Survey Measures on Substance Use Amongst College Students

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Overview

The Institute for Social and Behavioral Science (ISBS) reviewed measures utilized in 3 major surveys administered within middle schools, high schools, and colleges state-wide and nationally to compile a list of tested survey measures on youth substance use. The 3 surveys that were assessed are the Florida Youth Substance Abuse Survey (FYSAS), the American College Health Association National Collegiate Health Assessment (ACHA-NCHA), and the Monitoring the Future Survey (MFS).

The Florida Youth Substance Abuse Survey (FYSAS) is based on the Communities That Care Youth Survey as a collaborative data collection project between the Florida Departments of Education, Children and Families, Health, Juvenile justice, and the Governor’s Office of Drug Control (Florida Department of Children and Families 2019; 2020). The Communities That Care Youth Survey is nationally recognized and seeks to assess the prevalence of ATOD (alcohol, tobacco, and other drugs) use, delinquent behaviors, and risk and protective factors. Based on the Communities That Care Youth Survey, the FYSAS is distributed annually to Florida middle school and high school students through the use of both paper and web-based surveys. On odd years the FYSAS is administered with the Youth Risk Behavior Survey and the Youth Physical Activity and Nutrition Survey. Alternatively, on even years, the FYSAS is distributed with the Florida Youth Tobacco Survey.

The American College Health Association National Collegiate Health Assessment (ACHA-NCHA) is also a nationally recognized survey that assesses a multitude of facets of student overall health, including “ATOD use, sexual health, weight, nutrition, and exercise, mental health, and personal safety and violence” (American College Health Association National College Health Assessment 2019; 2021). The NCHA is a confidential survey that takes students about 30 minutes to complete. Colleges and universities have the ability to sign up to participate in data collection using this survey. Once a college or university campus decides to participate in data collection utilizing this survey, the ACHA-NCHA Program Office distributes the survey and manages data collection via Qualtrics. The survey is distributed to each students’ e-mail using individual links through the Qualtrics software and once data collection is complete the ACHA-NCHA Offices release results to each campus after removing any of the student’s identifiable information.

Lastly, the Monitoring the Future Survey (MFS) is an annual, national survey conducted by the University of Michigan’s Institute for Social Research (Inter-University Consortium for Political and Social Research 2019). While the core measures of the survey examine students drug use and attitudes towards drugs, it also explores students’ attitudes towards a multitude of other subject areas, which are largely shaped by current social trends. Further, the survey examines each student’s health, personal relationships, background, and plans following high school graduation, including educational and family planning goals. The survey is distributed via both web-based and paper surveys in the spring every year to high school seniors at approximately 130 schools across the United States (U.S.). Although only 130 schools are sampled throughout the U.S., the specific sampling strategy employed by the Institute for Social Research secures a nationally representative sample. The Institute for Social Research recruits their sample of high schools’ seniors through multi-stage sampling, first
selecting geographic areas, then selecting high schools per area, and lastly the sample of seniors
is selected from each high school per geographic area.

This review of survey measures is comprised of 7 sections. The sections include: (1) self-
reported use of ATOD, (2) feelings and reasons behinds ATOD use, (3) brands and sources of
ATOD, (4) location of ATOD use, (5) self-reported behaviors and risks associated with ATOD
use, (6) perceptions of ATOD use, and (7) other. The questions throughout each section are
marked with unique symbols to notate which survey they are from. Because the surveys each
touch on similar issues, questions that are similar on multiple surveys are marked with symbols
from each of the surveys they are represented on. However, since the wording and response
options vary slightly between each survey, the survey the question is directly taken from is
represented by the first symbol listed.

The following symbols are used to identify which survey each question came from:

● = Monitoring the Future Survey
♦ = National Collegiate Health Assessment (NCHA)
★ = the Florida Youth Substance Abuse Survey (FYSAS)

Section 1, on self-reported use of ATOD, is comprised of 171 questions. These questions
measure substance use over the course of the lifetime, 12 months, 3 months, and 30 days.
Additionally, questions ask about frequency of use within each of these time frames and age at
first use. The last set of questions included in this section cover thoughts on future ATOD use,
and the ability to control, or lack of control, participants have over their ATOD use.

Section 2 is comprised of 2 questions. The first question asks respondents for reasons behind
substance use. While only 1 question is listed in this report, the question was asked multiple
times throughout the original surveys to assess reasons behind use of multiple substances. The
second question asks about reasons for stopping marijuana use specifically.

Section 3 is comprised of 18 questions. These questions cover the brand and source of the
substances used by participants.

Section 4 includes just 1 question asking about location of substance use. While only 1 question
is listed on this report, the same question was used to assess the location participants used a
variety of substances. Each of the substances that were covered in the original surveys are listed
within section 4.

Section 5 covers questions that aim to assess self-reported behaviors and risks associated with
ATOD use. The section is comprised of 15 questions. The questions explore a variety of risk
behaviors including using substances while driving and while at school. These questions also
examine how substance use has impacted the lives of participants, including relationships and
finances.

Section 6 is comprised of 50 questions that examine participants perceptions of substance use
broadly, including the addictiveness of substances and the harm substances cause to the body.

Section 7 is comprised of 10 questions including questions that assess if participants have been
to therapy or a recovery or treatment program for substance use. Additionally, questions on the
prevalence of ATOD prevention courses at school were also included in this section, along with questions that assess parental involvement, parental perceptions of participant substance use, and the substance use of family and friends.

Lastly, it should be noted that while ISBS was able to obtain the questionnaires from the American College Health Association National Collegiate Health Assessment and the Monitoring the Future Survey to compile questions and response options, we were unable to obtain the questionnaire from the Florida Youth Substance Abuse Survey. Since we were unable to access the questionnaire, measures were acquired from the annual report published on the Florida Department of Children and Families website.
Section 1: Self-Reported Use of ATOD

- Number of times substances were used, age at first use, control of ATOD use, future ATOD use

Questions 1-134: Type of ATOD and Frequency of use (lifetime, 12 months, 30 days, and number of times used):

1. In your life, which of the following substances have you ever used? For prescription medications, please report nonmedical use only. "Nonmedical use" means taking prescription drugs just for the feeling or experience they cause or taking them more often or at higher doses than prescribed. (Yes/No response options) ♦
   i. Tobacco or nicotine delivery products (cigarettes, ecigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)
   ii. Alcoholic beverages (beer, wine, liquor, etc.)
   iii. Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) [Please report nonmedical use only.]
   iv. Cocaine (coke, crack, etc.)
   v. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
   vi. Methamphetamine (speed, crystal meth, ice, etc.)
   vii. Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)
   viii. Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) [Please report nonmedical use only.]
   ix. Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)
   x. Heroin
   xi. Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.)

   a. In the past 3 months, how often have you used the substance(s) you mentioned? ♦
      i. Response options: Never (0), Once or twice (2), Monthly (3), Weekly (4), Daily or almost daily (5)

