

2024 ARIZONA YOUTH SURVEY SAMPLE INSTRUMENT

Thank you for agreeing to participate in the ARIZONA YOUTH SURVEY. The survey is being conducted by researchers at Arizona State University and the Arizona Criminal Justice Commission. The goal of the project is to learn more about how teens' experiences with their community, family, peers, and school are related to their health behaviors.

The survey is completely voluntary and anonymous. To protect your privacy, no information is collected that would allow anyone to know the identities of students who took the survey. **School officials are NEVER ALLOWED to look at any students responses to the survey.**

This is not a test, so there are no right or wrong answers. We would like you to work quickly so that you can finish. **If you do not finish the entire survey in the allotted time, click on the 'NEXT' button once to save your answers on the page and then close the browser.**

Please answer each question by clicking on one of the answer choices. If you do not find an answer that fits exactly, use the response that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can also skip any question that you do not wish to answer or stop taking the survey at any time.

Some questions will have the following answer choices.

NO! no yes YES!

Choose **NO!** if you think the statement is **DEFINITELY NOT TRUE** for you.

Choose **no** if you think the statement is **MOSTLY NOT TRUE** for you.

Choose **yes** if you think the statement is **MOSTLY TRUE** for you.

Choose **YES!** if you think the statement is **DEFINITELY TRUE** for you.

Example statement: Students in my school are kind to one another.

NO! no yes YES!

In the example above, the student chose "yes" because he or she thinks the statement is mostly true, but not definitely true.

Please enter your **five-digit HOME ZIP CODE**. If you don't know it, type 88888:

What grade are you in?

| | | | | | |
|-----|-----|-----|------|------|------|
| 7th | 8th | 9th | 10th | 11th | 12th |
|-----|-----|-----|------|------|------|

How old are you?

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|----|----|----|----|----|----|----|----|----|----|

What is your sex?

| | |
|------|--------|
| Male | Female |
|------|--------|

Do you get a free or reduced cost lunch at school?

| | |
|----|-----|
| No | Yes |
|----|-----|

What is your race/ethnicity? (Mark all that apply)

| | |
|------------------------|---------------------------------|
| White (Caucasian) | Asian |
| Hispanic/Latino | American Indian/Alaska Native |
| Black/African American | Hawaiian/Other Pacific Islander |

Do you belong to a tribe or reservation community in Arizona? **If you belong to more than one, select all that apply.**

| | |
|--|---|
| No Arizona tribal or reservation affiliation | Navajo Nation |
| Ak-Chin Indian Community | Pascua Yaqui Tribe |
| Cocopah Indian Tribe | Pueblo of Zuni |
| Colorado River Indian Tribes | Salt River Pima-Maricopa Indian Community |
| Fort McDowell Yavapai Nation | San Carlos Apache Tribe |
| Fort Mojave Indian Tribe | San Juan Southern Paiute Tribe |
| Fort Yuma Quechan Tribe | Tohono O'odham Nation |
| Gila River Indian Community | Tonto Apache Tribe |
| Havasupai Tribe | White Mountain Apache Tribe |
| Hopi Tribe | Yavapai-Apache Tribe |
| Hualapai Tribe | Yavapai-Prescott Indian Tribe |
| Kaibab Band of Paiute Indians | |

Answer the following set of questions thinking about where you live most of the time.

Who is your primary female caregiver?

| | | | | | |
|--------|------------|-------------|---------------|--------------------|---------------------------------|
| Mother | Stepmother | Grandmother | Foster mother | Other female adult | No female caregiver in the home |
|--------|------------|-------------|---------------|--------------------|---------------------------------|

Who is your primary male caregiver?

| | | | | | |
|--------|------------|-------------|---------------|------------------|-------------------------------|
| Father | Stepfather | Grandfather | Foster father | Other male adult | No male caregiver in the home |
|--------|------------|-------------|---------------|------------------|-------------------------------|

Did your primary female caregiver complete high school?

| | |
|----|-----|
| No | Yes |
|----|-----|

Did your primary male caregiver complete high school?

