definitely yes, Probably yes, Probably not, Definitely no. (FORM B ONLY)

166. **If one of your best friends offered you a cigarette, would you smoke it?**
    a. Definitely yes, Probably yes, Probably not, Definitely no. (FORM B ONLY)

167. **Do you think that people can get addicted to vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz)?**
    a. Definitely yes, Probably yes, Probably not, Definitely no. (FORM B ONLY)

168. **How much do you want to stop vaping?**
    a. I do not vape now; Not at all; A little; Somewhat; A lot. (FORM B ONLY)

169. **Do you think you will use a vape product (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz) at any time during the next year?**
    a. Definitely yes, Probably yes, Probably not, Definitely no. (FORM B ONLY)

170. **If one of your best friends offered you a vape product (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz), would you use it?**
    a. Definitely yes, Probably yes, Probably not, Definitely no. (FORM B ONLY)

171. **Do you think people can get addicted to nicotine just like they can get addicted to using cocaine or heroin?**
    a. Definitely yes, Probably yes, Probably not, Definitely no. (FORM B ONLY)

172. **Do you think that smoke from other people's cigarettes is harmful to you?**
    a. Definitely yes, Probably yes, Probably not, Definitely no (FORM B ONLY).

173. **During this school year, were you taught in any of your classes about the dangers of tobacco or nicotine use?**
    a. No, Yes, Not sure. (FORM B ONLY)

174. **During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes or using vape products?**
    a. 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, 7 days. (FORM B ONLY)

175. **During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes or using vape products?**
    a. 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, 7 days. (FORM B ONLY)

176. **Does anyone who lives with you now: (Mark ALL that apply)**
    a. Smoke cigarettes; Use vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz); Use nicotine pouches like Zyn, On!, Rogue, or Velo; Use other tobacco products; No one lives with me now who uses any form of tobacco. (FORM B ONLY)

177. **In the past 30 days, how often have you seen or heard any advertising or campaigns against smoking, vaping, or nicotine use?**
    a. Never, Rarely, Sometimes, Often, Very Often. (FORM B ONLY)

178. **If you wanted to get vape products (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz), how easy would it be for you to get some?**
    a. Very hard, Sort of Hard, Sort of easy, Very easy. (FORM A ONLY)

<u>Screen Time</u>

179. **Do you have a cell phone?**
    a. No, Yes.

180. **What rules do your family have about screen time? You can choose more than one.**
    a. Content you can't look at (like websites or videos), Places you can't use it, Apps you can't use, Times you can't use it, Total time limits, None of these, but we have other rules, No rules about screen time.

181. **How often do your parents/caregivers enforce or make you follow rules about screen time?**
    a. Always, Often, Sometimes, Rarely, Never.

182. **How often do you check your phone when you're not asleep or in school?**
    a. About every 15 minutes or less, About every 30 minutes to 1 hour, About every 2 hours or more.

183. **Do you think your screen time helps or gets in the way of the following:**
    a. **Sleep:**
        i. Gets in the way a lot, gets in the way a little, neither, helps a little, helps a lot.
    b. **Time spent with family:**

i. Gets in the way a lot, gets in the way a little, neither, helps a little, helps a lot.

c. **Schoolwork and homework:**
   i. Gets in the way a lot, gets in the way a little, neither, helps a little, helps a lot.
d. **Physical exercise:**
   i. Gets in the way a lot, gets in the way a little, neither, helps a little, helps a lot.

184. **Do you think social media (examples include YouTube, Instagram, Snapchat, or TikTok) makes each of the following better or worse?**
   a. **How you feel about your body:**
      i. A lot worse, a little worse, neither better nor worse, a little better, a lot better.
   b. **Grades in school:**
      i. A lot worse, a little worse, neither better nor worse, a little better, a lot better.
   c. **Family relationships:**
      i. A lot worse, a little worse, neither better nor worse, a little better, a lot better.
   d. **Friend relationships:**
      i. A lot worse, a little worse, neither better nor worse, a little better, a lot better.

185. **What type of screen time do you most frequently engage in? (Pick one)**
   a. Watching TV/Movies (alone), Watching TV/Movies (with others), Social Media (TikTok, Instagram, YouTube, etc.), Gaming (alone), Gaming (with others), Texting/Video Chatting, Browsing websites, Other, I do not use screens outside of schoolwork.

<u>Misc Items</u>

186. **This past year, did you experience any of the following (Mark ALL that apply.)**
   a. One or more people living in my home lost their job; I had to move or change homes; Skipped one or more meals because my family didn't have enough money to buy food; I had difficulty keeping up with schoolwork because I didn't have access to a reliable computer or internet service; I did not have a quiet place at home to study; None of these.

187. **Which is your religious preference? (Choose the ONE religion with which you identify the most)**
    a. Catholic; Jewish; LDS (Mormon); Protestant (such as Baptists, Presbyterians, or Lutherans); Another religion; No preference.

188. **Now think about the students in your grade at your school. How many of them do you think:** (FORM A ONLY)
    a. **drank alcohol sometime in the past month?**
        i. None (0%); Few (1-10%); Some (11-30%); Some to half (31-50%); Half to most (51-70%); Most (71-90%); Almost all (91-100%)
    b. **used marijuana sometime in the past month?**
        i. None (0%); Few (1-10%); Some (11-30%); Some to half (31-50%); Half to most (51-70%); Most (71-90%); Almost all (91-100%)
    c. **used a vape product (such as Vuse, JUUL, Geek Bar, Breeze Smoke or Raz) in the past month?**
        i. None (0%); Few (1-10%); Some (11-30%); Some to half (31-50%); Half to most (51-70%); Most (71-90%); Almost all (91-100%)

<u>Honesty Items</u>

189. **If ever, how old were you when you first: used phenoxydine (pox, px, breeze)?**
    a. Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older.

190. **On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in the past 30 days?**
    a. 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40+ above.

191. **How honest were you in filling out this survey?**
    a. I was very honest; I was honest most of the time; I was honest some of the time; I was honest once in a while; I was not honest at all.