2. Have you ever smoked cigarettes? ♦
   a. Response options: 1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

3. How frequently have you smoked cigarettes during the past 30 days? ♦
   a. Response options: 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. To be more precise, during the past 30 days about how many cigarettes have you smoked per day? ●
   a. Response options: 1="None" 2="Less than one per day" 3="1 to 2" 4="3 to 7" 5="8 to 12" 6="13 to 17" 7="18 to 22" 8="23 to 27" 9="28 to 32" 10="33 to 37" 11="38 or more"

6. During the LAST 30 DAYS, on how many days (if any) have you smoked large cigars? ●
   a. Response options: 1="None" 2="1-2 days" 3="3-5 days" 4="6-9 days" 5="10-19 days" 6="20-30 Days"

7. During the LAST 30 DAYS, on how many days (if any) have you smoked flavored little cigars or cigarillos? ●
   a. Response options: 1="None" 2="1-2 days" 3="3-5 days" 4="6-9 days" 5="10-19 days" 6="20-30 Days"

8. During the LAST 30 DAYS, on how many days (if any) have you smoked tobacco using a hookah (water pipe)? ●
   a. Response options: 1="None" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-30 Days"

9. During the LAST 30 DAYS, on how many days (if any) have you used smokeless tobacco? ●
   a. Response options: 1="None" 2="1-2 days" 3="3-5 days" 4="6-9 days" 5="10-19 days" 6="20-30 Days"

10. Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol. Have you ever had any alcoholic beverage to drink--more than just a few sips? ●
    a. Response options: 1="No" 2="Yes"

11. On how many occasions (if any) have you had alcoholic beverages to drink--more than just a few sips . . . in your lifetime? ●
    a. Response options: 1="0 Occasions" [Includes respondents who report non-use on item QB03] 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"
12. On how many occasions (if any) have you had alcoholic beverages to drink--more than just a few sips . . . during the last 12 months? ●
   a. Response options: 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"

13. On how many occasions (if any) have you had alcoholic beverages to drink--more than just a few sips . . . during the last 30 days? ●●
   a. Response options: 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"

14. On the occasions that you drink alcoholic beverages, how often do you drink enough to feel pretty high? ●
   a. Response options: 1="On none of the occasions" 2="On few of the occasions"
      3="On about half of the occasions" 4="On most of the occasions"
      5="On nearly all of the occasions"

15. One drink of alcohol is defined as a 12 oz. can or bottle of beer or wine cooler, a 4 oz. glass of wine, or a shot of liquor straight or in a mixed drink.
   a. The last time you drank alcohol in a social setting, how many drinks of alcohol did you have? ●
   b. The last time you drank alcohol in a social setting, over how many hours did you drink alcohol? ●

16. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A "drink" is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, a mixed drink, etc.) ●●
   a. Response options: 1="None" [Includes respondents who previously reported non-use] 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

17. On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages . . . in your lifetime? ●
   a. Response options: 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"

18. On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages . . . during the last 12 months? ●
   a. Response options: 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"

19. Think back over the LAST TWO WEEKS. How many times (if any) have you had four or more drinks in a row? ●
a. Response options: 1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

20. During the last two weeks, how many times (if any) have you had five or more drinks in a row? ●
   a. Response options: 1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

21. During the last two weeks, how many times (if any) have you had 10 or more drinks in a row? ●
   a. Response options: 1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

22. During the last two weeks, how many times (if any) have you had 15 or more drinks in a row? ●
   a. Response options: 1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

23. During the LAST TWO WEEKS, what was the largest number of drinks that you had in a row? (Give your best estimate) ●

24. Average number of drinks consumed per day on the days the student drank in the past 30 days. ●

25. On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages . . . during the last 30 days? ●
   a. Response options: 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"

26. The last time you drank alcohol: (Yes/No response options)
   a. Did you get drunk? ●
   b. Did you intend to get drunk? ●

27. Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . had an alcoholic beverage containing caffeine (like Four Loko or Joose)? ●
   a. Response options: 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"

28. During the LAST 12 MONTHS, on how many occasions (if any) have you had powdered alcohol? ●
   a. Response options: 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"
29. How many of the times when you used marijuana or hashish during the last year did you use it along with alcohol—that is, so that their effects overlapped? 
   a. Response options: 1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

30. What methods have you used for taking marijuana or hashish during the last year? (Mark all that apply.) 
   a. Smoking  
   b. In a vaporizer  
   c. Eating in food  
   d. In a drink  
   e. Dabbing a concentrate (such as “wax,” “honey oil,” “budder,” or shatter”)  
   f. Other

31. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil) . . . in your lifetime? 
   a. Response options: 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"

32. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil) . . . during the last 12 months? 
   a. Response options: 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"

33. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil) . . . during the last 30 days? 
   a. Response options: 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"

34. Do you know how much marijuana you have used (in ounces) during the LAST MONTH? 
   a. Response options: 1="None" 2="Less than 1/2 ounce" 3="About 1/2 ounce" 4="About 1 ounce" 5="About 2 ounces" 6="3 to 5 ounces" 7="6 or more ounces" 8="Don't Know"

35. When you use marijuana or hashish, how high do you usually get? [ALSO ASKS ABOUT (a) HALLUCINOGENS OTHER THAN LSD, (b) LSD, (c) AMPHETAMINES OR OTHER STIMULANT DRUGS, (d) TRANQUILIZERS, (e) Cocaine, and (f) NARCOTICS OTHER THAN HEROIN] 
   a. Response options: 1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high"
36. When you use marijuana or hashish, how long do you usually stay high? *ALSO ASKS ABOUT* (a) HALLUCINOGENS OTHER THAN LSD, (b) LSD, (c) AMPHETAMINES OR OTHER STIMULANT DRUGS, (d) TRANQUILIZERS, (e) Cocaine, and (f) NARCOTICS OTHER THAN HEROIN*.
   a. Response options: 1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

37. Thinking back over your whole life, has there ever been a period when you used marijuana or hashish on a daily, or almost daily, basis for at least a month? *
   [Response options: 1="No" 2="Yes" – If no skip question below]
   a. How old were you when you first used marijuana or hashish that frequently? *
      i. 1="Grade 6 or earlier" 2="Grade 7 or 8" 3="Grade 9 (Freshman)" 4="Grade 10 (Sophomore)" 5="Grade 11 (Junior)" 6="Grade 12 (Senior)"

38. How recently did you use marijuana or hashish on a daily, or almost daily, basis for at least a month? *
   a. Response options: 1="During the past month" 2="2 months ago" 3="3 to 9 months ago" 4="About 1 year ago" 5="About 2 years ago" 6="3 or more years ago"

39. Over your whole lifetime, during how many months have you used marijuana or hashish on a daily or near-daily basis? *
   a. Response options: 1="Less than 3 months" 2="3 to 9 months" 3="About 1 year" 4="About 1 and 1/2 years" 5="About 2 years" 6="About 3 to 5 years" 7="6 to 9 years" 8="10 or more years"

40. Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken "synthetic marijuana" ("K2," "Spice") to get high? *
   a. Response options: 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"

41. During the LAST 12 MONTHS, on how many occasions (if any) have you used hash oil ("dabs," "honey oil," "budder," "shatter")?
   a. Response options: 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"