| | |
|----|-----|
| No | Yes |
|----|-----|

In your lifetime, did you ever live with parents or guardians who got separated or divorced?

| | |
|----|-----|
| No | Yes |
|----|-----|

What, if any, is the current military status of your parent(s)/guardian(s)? (Mark all that apply)

| | | | | |
|-------------------------|-------------|---------|-----------------|----------------------|
| Neither in the military | Active duty | Reserve | Former military | Died in the military |
|-------------------------|-------------|---------|-----------------|----------------------|

Who else lives in your home? (Mark all that apply)

| | |
|------------------------------|----------------|
| No one else | Other adult(s) |
| Brother(s)/sister(s) | Other children |
| Stepbrother(s)/stepsister(s) | |

Do you have any brothers or sisters that don't live in your home?

| | |
|----|-----|
| No | Yes |
|----|-----|

This section asks about your experiences at school.

Last year, what were your grades like in school?

| | | | | |
|------------|------------|------------|------------|------------|
| Mostly A's | Mostly B's | Mostly C's | Mostly D's | Mostly F's |
|------------|------------|------------|------------|------------|

How interesting are most of your courses to you?

| | | | | |
|------------------|-------------------|--------------------|----------------------|------------------------|
| Very interesting | Quite interesting | Fairly interesting | Slightly interesting | Not at all interesting |
|------------------|-------------------|--------------------|----------------------|------------------------|

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

| | | | | |
|----------------|-----------------|------------------|--------------------|----------------------|
| Very important | Quite important | Fairly important | Slightly important | Not at all important |
|----------------|-----------------|------------------|--------------------|----------------------|

Please select the response that best describes your current school.

| | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| In my school, students have lots of chances to help decide things like class activities and rules. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teachers ask me to work on special classroom projects. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My teachers notice when I am doing a good job and let me know about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are lots of chances for students in my school to talk with a teacher one-on-one. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | NO! | no | yes | YES! |
| I feel safe at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The school lets my parents know when I have done something well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My teachers praise me when I work hard in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are lots of chances to be part of class discussions or activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Are your school grades better than the grades of most students in your class? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past year, how often did you:

| | Never | Seldom | Sometimes | Often | Almost always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| enjoy being in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| hate being in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| try to do your best work in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| feel that the school work you were assigned was meaningful and important? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past 12 months, how many times have you:

| | Never | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20-29 times | 30-39 times | 40+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| participated in clubs, organizations, or activities at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| done extra work on your own for school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| volunteered to do community service? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

| | | | | | | |
|----------------------------|-------------------------|-------------------------|-------------------------|---------------------------|----------------------------|----------------------------------|
| <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4-5 | <input type="radio"/> 6-10 | <input type="radio"/> 11 or more |
|----------------------------|-------------------------|-------------------------|-------------------------|---------------------------|----------------------------|----------------------------------|

During the past 12 months, how many times have the following things occurred on school grounds?

| | 0 times | 1 time | 2 times | 3 times | 4+ times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| You were picked on or bullied | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You picked on or bullied someone else | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You saw someone being bullied | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You were in a physical fight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Someone threatened or injured you with a weapon such as a gun, knife, or club | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the **past 12 months**, how many times did you **NOT** go to school because you felt you would be unsafe?

| | | | | |
|---------|--------|---------|---------|----------|
| 0 times | 1 time | 2 times | 3 times | 4+ times |
|---------|--------|---------|---------|----------|

This section asks about your relationship with your friends and other teens.