42. On how many occasions (if any) have you used LSD ("acid") . . . in your lifetime?
   a. Response options: 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"
43. On how many occasions (if any) have you used LSD ("acid") . . . during the last 12 months? ●
   a. Response options: 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"

44. On how many occasions (if any) have you used LSD ("acid") . . . during the last 30 days? ●
   a. Response options: 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"

45. What hallucinogens other than LSD have you taken during the last year? (Mark all that apply.) ●
   a. Mescaline
   b. Peyote
   c. Psilocybin
   d. PCP
   e. Concentrated THC
   f. Other
   g. Don’t know the names of some I have used

46. On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP) . . . in your lifetime? ●
   a. Response options: 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"

47. On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP) . . . during the last 12 months? ●
   a. Response options: 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"

48. On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP) . . . during the last 30 days? ●
   a. Response options: 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"

49. On how many occasions (if any) have you used MDMA ("Molly", "ecstasy") . . . in your lifetime? ●
50. On how many occasions (if any) have you used MDMA ("Molly", "ecstasy") . . . during the last 12 months? ●
   a. Response options: 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"

51. On how many occasions (if any) have you used MDMA ("Molly", "ecstasy") . . . during the last 30 days? ●
   a. Response options: 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"

52. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken Salvia? ●
   a. Response options: 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"

53. The next questions are about the use of different forms of cocaine, such as "crack", powder, freebase, or coca paste. Have you ever taken cocaine in "crack" form or in any other freebase form--that is, where you inhaled the fumes from smoking, heating, or burning it? ●
   a. Response options: 1="No” 2="Yes"

54. What forms of cocaine have you used? (Mark all that apply) ●
   a. Cocaine powder
   b. “Crack” or “rock”
   c. “Freebase” or “base”
   d. Coca paste

55. What methods have you used for taking cocaine? (Mark all that apply) ●
   a. Sniffing or “snorting”
   b. Smoking
   c. Injection
   d. Inhaling fumes
   e. By mouth
   f. Other

56. On how many occasions (if any) have you taken cocaine (sometimes called "coke", "crack", "rock") . . . in your lifetime? ●
57. On how many occasions (if any) have you taken cocaine (sometimes called "coke", "crack", "rock") . . . during last 12 months? ●
   a. Response options: 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"

58. On how many occasions (if any) have you taken cocaine (sometimes called "coke", "crack", "rock") . . . during last 30 days? ●
   a. Response options: 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"

59. [On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . . in your lifetime? ●
   a. 1 Response options: ="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"

60. On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . . during the last 12 months? ●
   a. Response options: 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"

61. On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form) . . . during the last 30 days? ●
   a. Response options: 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"

62. On how many occasions (if any) have you used cocaine in any other form . . . in your lifetime? ●
   a. Response options: 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"

63. On how many occasions (if any) have you used cocaine in any other form . . . during the last 12 months? ●
   a. Response options: 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"
64. On how many occasions (if any) have you used cocaine in any other form . . . during the last 30 days? *
   a. Response options: 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"

65. On how many occasions (if any) have you taken amphetamines on your own--that is, without a doctor telling you to take them . . . in your lifetime? *
   a. Response options: 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"

66. On how many occasions (if any) have you taken amphetamines on your own--that is, without a doctor telling you to take them . . . during the last 12 months? *
   a. Response options: 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"

67. On how many occasions (if any) have you taken amphetamines on your own--that is, without a doctor telling you to take them . . . during the last 30 days? *
   a. Response options: 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"

68. What amphetamines or other stimulant drugs have you taken during the last year without a doctor's orders? (Mark all that apply) *
   a. Ritalin (Methylphenidate)
   b. Adderall
   c. Concerta
   d. Vyvanse
   e. Methamphetamine
   f. Crystal meth
   g. Other
   h. Don’t know the names of some amphetamines or other stimulant drugs I have used

69. What methods have you used for taking amphetamines or other stimulant drugs during the last year? (Mark all that apply) *
   a. By mouth
   b. Smoking
   c. Injection
   d. Other

70. On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method . . . in your lifetime? *
a. Response options: 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"

71. On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method . . . during the last 12 months? ●
   a. Response options: 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"

72. On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method . . . during the last 30 days? ●
   a. Response options: 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"

73. Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken Ritalin (without a doctor's orders)? ●
   a. Response options: 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"

74. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken Adderall (without a doctor's orders)? ●
   a. Response options: 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"

75. Regarding your use of prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) in the past 3 months, was it prescribed for you? ♦
   a. Response options: Yes (1), No (0), Don’t know (99)

76. Regarding your use of prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) in the past 3 months: ♦
   a. Do you ever use MORE of your stimulant medication, that is, take a higher dosage, than is prescribed for you? ♦
      i. Response options: Yes (1), No (0), Don’t know (99)
   b. Do you ever use your stimulant medication MORE OFTEN, that is, shorten the time between dosages, than is prescribed for you? ♦
      i. Response options: Yes (1), No (0), Don’t know (99)

77. Past- 30-day prevalence of prescription pain relievers. ♦
78. Past-30 day prevalence of illicit drugs except marijuana. *

79. Regarding your use of prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) in the past 3 months: ♦
   a. Do you ever use MORE of your opioid medication, that is, take a higher dosage, than is prescribed for you? ♦
      i. Response options: Yes (1), No (0), Don’t know (99)
   b. Do you ever use your opioid medication MORE OFTEN, that is, shorten the time between dosages, than is prescribed for you? ♦
      i. Response options: Yes (1), No (0), Don’t know (99)

80. Regarding your use of prescription sedatives or sleeping pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) in the past 3 months, was it prescribed for you? ♦
   a. Response options: Yes (1), No (0), Don’t know (99)

81. Past-30 day prevalence of prescription depressants. *

82. The next questions are about SEDATIVES, including BARBITURATES, which doctors sometimes prescribe to help people relax or get to sleep. Drugstores are not supposed to sell them without a prescription. Sedatives are sometimes called: Downs, Downers. They include the following drugs: Phenobarbital, Seconal, Dalmane, Restoril, Halcion, Ambien, Lunesta, Sonata, Intermezzo, Zolpimist. Have you ever taken sedatives because a doctor told you to use them? ♦
   a. Response options: 1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

83. What sedatives have you taken during the last year without a doctor's orders? (Mark all that apply) ♦
   a. Phenobarbital
   b. Seconal
   c. Ambien
   d. Lunesta
   e. Sonata
   f. Dalmane
   g. Halcion
   h. Restoril
   i. Intermezzo
   j. Zolpimist
   k. Other
   l. Don’t know the names of some sedative I have used
84. 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, Tuinal, Nembutal, and Seconal. On how many occasions (if any) have you taken sedatives on your own--that is, without a doctor telling you to take them . . . in your lifetime? 
   a. Response options: 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"

85. {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, Tuinal, Nembutal, and Seconal.} On how many occasions (if any) have you taken sedatives on your own--that is, without a doctor telling you to take them . . . during the last 12 months? 
   a. Response options: 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"

86. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken ketamine ("special K," "super K")? 
   a. Response options: 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"

87. The next questions are about TRANQUILIZERS, which doctors sometimes prescribe to calm people down, quiet their nerves, or relax their muscles. They include the following drugs: Librium, Valium, Xanax, Soma, Serax, Ativan, Klonopin. Have you ever taken tranquilizers because a doctor told you to use them? 
   a. Response options: 1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

88. What tranquilizers have you taken during the last year without a doctor's orders? (Mark all that apply) 
   a. Librium
   b. Valium
   c. Xanax
   d. Soma
   e. Serax
   f. Ativan
   g. Klonopin
   h. Other
   i. Don’t know the names of some tranquilizers I have used
89. 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 . . . in your lifetime? ●
   a. Response options: 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"

90. {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 . . . during the last 12 months? ●
   a. Response options: 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"

91. {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 . . . during the last 30 days? ●
   a. Response options: 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"

92. On how many occasions (if any) have you used heroin . . . in your lifetime? ●
   a. Response options: 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"

93. On how many occasions (if any) have you taken heroin . . . during the last 12 months? ●
   a. Response options: 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"

94. On how many occasions (if any) have you taken heroin . . . during the last 30 days? ●
   a. Response options: 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"

95. On how many occasions (if any) have you taken heroin using a needle . . . in your lifetime? ●
96. On how many occasions (if any) have you taken heroin using a needle . . . during the last 12 months? •
   a. Response options: 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"

97. On how many occasions (if any) have you taken heroin using a needle . . . during the last 30 days? •
   a. Response options: 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"

98. On how many occasions (if any) have you taken heroin WITHOUT using a needle . . . in your lifetime? •
   a. Response options: 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"

99. On how many occasions (if any) have you taken heroin WITHOUT using a needle . . . during the last 12 months? •
   a. Response options: 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"

100. On how many occasions (if any) have you taken heroin WITHOUT using a needle . . . during the last 30 days? •
   a. Response options: 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"

101. The next questions are about NARCOTICS OTHER THAN HEROIN, which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription. These include: Methadone, Codeine, OxyContin, Percodan, Opium, Demerol, Percocet, Ultram, Morphine, Vicodin. Have you ever taken any narcotics other than heroin because a doctor told you to use them? •
   a. Response options: 1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

102. What narcotics other than heroin have you taken during the last year without a doctor's orders? (Mark all that apply) •
   a. Methadone
   b. Opium
c. Morphine
d. Codeine
e. Demerol
f. Vicodin
g. OxyContin
h. Percocet
i. Percodan
j. Ultram
k. Tramadol
l. Contin
m. Suboxone
n. Oxycodone
o. Tylox
p. Other
q. Don’t know the names of some I have used

103. What methods have you used for taking any of these narcotics other than heroin? (Mark all that apply) ●
   a. Sniffing or "snorting"
b. Smoking
c. Injection
d. By mouth
e. Other

104. 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 . . . in your lifetime? ●
a. Response options: 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"

105. {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 . . . during the last 12 months? ●
a. Response options: 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"

106. {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 . . . during the last 30 days? ●
  a. Response options: 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"

107. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken OxyContin (without a doctor's orders)? ●
  a. Response options: 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"

108. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken Vicodin (without a doctor's orders)? ●
  a. Response options: 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"

109. Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken a non-prescription cough or cold medicine (robos, DXM, etc.) to get high? ●
  a. Response options: 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"

110. 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 . . . in your lifetime? ●
  a. Response options: 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"

111. 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 . . . during the last 12 months? ●
  a. Response options: 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"

112. 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 . . . during the last 30 days? ●
  a. Response options: 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"
113. {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 . . . in your lifetime?
   a. Response options: 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"

114. {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 . . . during the last 12 months?
   a. Response options: 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"

115. {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 . . . during the last 30 days?
   a. Response options: 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"

116. What methods have you used for taking steroids on your own?
   a. By mouth
   b. Haven’t used steroids
   c. Injection

117. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken "andro" (androstenedione, non-prescription steroid)?
   a. Response options: 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"

118. Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you . . . taken creatine (amino acid used to build muscle)?
   a. Response options: 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"
119. To "vape" is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or e-vaporizer to inhale a mist into the lungs. Have you ever vaped? ●
   a. Response options: 0="No" 1="Yes"

120. On how many DAYS (if any) have you vaped NICOTINE . . . in your lifetime? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

121. On how many DAYS (if any) have you vaped NICOTINE . . . during the last 12 months? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

122. On how many DAYS (if any) have you vaped NICOTINE . . . during the last 30 days? ●●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

123. On how many DAYS (if any) have you vaped MARIJUANA . . . in your lifetime? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

124. On how many DAYS (if any) have you vaped MARIJUANA . . . during the last 12 months? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

125. On how many DAYS (if any) have you vaped MARIJUANA . . . during the last 30 days? ●●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

126. On how many DAYS (if any) have you vaped just FLAVORING, without any nicotine or marijuana in it . . . in your lifetime? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

127. On how many DAYS (if any) have you vaped just FLAVORING, without any nicotine or marijuana in it . . . during the last 12 months? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days"
   5="10-19 Days" 6="20 or More"

128. On how many DAYS (if any) have you vaped just FLAVORING, without any nicotine or marijuana in it . . . during the last 30 days? ●
a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20 or More"

129. Have you ever vaped something other than nicotine, marijuana, or just flavoring? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

130. Have you ever vaped something without knowing what it was? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

131. On the days you vaped NICOTINE, how many times did you usually pick up your vaping device (to use it)? ●
   a. Response options: 1="1-2 times per day" 2="3-9 times per day" 3="10-14 times per day" 4="15-20 times per day" 5="More than 20 times per day" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

132. Each time you picked up your vaping device, how many puffs did you usually take before putting it away? ●
   a. Response options: 1="1-2 puffs" 2="3-9 puffs" 3="10-14 puffs" 4="15-20 puffs" 5="More than 20 puffs" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

133. On how many DAYS (if any) have you used a JUUL with a standard pod (that is, the types of pods for sale at most convenience stores) . . . in your lifetime? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20 or More" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

134. On how many DAYS (if any) have you used a JUUL with a standard pod (that is, the types of pods for sale at most convenience stores) . . . during the last 30 days? ●
   a. Response options: 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20 or More" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

Questions 135-171: Future Use and Control of Use

135. During the past 3 months, how often have you had a strong desire or urge to use the following substance(s)? ♦
   a. Response options: Never (0), Once or twice (3), Monthly (4), Weekly (5), Daily or almost daily (6)

136. Have you ever tried and failed to control, cut down or stop using the following substance(s)? ♦
a. Response options: No, never (0); Yes, in the past 3 months (6); Yes, but not in the past 3 months (3)

137. Have you ever tried to stop using alcoholic beverages and found that you couldn't stop? ●
   a. Response options: 1="Yes" 2="No"

138. Have you ever tried to quit smoking cigarettes, but couldn't? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

139. Do you smoke cigarettes now because it is really hard to quit? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

140. Have you ever felt like you were addicted to smoking cigarettes? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

141. Do you ever have strong cravings to smoke cigarettes? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

142. Did you feel a strong need or urge to smoke cigarettes? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

143. Did you feel more irritable because you couldn't smoke cigarettes? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