In the **past month**, describe how often the following things occurred.

| | Never | Almost Never | Sometimes | Often | Almost Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Other teens wanted to be my friend. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I could count on my friends for help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt accepted by other teens my age. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt like I was part of a group of friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I got invited to go do things with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Never | Almost Never | Sometimes | Often | Almost Always |
| I had friends who cared about my feelings. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other teens wanted to talk to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other teens wanted to be around me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I could talk to my friends about my problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Think of the **FOUR FRIENDS YOU FEEL CLOSEST TO**. In the **past 12 months**, how many of them have:

| | None of my friends | 1 of my friends | 2 of my friends | 3 of my friends | 4 of my friends |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| participated in clubs, organizations, or activities at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| made a commitment to stay drug-free? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| liked school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| tried to do well in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| smoked tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vaped e-juice/e-liquid with nicotine (e.g., e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | None of my friends | 1 of my friends | 2 of my friends | 3 of my friends | 4 of my friends |
| tried alcohol when their parents didn't know about it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| sold illegal drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been suspended from school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| dropped out of school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | None of my friends | 1 of my friends | 2 of my friends | 3 of my friends | 4 of my friends |
| been in a physical fight? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| stolen or tried to steal a motor vehicle such as a car or motorcycle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been arrested? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been members of a gang? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This section asks about your feelings and personal characteristics.

During the past 7 days, how often have the following things occurred?

| | Never | Almost Never | Sometimes | Often | Almost Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I felt that my problems kept piling up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I got mad, I stayed mad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was so angry I felt like yelling at somebody. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt unable to manage things in my life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt overwhelmed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I got angry easily. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt stressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was so angry I felt like throwing something. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Choose the response that best describes you.

| | Not at all true | Somewhat true | Very true | Definitely true |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| I do not care who I hurt to get what I want. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel bad or guilty when I do something wrong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moments of danger that scare others do not scare me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am fearless in situations where I might get hurt. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I apologize (say, "I am sorry") to people I hurt. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not care about being on time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I try not to hurt others' feelings. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I seem very cold and uncaring to others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It would frighten me if a burglar broke into my home at night. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not feel remorseful when I do something wrong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seeing someone being beaten and robbed would make me nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I always try my best. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Choose the response that best describes you.

| | Not at all true | Somewhat true | Very true | Definitely true |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| I would feel nervous if someone threatened to hurt me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I care about how well I do at school or work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not like to put the time into doing things well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The feelings of others are unimportant to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I work hard on everything I do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not care if I get into trouble. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am concerned about the feelings of others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do not care about doing things well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do things to make others feel good. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Chose the response that best describes you.

| | Very false | Somewhat false | Somewhat true | Very true |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| I ignore rules that get in my way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do the opposite of what people tell me, just to get them mad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I like to see how much I can get away with. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Choose the response that best describes you.

| | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| It is important to be honest with your parents, even if they become upset or you get punished. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think it is ok to take something without asking if you can get away with it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think sometimes it is okay to cheat at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is all right to beat up people if they start the fight. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This section asks about your experiences engaging in various behaviors. Remember that this survey is anonymous and school officials are never allowed to view any responses collected from individual student surveys.

During the past 12 months, how many times have you:

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| been suspended from school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| sold illegal drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| stolen something worth more than \$5? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| stolen or tried to steal a motor vehicle such as a car or motorcycle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10+ times |
| been arrested? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| attacked someone with the idea of seriously hurting them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been drunk or high at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been in a physical fight? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| physically assaulted your boyfriend/girlfriend (e.g., hit, slapped, pushed, kicked)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10+ times |
| taken a handgun to school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| threatened, shot at, or shot someone with a gun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| harassed or made fun of another person online or through text? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Have you ever belonged to a gang?

| | |
|--------------------------|---------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
|--------------------------|---------------------------|

You mentioned you belonged to a gang in your lifetime. Did the gang have a name?

| | |
|----|-----|
| No | Yes |
|----|-----|

What was the one major reason why you joined?

| | | | |
|-------------|------------|----------------------|---------------------|
| Get respect | Make money | Felt pressured | Parent(s) in a gang |
| Protection | Friendship | Sibling(s) in a gang | Some other reason |

How OLD were you when you first belonged to a gang?

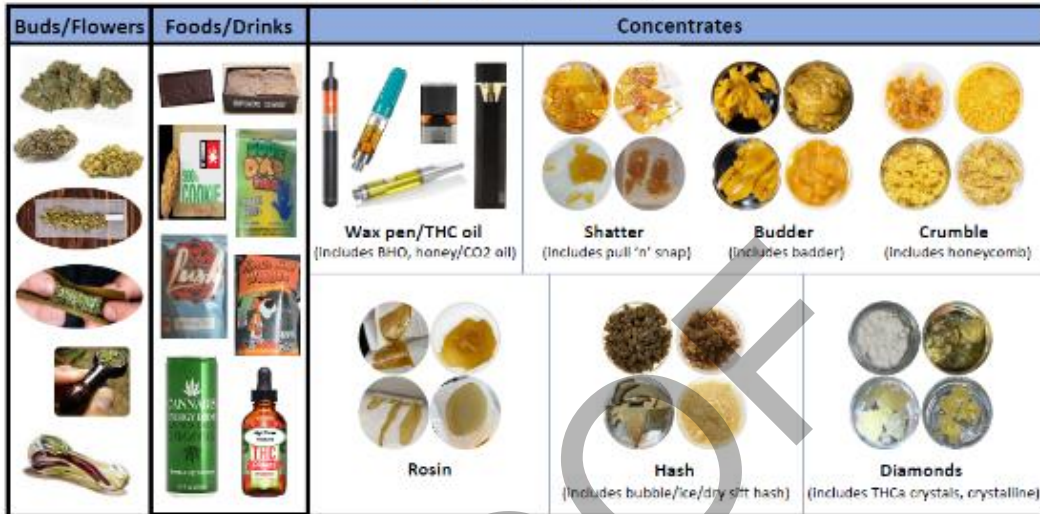
| | | | | | | | |
|---------------|----|----|----|----|----|----|-------------|
| 10 or younger | 11 | 12 | 13 | 14 | 15 | 16 | 17 or older |
|---------------|----|----|----|----|----|----|-------------|

Do you currently belong to a gang?

| | | | |
|----|-----------------------|--------------------------|-----------------|
| No | No, but would like to | Yes, but want to get out | Yes, belong now |
|----|-----------------------|--------------------------|-----------------|

This section asks about behaviors related to tobacco, alcohol, and other drug use during your lifetime. For questions regarding different types of marijuana (e.g., buds/flowers, foods/drinks, concentrates), look at the picture card below to make sure you understand what products are included under each type.

Types of Marijuana



In your lifetime, on how many **DAYS** (if any) have you:

| | 0 days | 1-2 days | 3-5 days | 6-9 days | 10-19 days | 20+ days |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| smoked tobacco cigarettes (NOT including e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vaped e-juice/e-liquid with nicotine (e.g., e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In your lifetime, on how many **OCCASIONS** (if any) have you:

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| drunk alcoholic beverages -- more than just a few sips? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana buds/flowers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used edible foods or drinks containing marijuana (e.g., brownies, cookies, chocolates, candies, sodas, tinctures)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana concentrates (e.g. wax pen/THC oil, shatter, budder, crumble, rosin, hash, diamonds)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| inhaled gases or fumes from glues, liquids, or sprays to get high (e.g., whippets, nitrous, paint, gas, aerosols)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used hallucinogens (e.g., LSD, shrooms, peyote, salvia)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
| used phenoxydine (e.g., px, breeze)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used over the counter drugs for the purposes of getting high (e.g., cough syrup, cold medicine, diet pills)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used prescription pain relievers without a doctor telling you to take them (e.g., codeine, OxyContin, Vicodin, Percocet, hydrocodone, fentanyl)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used prescription stimulants without a doctor telling you to take them (e.g., Adderall, Ritalin, Concerta, Vyvanse, Dexedrine)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used steroids or anabolic steroids (e.g., Anadrol, Oxandrin, Durabolin, Equipoise, Depo-Testosterone)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used ecstasy (e.g., Molly, MDMA, X, E)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In your lifetime, on how many **OCCASIONS** (if any) have you:

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| used cocaine or crack? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used heroin? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used methamphetamine (e.g., meth, crystal meth)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used synthetic drugs (e.g., Bath Salts, K2, Spice, Gold)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| drunk alcohol at the same time you used prescription pain relievers (e.g., Vicodin, OxyContin, codeine)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used multiple drugs at the same time (including alcohol, prescription medications, marijuana, and other illegal drugs)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Have you ever used the drug fentanyl?