144. Did you feel nervous, restless or anxious because you couldn't smoke cigarettes? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No cigs 30 days" -7="Never smoked cigs"

145. Do you want to stop smoking now? ●
   a. Response options: 1="Yes" 2="No" 8="Don't smoke now"

146. If you have never smoked, do you think you will try smoking cigarettes sometime this year? ●
   a. Response options: 1="I already have tried cigarettes" 2="I definitely will" 3="I probably will" 4="I probably will not" 5="I definitely will not"

147. How much do you agree or disagree with the following statements? [RESPONSE OPTIONS: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"] ●
a. I will never get addicted to cigarettes
b. I could smoke a pack a day for a year or more and still be able to quit if I wanted to
c. At my age, smoking is not too dangerous because you can always quit later

148. Do you think you will be smoking cigarettes five years from now? ●
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

149. Have you ever tried to stop using marijuana or hashish and found that you couldn't stop? ●
   a. Response options: 1="Yes" 2="No"

150. How likely is it that you will use marijuana in the next 12 months? ●
   a. Response options: 1="Definitely will " 2="Probably will" 3="Probably will not" 4="Definitely will not"

151. Do you think you will be using marijuana or hashish five years from now?
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

152. Have you ever tried to stop using amphetamines or other stimulant drugs and found that you couldn't stop? ●
   a. Response options: 1="Yes" 2="No"

153. Do you think you will be using amphetamines or other stimulant drugs without a doctor's orders five years from now? ●
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

154. Do you think you will be using sedatives without a doctor's prescription five years from now? ●
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

155. Have you ever tried to stop using tranquilizers and found that you couldn't stop? ●
   a. Response options: 1="Yes" 2="No"

156. Do you think you will be using tranquilizers without a doctor's orders five years from now? ●
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"
157. Have you ever tried to stop using cocaine and found that you couldn't stop? ●
   a. Response options: 1="Yes" 2="No"

158. Do you think you will be using cocaine five years from now? ●
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

159. Have you ever tried to stop using narcotics other than heroin and found that you couldn’t stop? ●
   a. Response options: 1 = Yes, 2 = No

160. Do you think you will be using any narcotics other than heroin without a doctor's orders five years from now? ●
   a. Response options: 1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

161. At any time during the LAST 12 MONTHS, have you felt in your own mind that you should REDUCE or STOP your use of . . . alcohol? […cigarettes, marijuana, hallucinogens (LSD, etc.), amphetamines (uppers), tranquilizers, sedatives/barbiturates (downers), cocaine, heroin, narcotics] ●
   a. Response options: 1="Yes" 0="No" 8="Haven't used in last 12 months"

162. Have you ever tried to quit using a JUUL, but couldn't? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

163. Do you use a JUUL now because it is really hard to quit? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

164. Have you ever felt like you were addicted to a JUUL? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

165. Do you have strong cravings to use a JUUL? ●
   a. 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping" -5="Not asked tablet-only Qs"

166. Is it hard to keep from using a JUUL in places where you are not supposed to? ●
   a. 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

167. Did you find it hard to concentrate because you couldn't use a JUUL? ●
a. 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

168. Did you feel more irritable because you couldn't use a JUUL? ●
a. 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

169. Did you feel a strong need or urge to use a JUUL? ●
a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

170. Did you feel nervous, restless or anxious because you couldn't use a JUUL? ●
a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

171. Do you identify as a person in recovery from alcohol or other drug use? ♦
a. Response options: No (1), Yes. Please specify the type of substance (2)
Section 2: Feelings Associated with and Reasons Behind ATOD Use

1. What have been the most important reasons for your drinking alcoholic beverages? (Mark all that apply) •
   [ASKED SAME QUESTION ABOUT (a) MARIJUANA OR HASHISH, (b) AMPHETAMINES OR OTHER STIMULANT DRUGS (added to stay awake, to get more energy, to help me study to help me at my job, to help me lose weight and did not include to get to sleep and because it tastes good), (c) TRANSQUILIZERS (adds to relieve physical pain), (d) NARCOTICS OTHER THAN HEROIN (includes as a substitute for heroin, to relieve physical pain, to control coughing), (d) VAPE (adds to help me quit regular cigarettes, because regular cigarette use is not permitted, removes j-m)]
   a. To experiment—to see what it's like
   b. To relax or relieve tension
   c. To feel good or get high
   d. To seek deeper insights and understanding
   e. To have a good time with my friends
   f. To fit in with a group I like
   g. To get away from my problems or troubles
   h. Because of boredom, nothing else to do
   i. Because of anger or frustration
   j. To get through the day
   k. To increase the effects of some other drug(s)
   l. To decrease (offset) the effects of some other drug(s)
   m. To get to sleep
   n. Because it tastes good
   o. Because I am "hooked"--I feel I have to drink [have it]

2. Here are some reasons people give for not using marijuana, or for stopping use. Please tell us which reasons are true for you. (Mark ALL that apply) •
   a. Concerned about possible psychological damage
   b. Concerned about possible physical damage
   c. Concerned about getting arrested
   d. Concerned about becoming addicted to marijuana
   e. It’s against my beliefs
   f. Concerned about loss of energy or ambition
   g. Concerned about possible loss of control of myself
   h. It might lead to stronger drugs
   i. Not enjoyable, I didn’t like it
   j. My parents would disapprove
   k. My husband/wife (or boyfriend/girlfriend) would disapprove
   l. I don’t like being with the people who use it
   m. My friends don’t use it
   n. I might have a bad trip
   o. Too expensive
   p. Not available
   q. Don’t feel like getting high
Section 3: Brand and Sources of ATOD

1. 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")
   a. Marijuana (pot, weed)
   b. LSD
   c. Some other hallucinogen (mescaline, peyote, "shrooms" or psilocybin, PCP, etc.)
   d. Amphetamines (uppers, speed, Adderall, Ritalin, etc.)
   e. Sedatives/barbiturates (downers)
   f. Tranquilizers
   g. Cocaine
   h. Heroin
   i. Some other narcotic (codeine, Vicodin, OxyContin, Percocet, etc.)
   j. PCP
   k. Steroids (anabolic steroids)
   l. MDMA (Molly, ecstasy)
   m. Crystal meth (“ice”)
   n. Alcohol

2. To "vape" is to use a device such as a vape-pen, e-cigarette, e-hookah, or e-vaporizer to inhale a vapor into the lungs. How difficult do you think it would be for you to get each of the following, if you wanted some? Cigarettes
   a. Response options: 1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

3. To "vape" is to use a device such as a vape-pen, e-cigarette, e-hookah, or e-vaporizer to inhale a vapor into the lungs. How difficult do you think it would be to get the following, if you wanted them? Vaping device (like e-pen or e-cigarette)
   a. Response options: 1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

4. To "vape" is to use a device such as a vape-pen, e-cigarette, e-hookah, or e-vaporizer to inhale a vapor into the lungs. How difficult do you think it would be to get the following, if you wanted them? E-liquid with nicotine (for vaping)
   a. Response options: 1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