I have never heard of that drug.

No

Yes

In your lifetime, on how many **OCCASIONS** have you used the marijuana concentrates listed below?

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Wax pen/THC oil | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shatter, budder, or crumble | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rosin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hash | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diamonds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How OLD were you when you first:

| | 10 or younger | 11 | 12 | 13 | 14 | 15 | 16 | 17 or older |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| smoked a cigarette, even just a puff? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vaped e-juice/e-liquid with nicotine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| had more than a sip or two of alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana buds/flowers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used edible foods or drinks containing marijuana (e.g., brownies, cookies, chocolates, candies, sodas, tinctures)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana concentrates (e.g., wax pen/THC oil, shatter, budder, crumble, rosin, hash, diamonds)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How OLD were you when you first began drinking alcoholic beverages regularly (at least 1-2 times a month)?

| | | | | | | | | |
|-----------------------|---------------|----|----|----|----|----|----|-------------|
| Never drank regularly | 10 or younger | 11 | 12 | 13 | 14 | 15 | 16 | 17 or older |
|-----------------------|---------------|----|----|----|----|----|----|-------------|

Have you ever done the following on school grounds?

| | No | Yes |
|---|-----------------------|-----------------------|
| Smoked tobacco cigarettes (NOT including e-cigarettes)? | <input type="radio"/> | <input type="radio"/> |
| Vaped e-juice/e-liquid with nicotine (e.g., e-cigarettes) | <input type="radio"/> | <input type="radio"/> |
| Drunk alcoholic beverages | <input type="radio"/> | <input type="radio"/> |
| Used marijuana buds/flowers | <input type="radio"/> | <input type="radio"/> |
| Used a wax pen/THC oil | <input type="radio"/> | <input type="radio"/> |
| Used edible foods or drinks containing marijuana (e.g., brownies, cookies, chocolates, candies, sodas, tinctures) | <input type="radio"/> | <input type="radio"/> |

Earlier you reported using tobacco, alcohol and/or other drugs in your lifetime. This section asks about your recent use of these substances.

During the past 30 days, on how many **DAYS** (if any) have you:

| | 0 days | 1-2 days | 3-5 days | 6-9 days | 10-19 days | 20+ days |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| smoked tobacco cigarettes (NOT including e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vaped e-juice/e-liquid with nicotine (e.g., e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past 30 days, on how many **OCCASIONS** (if any) have you:

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| drunk alcoholic beverages -- more than just a few sips? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana buds/flowers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used edible foods or drinks containing marijuana (e.g., brownies, cookies, chocolates, candies, sodas, tinctures)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana concentrates (e.g. wax, pen/THC oil, shatter, budder, crumble, rosin, hash, diamonds)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| inhaled gases or fumes from glues, liquids, or sprays to get high (e.g., whippets, nitrous, paint, gas, aerosols)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used hallucinogens (e.g., LSD, shrooms, peyote, salvia)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used phenoxydine (e.g., px, breeze)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used over the counter drugs for the purposes of getting high (e.g., cough syrup, cold medicine, diet pills)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used prescription pain relievers without a doctor telling you to take them (e.g., codeine, OxyContin, Vicodin, Percocet, hydrocodone, fentanyl)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the **past 30 days**, on how many **OCCASIONS** (if any) have you:

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| used prescription stimulants without a doctor telling you to take them (e.g., Adderall, Ritalin, Concerta, Vyvanse, Dexedrine)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used steroids or anabolic steroids (e.g., Anadrol, Oxandrin, Durabolin, Equipoise, Depo-Testosterone)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used ecstasy (e.g., Molly, MDMA, X, E)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used cocaine or crack? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used heroin? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used methamphetamines (e.g., meth, crystal meth)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used synthetic drugs (e.g., Bath Salts, K2, Spice, Gold)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| drunk alcohol at the same time you used prescription pain relievers (e.g., Vicodin, OxyContin, codeine)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used multiple drugs at the same time (including alcohol, prescription medications, marijuana, and other illegal drugs)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used fentanyl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Over the **last two weeks**, how many times have you had five (5) or more alcoholic drinks in a row?