5. What is the brand name of the vaping device you use most often?
   a. Response options: 1="JUUL" 2="KandyPens" 3="Vuse" 4="blu" 5="Other" 6="MarkTen" 7="Logic" 8="bo" 9="Myle" 10="PHIX" 11="SMOK" 12="SMPO" 13="Suorin" 14="ZOOR" -9="Did not answer" -7="No vaping 30 days" -6="No vaping"

6. If you use more than one brand, what is the brand name of the vaping device you use second most often?

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7. The last time you used a JUUL how did you get it? ●
   a. Response options: 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 JUULs to kids (a JUUL dealer)" 9="Other" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

8. What JUUL flavor do you use most often? ●
   a. Response options: 1="Classic tobacco" 2="Creme" 3="Cucumber" 4="Fruit" 5="Mango" 6="Menthol" 7="Mint" 8="Virginia tobacco" 9="Other" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

9. What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. Mark only one.) ●
   a. Response options: 01="Basic" 02="Benson & Hedges" 03="Black & Whites" 04="Cambridge" 05="Camel" 06="Capri" 07="Carlton" 08="Doral" 09="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" 26="American Spirit"

10. During the last 30 days, about how many times (if any) have you bought cigarettes . . . ●
    [RESPONSE OPTIONS: 1="None" 2="1 Time" 3="2 Times" 4="3 to 5 Times" 5="6 to 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 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?
   g. At a big supermarket?
   h. At a small grocery store?
   i. At a drugstore?
   j. At a convenience store (like Hop-In or 7-11) or a gas station?
   k. From a Web site?

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

b.

12. Have you ever gone to a store and bought just one or a few cigarettes (fewer than the usual pack of 20)? ●
   a. 1="No, never" 2="Yes, in the past 12 months" 3="Yes, but not in the past 12 months"

13. Where did you get the marijuana or hashish you used during the last year? (Mark all that apply) ●
    a. Took from a friend without asking
    b. Took from a relative without asking
    c. Given for free by a friend
    d. Given for free by a relative
    e. Bought from a friend
    f. Bought from a relative
    g. From my own “medical marijuana” prescription
    h. Bought from a drug dealer/stranger
    i. Other method

14. Did you get any of the marijuana or hashish you used during the last year from someone else's medical marijuana prescription? ●
    a. Response options: 1="Yes" 2="No"

15. Where did you get the amphetamines or other stimulant drugs you used without a doctor's orders during the last year? (Mark all that apply) ●
   [SAME QUESTION AND OPTIONS FOR TRANSQUILIZERS, PRESCRIPTION-TYPE NARCOITICS OTHER THAN HEROIN]
   a. Bought on the Internet
   b. Took from a friend without asking
   c. Took from a relative without asking
   d. Given for free by a friend
   e. Given for free by a relative
   f. Bought from a friend
   g. From a prescription I had
   h. Bought from a drug dealer/stranger
   i. Other method

16. If you took a narcotic drug without a doctor's orders -- one for which you had a prescription in your name -- from whom did you get this prescription? (Mark all that apply) ●
    a. A dentist
    b. An emergency room doctor
    c. Another doctor
    d. I didn’t use any narcotics from a prescription of mine without a doctor’s orders
17. 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)? ●
   a. Response options: 1="No" 2="Yes"

18. Reported source of alcohol. ●
   a. Response options: bought in a store, bought in a restaurant, bar, or club, bought at a public event, someone bought it for me, someone gave it to me, took it from a store, took it from a family member, some other way.
Section 4: Location of ATOD Use

1. When you used alcohol during the last year, how often did you use it in each of the following situations? ●●

[ASKED SAME QUESTION ABOUT (a) MARIJUANA OR HASHISH (no bar or restaurant), (b) AMPHETAMINES OR OTHER STIMULANT DRUGS (included when you are alone in options, did not include bar or restaurant or park or beach), (c) TRANQUILIZERS (adds when you were alone and removes options i and j), (d) COCAINE (adds when you were alone and removes options i and j), (e) NARCOTICS OTHER THAN HEROIN (removes options i and j)]

   a. With just 1 or 2 other people
   b. At a party
   c. When your date or spouse/partner was present
   d. When people over age 30 were present
   e. During the daytime (before 4:00 p.m.)
   f. At your home (or apartment or dorm)
   g. At school
   h. In a car
   i. At a park or beach
   j. At a bar or restaurant
**Section 5: Other Self-Reported Behaviors and Risks Associated with ATOD Use**

1. Youth who reported riding in a vehicle with someone who has been drinking alcohol or using marijuana. *
   a. Youth who reported riding in a vehicle with someone who has been drinking alcohol or using marijuana within the last 30 days.

2. Within the last 30 days, did you drive after drinking any alcohol at all? ♦
   a. Response options: Yes (2), No (1)

3. Youth who reported driving a vehicle after drinking alcohol or using marijuana. *

4. Within the last 30 days, did you drive within 6 hours of using cannabis/marijuana? ♦
   a. Response options: Yes (2), No (1)

5. Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing? ♦
   i. Response options: 0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"
   a. How many of these tickets or warnings occurred after you were drinking alcoholic beverages?
      i. Response options: 0="None" 1="One" 2="Two" 3="Three" 4="Four or more"
   b. How many of these tickets or warnings occurred after you were using marijuana or hashish?
      i. Response options: 0="None" 1="One" 2="Two" 3="Three" 4="Four or more"
   c. How many of these tickets or warnings occurred after you were using other illegal drugs?
      i. Response options: 0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

6. We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury--not bumps or scratches in parking lots.) During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)? ♦
   i. Response options: 0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"
   a. How many of these accidents occurred after you were drinking alcoholic beverages?
      ii. Response options: 0="None" 1="One" 2="Two" 3="Three times" 4="Four or more times"
b. How many of these accidents occurred after you were using marijuana or hashish?  
   i. Response options: 0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

c. How many of these occurred after you were using other illegal drugs?  
   i. Response options: 0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

7. Think back over the last 12 months. Did your use of alcohol cause you any of the following problems, even just a little? Has your use of alcohol in the LAST 12 MONTHS… ●●
   [SEPARATE QUESTIONS FOR MARIJUANA, ILICIT DRUG USE ●]  
   a. caused you to behave in ways that you later regretted?  
   b. hurt your relationship with your spouse/partner or girlfriend/boyfriend?  
   c. hurt your relationship with your parents?  
   d. hurt your relationship with your child(ren)?  
   e. hurt your relationship with your friends?  
   f. involved you with people who were a bad influence on you?  
   g. hurt your performance in school and/or on the job?  
   h. caused you financial difficulties?  
   i. caused you to be less stable emotionally?  
   j. caused you to have less energy?  
   k. made you feel bad (e.g., depressed, anxious, ashamed) for more than just a few days?  
   l. caused your physical health to be bad?  
   m. caused you to drive unsafely?  
   n. caused you to get into an angry argument?  
   o. caused you to be less interested in other activities?  
   p. gotten you into trouble with the police?