| | | | | | |
|---------|--------|---------|--------------|--------------|------------------|
| 0 times | 1 time | 2 times | 3 to 5 times | 6 to 9 times | 10 or more times |
|---------|--------|---------|--------------|--------------|------------------|

During the **past 30 days**, have you owned an electronic vaping device (e.g., e-cig, wax pen, vape mod)?

| | |
|----|-----|
| No | Yes |
|----|-----|

Click next to see the rest of the survey questions.

This section asks about your beliefs about substance use and related behaviors.

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

| | No risk | Slight risk | Moderate risk | Great risk |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| smoke 1 or 2 packs of tobacco cigarettes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vape e-juice/e-liquid with nicotine daily? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| take one or two drinks of an alcoholic beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| have five or more drinks of an alcoholic beverage, in a row, once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use prescription drugs without a doctor telling them to take them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | No risk | Slight risk | Moderate risk | Great risk |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| use fentanyl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| try marijuana once or twice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana regularly (once or twice a week)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| smoke tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vape e-juice/e-liquid with nicotine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| have one or two alcoholic drinks nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| drink alcoholic beverages regularly (at least once or twice a month)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| use prescription drugs without a doctor telling them to take them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| take a handgun to school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| steal something worth more than \$5? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| pick a fight with someone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| attack someone with the idea of seriously hurting them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| stay away from school all day when their parents think they are at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How **EASY** would it be for you to get the following things if you wanted them:

| | Very hard | Sort of hard | Sort of easy | Very easy |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| an e-cigarette with nicotine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| prescription drugs that can be used to get high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Very hard | Sort of hard | Sort of easy | Very easy |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| fentanyl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| marijuana buds/flowers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| marijuana concentrates (e.g. wax pen/THC oil, shatter, budder, crumble, rosin, hash, diamonds)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How **EASY** would it be for you to get the following things if you wanted them:

| | Very hard | Sort of hard | Sort of easy | Very easy |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| edible foods or drinks containing marijuana (e.g., brownies, cookies, chocolates, candies, sodas, tinctures)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| an illegal drug besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What are the **CHANCES** that you would be seen as cool if you:

| | No or very little chance | Little chance | Some chance | Pretty good chance | Very good chance |
|--|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| smoked tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vaped e-juice/e-liquid with nicotine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| began drinking alcoholic beverages regularly (at least once or twice a month)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| worked hard at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| regularly volunteered to do community service? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| defended someone who was being verbally abused at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How wrong do your **FRIENDS** feel it would be for **YOU** to:

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| smoke tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vape e-juice/e-liquid with nicotine (e.g., e-cigarettes)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| have one or two drinks of an alcoholic beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This section asks about your experiences as a driver or passenger in a car or other vehicle.

Do you **currently** have a valid driver's license or permit?

| | | |
|----|----------------------|-----------------------|
| No | Yes, driver's permit | Yes, driver's license |
|----|----------------------|-----------------------|

During the **past 30 days**, how many times did you **DRIVE** a car or other vehicle:

| | 0 times | 1 time | 2-3 times | 4-5 times | 6 or more times |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| when you had been drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| when you had been using marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| while texting or talking on your phone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the **past 30 days**, how many times did you **RIDE** in a car or other vehicle driven by someone who had been:

| | 0 times | 1 time | 2-3 times | 4-5 times | 6 or more times |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| drinking alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

When answering the questions in this section, please think about the people you consider to be your family (e.g., parents, stepparents, grandparents, etc).

| | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| The rules in my family are clear. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People in my family often insult or yell at each other. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I am not at home, one of my parents knows where I am and who I am with. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| We argue about the same things in my family over and over. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you drank some alcohol without your parents' permission, would you be caught by your parents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family has clear rules about alcohol and drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you carried a handgun without your parents' permission, would you be caught by your parents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | NO! | no | yes | YES! |
| If you skipped school, would you be caught by your parents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents ask me what I think before most family decisions affecting me are made. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you feel very close to your mother? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you feel very close to your father? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you share your thoughts and feelings with your mother? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you share your thoughts and feelings with your father? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you enjoy spending time with your mother? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Do you enjoy spending time with your father? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I had a personal problem, I could ask my mom or dad for help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents give me lots of chances to do fun things with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents ask if I've gotten my homework done. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People in my family have serious arguments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Would your parents know if you did not come home on time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

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

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

How **WRONG** do your parents feel it would be for **YOU** to:

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| smoke tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| have 1 or 2 alcoholic drinks nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| drink alcoholic beverages regularly (at least once or twice a month)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use prescription drugs without a doctor telling you to take them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How **WRONG** do your parents feel it would be for **YOU** to:

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| use illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| steal something worth more than \$5? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| pick a fight with someone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In your **lifetime**, how often has:

| | Never | Rarely | Sometimes | Most of the time | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a parent or other adult in your home insulted you or put you down. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Have you ever lived with a parent or guardian who:

| | No | Yes |
|---|-----------------------|-----------------------|
| you were separated from because they went to jail, prison, or a detention center? | <input type="radio"/> | <input type="radio"/> |
| had a problem with alcohol use? | <input type="radio"/> | <input type="radio"/> |
| had a problem with drug use? | <input type="radio"/> | <input type="radio"/> |

Have any of your brothers or sisters ever:

| | No | Yes |
|---|-----------------------|-----------------------|
| smoked tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> |
| drunk beer, wine, or hard liquor? | <input type="radio"/> | <input type="radio"/> |
| used prescription drugs without a doctor telling them to take them? | <input type="radio"/> | <input type="radio"/> |
| used marijuana? | <input type="radio"/> | <input type="radio"/> |
| used illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> |
| been suspended or expelled from school? | <input type="radio"/> | <input type="radio"/> |
| taken a handgun to school? | <input type="radio"/> | <input type="radio"/> |

Has anyone in your family ever had a severe alcohol or drug problem?

| | |
|----|-----|
| No | Yes |
|----|-----|

In the past 12 months, how many adults (over 21) have you known personally who have:

| | None | 1 adult | 2 adults | 3 adults | 4 adults | 5+ adults |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| gotten drunk or high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana, crack, cocaine, or other drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| sold or dealt drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging, assaulting others, etc.? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This section asks about the neighborhood and community where you live.

During the past 12 months, how many times have you:

| | Never | 1-2 times | 3-5 times | 6-9 times | 10+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| SEEN someone punched, kicked, choked, or beaten up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SEEN someone attacked with a weapon other than a gun (e.g., knife, bat, bottle)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SEEN someone shot, shot at, or threatened with a gun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BEEN punched, kicked, choked, or beaten up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BEEN attacked with a weapon other than a gun (e.g., knife, bat, bottle)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BEEN shot, shot at, or threatened with a gun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BEEN physically assaulted by your boyfriend/girlfriend (e.g., hit, slapped, pushed)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BEEN harassed or made fun of by another person online or through text? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Select the response that best describes your neighborhood.

| | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| If I had to move, I would miss the neighborhood I now live in. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My neighbors notice when I am doing a good job and let me know about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I like my neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are lots of adults in my neighborhood I could talk to about something important. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'd like to get out of my neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are people in my neighborhood who are proud of me when I do something well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are people in my neighborhood who encourage me to do my best. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel safe in my neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Would a kid in your neighborhood get caught by police if they:

| | NO! | no | yes | YES! |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| drank alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used prescription drugs without a doctor telling them to take them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| used illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| smoke tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| drink alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

You're almost done! Keep working!

This section asks about your experiences using, obtaining, and avoiding tobacco, alcohol, and other drugs.