8. Did your use of alcohol DURING THE LAST 12 MONTHS lead you to any of following, even just a little? ●  
   [SAME OPTIONS PROVIDED FOR SEPARATE QUESTION ON ILLICIT DRUGS]  
   a. You found that over time you needed more alcohol to get the same effect.  
   b. Stopping or reducing your use of alcohol made you physically ill or sick.  
   c. You used alcohol to avoid "hangovers" or aftereffects of the drug.  
   d. You wanted to try to stop or cut down, but you found that you could not.  
   e. You continued to use alcohol even though you knew it was harmful to do so.  
   f. You felt such a strong desire to use alcohol that you could not resist it or think of anything else.  
   g. You found yourself spending more time obtaining or getting over the aftereffects of alcohol.  
   h. You found yourself using more alcohol than you meant to.  
   i. You got some type of counseling or therapy to assist you in quitting or reducing your use of alcohol.
9. Did your use of marijuana DURING THE LAST 12 MONTHS lead you to any of following, even just a little? ●
   a. You found that over time you needed more marijuana to get the same effect.
   b. Stopping or reducing your use of marijuana made you physically ill or sick.
   c. You used marijuana to avoid "hangovers" or aftereffects of the drug.
   d. You wanted to try to stop or cut down, but you found that you could not.
   e. You continued to use marijuana even though you knew it was harmful to do so.
   f. You felt such a strong desire to use marijuana that you could not resist it or think of anything else.
   g. You found yourself spending more time obtaining or getting over the aftereffects of marijuana.
   h. You found yourself using more marijuana than you meant to.
   i. You got some type of counseling or therapy to assist you in quitting or reducing your use of marijuana.

10. During the past 3 months, how often has your use of the following substance(s) led to health, social, legal, or financial problems? ●
   a. Response options: Never, Once or twice, Monthly, Weekly, Daily or almost daily

11. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of the following substance(s)?
   a. Response options: Never, Once or twice, Monthly, Weekly, Daily or almost daily

12. During the LAST FOUR WEEKS, on how many days (if any) were you . . . under the influence of alcohol while you were at school? […]marijuana or some other illegal drug, smoking cigarettes or chewing tobacco ●
   a. Response options: 1="None" 2="One day" 3="Two days" 4="3-5 days" 5="6-9 days" 6="10 or more days"

13. During the last 30 days have you used a JUUL on school grounds during school hours? ●
   a. Response options: 1="Yes" 2="No" -9="Did not answer" -8="No JUUL vaping" -7="No vaping 30 days" -6="No vaping"

14. Youth who reported binge drinking and blacking out after drinking alcohol. ●

15. Youth who reported drinking alcohol, smoking marijuana, or using another drug to get high before or during school. ●
Section 6: Perceptions of ATOD Use and Risks Associated with ATOD Use

1. 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 . . . smoke one or more packs of cigarettes per day? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

2. Youth who perceive great risk in using alcohol or tobacco. ●

3. Youth who perceive great risk in smoking marijuana. ●

4. Youth who perceive great risk of harm in vaping nicotine or marijuana. ●

5. Youth who perceive great risk of harm in taking a prescription drug without a doctor’s orders. ●

6. How much do you think people risk harming themselves (physically or in other ways), if they . . . try marijuana (pot, grass) once or twice? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

7. 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 . . . use marijuana occasionally? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

8. 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 . . . use marijuana regularly? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

9. How much do you think people risk harming themselves (physically or in other ways), if they . . . try one or two drinks of an alcoholic beverage (beer, wine, liquor)? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

10. How much do you think people risk harming themselves (physically or in other ways), if they . . . take one or two drinks nearly every day? ●
    a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

11. How much do you think people risk harming themselves (physically or in other ways), if they . . . take four or five drinks nearly every day? ●

a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

12. How much do you think people risk harming themselves (physically or in other ways), if they . . . have five or more drinks once or twice each weekend? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

13. How much do you think people risk harming themselves (physically or in other ways), if they . . . try heroin once or twice without using a needle? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

14. How much do you think people risk harming themselves (physically or in other ways), if they . . . take heroin occasionally without using a needle? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

15. How much do you think people risk harming themselves (physically or in other ways), if they . . . vape an e-liquid with nicotine occasionally? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

16. How much do you think people risk harming themselves (physically or in other ways), if they . . . vape an e-liquid with nicotine regularly? ●
   a. Response options: 1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

17. Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following? ●
   [RESPONSE OPTIONS: 1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"]
   a. Smoking one or more packs of cigarettes per day
   b. Trying marijuana once or twice
   c. Using marijuana occasionally
   d. Using marijuana regularly
   e. Trying cocaine in powder form once or twice
   f. Taking cocaine powder occasionally
   g. Taking cocaine powder regularly
   h. Trying “crack” cocaine once or twice
   i. Trying “crack” cocaine occasionally
   j. Trying “crack” cocaine regularly
   k. Trying one or two drinks of alcoholic beverage (beer, wine, liquor)
   l. Taking one or two drink nearly every day
   m. Taking four or five drinks nearly every day
   n. Having five or more drinks once or twice each weekend
   o. Vaping an e-liquid with nicotine occasionally
   p. Vaping an e-liquid with nicotine regularly
q. Trying LSD once or twice
r. Taking LSD regularly
s. Trying heroin once or twice
t. Taking heroin occasionally
u. Taking heroin regularly
v. Taking a sedative/barbiturate (downer) once or twice
w. Taking a sedative/barbiturate (downer) regularly
x. Trying an amphetamine (uppers, speed, Adderall, Ritalin, etc.) once or twice
y. Taking an amphetamine regularly

18. Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following? ●

[RESPONSE OPTIONS: 1="No" 2="Not Sure" 3="Yes"]

a. Using marijuana (pot, weed) in private
b. Using marijuana in public places
c. Taking LSD in private
d. Taking LSD in public places
e. Taking amphetamines (uppers) or sedatives (downers) in private
f. Taking amphetamines (uppers) or sedatives (downers) in public places
g. Taking heroin in private
h. Taking heroin in public places
i. Getting drunk in private
j. Getting drunk in public places
k. Smoking tobacco in certain specified public places

19. In particular, there has been a great deal of public debate about whether marijuana use should be legal. Not counting "medical marijuana" (with a doctor's prescription) which of the following policies would you favor? ●

a. Response options: 1="Using marijuana should be entirely legal" 2="It should be a minor violation--like a parking ticket--but not a crime" 3="It should be a crime" 4="Don't know"

20. Aside from "medical marijuana," if it were legal for people to USE marijuana, should it also be legal to SELL marijuana? ●

a. Response options: 1="No" 2="Yes, but only to adults" 3="Yes, to anyone" 4="Don't know"

21. Aside from "medical marijuana," if marijuana were legal to use and legally available, which of the following would you be most likely to do? ●

a. Response options: 1="Not use it, even if it were legal and available" 2="Try it" 3="Use it about as often as I do now" 4="Use it more often than I do now" 5="Use it less than I do now" 6="Don't know"

22. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things? ●

[RESPONSE OPTIONS: 1="Not Disapprove" 2="Disapprove" 3="Strongly Disapprove"]

a. Smoking one or more packs of cigarettes per day
b. Trying marijuana (pot, weed) once or twice
c. Using marijuana occasionally
d. Using marijuana regularly
e. Trying LSD once or twice
f. Trying an amphetamine (upper, speed, Adderall, Ritalin, etc.) once or twice
g. Trying cocaine once or twice
h. Taking cocaine occasionally
i. Taking one or two drinks nearly every day
j. Taking four or five drinks nearly every day
k. Having five or more drinks once or twice each weekend
l. Driving a car after having 1-2 drinks
m. Driving a car after having 5 or more drinks
n. Driving a car after using marijuana

23. Do YOU think that people who smoke marijuana several times a week tend to be . . . ●
   [RESPONSE OPTIONS: 1="No" 2="Yes" 3="Not Sure, No Opinion"]
   a. more creative than average?
b. Less sensible than average?
c. More interesting people than average?
d. Less hard-working than average?
e. More independent than average?
f. More emotionally unstable than average?
g. More concerned about other people than average?
h. More weak-willed than average?
i. More criminal than average?

24. Smokers know how to enjoy life more than non-smokers… ●
   a. Response options: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

25. I would prefer to date people who don't smoke… ●
   a. Response options: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

26. The harmful effects of cigarettes have been exaggerated… ●
   a. Response options: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

27. I think that becoming a smoker reflects poor judgment… ●
   a. Response options: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

28. I personally don't mind being around people who are smoking… ●
   a. Response options: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

29. Smoking is a dirty habit… ●
30. I strongly dislike being near people who are smoking… ●  
   a. Response options: 1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

31. How severe do you think the consequences would be for a student in your school who gets caught . . . [RESPONSE OPTIONS: 1="No consequences" 2="Mild" 3="Moderate" 4="Severe" 8="Don't Know"] ●  
   a. Smoking?  
   b. Using (or possessing) alcohol?  
   c. Using (or possessing) an illegal drug?  
   d. Vaping?

32. Do you (or did you) worry that quitting smoking would make you gain weight? ●  
   a. Response options: 1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

33. 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? ●  
   a. Response options: 1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

34. In your opinion how addictive is . . . using a JUUL regularly? ●  
   a. Response options: 8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some-what addictive" 4="Very addictive" -9="Did not answer" -6="No JUUL vaping" -7="No vaping 30 days" -8="No JUUL vaping"

35. In your opinion how addictive is . . . smoking cigarettes regularly? ●  
   a. Response options: 8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some-what addictive" 4="Very addictive" -9="Did not answer" -6="No JUUL vaping" -7="No vaping 30 days" -8="No JUUL vaping"

36. In your opinion how addictive is . . . using marijuana regularly? ●  
   a. Response options: 8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some-what addictive" 4="Very addictive" -9="Did not answer" -6="No JUUL vaping" -7="No vaping 30 days" -8="No JUUL vaping"

37. In your opinion how addictive is . . . using alcohol regularly? ●  
   a. Response options: 8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some-what addictive" 4="Very addictive" -9="Did not answer" -6="No JUUL vaping" -7="No vaping 30 days" -8="No JUUL vaping"

38. Youth who think it would be wrong for someone their age to drink alcohol regularly. *

39. Youth who think it would be wrong for someone their age to smoke cigarettes. *
40. Youth who think it would be wrong for someone their age to smoke marijuana.

41. Youth who think it would be wrong for someone their age to use illicit drugs.

42. Youth who think it would be wrong for someone their age to vape nicotine or marijuana.

43. Youth who reported that their friends feel it would be wrong to smoke tobacco.

44. Youth who reported that their friends feel it would be wrong to drink alcohol.

45. Youth who reported that their friends feel it would be wrong to smoke marijuana.

46. Youth who reported that their friends feel it would be wrong to use prescription drugs not prescribed to you.

47. Youth who think it would be wrong for their parents to drink alcohol regularly.

48. Youth who think it would be wrong for their parents to smoke cigarettes.

49. Youth who think it would be wrong for their parents to smoke marijuana.

50. Youth who think it would be wrong for their parents to use prescription drugs not prescribed to them.
Section 7: Other

Drug education courses in school, parental involvement, ATOD use of family and friends, recovery/treatment

1. Have you ever attended a treatment program for alcohol or drug abuse where you stayed overnight? ●
   a. Response options: 1="No, never" 2="Yes, but not in the past 12 months" 3="Yes, sometime in the past 12 months"

2. Have you ever received any other kind of professional counseling, treatment, or therapy because of your use of alcohol or drugs? ●
   a. Response options: 1="No, never" 2="Yes, but not in the past 12 months" 3="Yes, sometime in the past 12 months"

3. Has a friend or relative or anyone else ever expressed concern about your use of the following substance(s)? ●
   a. Response options: No, never; Yes, in the past 3 months; Yes, but not in the past 3 months

4. Have you had any drug education courses or lectures in school? ●
   a. Response options: 1="No" 2="No, and I wish I had" 3="Yes"

5. In your present school, how vigorous are the teachers and administrators in their attempts to prevent students from . . .? ●
   [RESPONSE OPTIONS: 1="Not at all" 2="Slightly" 3="Somewhat" 4="Fairly vigorous" 5="Very vigorous" 8="Don't Know"]
   a. Smoking?
   b. Drinking?
   c. Drug use?
   d. Vaping?

6. Would you say that the information about drugs that you received in school classes or programs has . . .? ●
   a. Response options: 1="Made you less interested in trying drugs" 2="Not changed your interest in trying drugs" 3="Made you more interested in trying drugs"

7. How many of the following drug education experiences have you had in high school? (Mark all that apply) ●
   i. A special course about drugs
   ii. Films, lectures, or discussions in one of my regular courses
   iii. Films or lectures outside of my regular courses
   iv. Special group discussions about drugs

   a. Overall, how valuable were the experiences to you?
   v. Response options: 1="Little or no value" 2="Some value" 3="Considerable value" 4="Great value"
8. During the LAST 12 MONTHS, how often have you been around people who were
taking each of the following to get high? ●
   a. Marijuana (pot, weed) or hashish
   b. LSD
   c. Other hallucinogens (mescaline, peyote, "shrooms" or psilocybin, PCP, etc.)
   d. Amphetamines (uppers, speed, Adderall, Ritalin, etc.)
   e. Sedatives/barbiturates (downers)
   f. Tranquilizers (Librium, Valium, Xanax)
   g. Cocaine ("coke")
   h. Heroin
   i. Other narcotics (codeine, Vicodin, OxyContin, Percocet, etc.)
   j. Alcoholic beverages (beer, wine, liquor)

9. If one of your best friends were to offer you some marijuana, would you use it? ●
   a. Response options: 1="Definitely yes" 2="Probably yes" 3="Probably not"
      4="Definitely not"

10. How many of your friends would you estimate … smoke cigarettes? ●
    [Additional questions on survey that also ask about the following: (a) marijuana (pot, weed) or
    hashish, (b) “crack” cocaine, (c) cocaine powder, (d) drink alcoholic beverages (liquor, beer,
    wine), (e) get drunk at least once a week, (f) vape (e-cigarette, e-pen, etc.), (g) use inhalants, and
    (h) heroin]
    a. Response options: 1="None" 2="A Few" 3="Some" 4="Most" 5="All"
References