Earlier you reported that you owned an electronic vaping device (e.g., e-cig, wax pen, vape mod) during the past 30 days. Please tell us how you got it. (Mark all that apply)

| | |
|---|------------------------------|
| Bought it from a smoke/vape shop | From friends |
| Bought it from a store other than a smoke/vape shop | Gave someone money to buy it |
| Bought it from a drug dealer | Over the internet |
| From family or relatives | Some other way |

Earlier you reported that you drank alcohol during the past 30 days. Please tell us how you got it. (Mark all that apply)

| | |
|--|----------------------------------|
| Bought it at a restaurant, bar, or club | Gave someone money to buy it |
| Bought it at a store | From a relative over 21 |
| Bought it at a public event (e.g., concert) | From a non-related adult over 21 |
| Bought it when outside of the U.S. | From someone under 21 |
| Stole it from a store or someone else's home | At a party |
| Stole it from my own home | Over the internet |
| From my parent or guardian | Some other way |

Earlier you reported that you used marijuana during the past 30 days. Please tell us how you got it. (Mark all that apply)

| | |
|--|-------------------|
| From someone with a medical marijuana card | From friends |
| Bought it from a dispensary within AZ | At school |
| Bought it from a dispensary outside of AZ | At a party |
| Bought it from a drug dealer | Over the internet |
| From family or relatives | Some other way |
| From home | |

Earlier you reported that you have used prescription drugs in your lifetime without a doctor telling you to use them. Please tell us how you got them. (Mark all that apply)

| | |
|--|-------------------|
| From a doctor or pharmacy within the U.S. | At school |
| From a doctor or pharmacy outside the U.S. | At a party |
| From family or relatives | Over the internet |
| From home | Some other way |
| From friends | |

Please tell us the reason(s) why you **USED** tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs during the past 30 days. (Mark all that apply)

| | |
|---|---|
| Try something new and exciting | Get high or feel good |
| Have fun | Feel normal |
| Bored and needed something to do | Feeling sad or down |
| Deal with the stress from my parents and family | Lose weight |
| Deal with the stress from my peers and friends | Get back at my parents or get their attention |
| Deal with the stress from my school | Feel grown up or prove that I am grown up |
| Deal with the stress from my community | Be like someone famous |
| Needed it, craved it, or am addicted | Fit in with friends |
| Stay focused or think better | Some other reason(s) |

Please tell us the reason(s) why you **DID NOT USE** tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs during the past 30 days. (Mark all that apply)

| | |
|------------------------------------|--|
| Not interested in drugs | Might get kicked out of school, sports, cheerleading, etc. |
| Tried them and don't like them | Would get a bad reputation |
| Couldn't get it or wasn't offered | Friends would stop talking to me or hanging out with me |
| Parents would be disappointed | Illegal and could get arrested |
| Other adults would be disappointed | It can harm my body |
| Parents would take away privileges | Some other reason(s) |

During the past 12 months, do you recall seeing or hearing a local advertisement, billboard, or commercial about:

| | No | Yes |
|---------------------------------------|-----------------------|-----------------------|
| the dangers of teenage marijuana use? | <input type="radio"/> | <input type="radio"/> |
| the dangers of fentanyl use? | <input type="radio"/> | <input type="radio"/> |
| a marijuana dispensary in Arizona? | <input type="radio"/> | <input type="radio"/> |
| teenage substance use prevention? | <input type="radio"/> | <input type="radio"/> |

During the past 12 months, have you talked with a parent or guardian about the dangers of the following substances. (Mark all that apply)

| | | | | | | |
|---------|---------|--------------------|-----------|----------|---------------------|---------------------|
| Tobacco | Alcohol | Prescription drugs | Marijuana | Fentanyl | Other illegal drugs | No, have not talked |
|---------|---------|--------------------|-----------|----------|---------------------|---------------------|

During the **past 12 months**, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?

| | | | | | |
|---------|--------|-----------|-----------|------------|------------------|
| 0 times | 1 time | 2-3 times | 4-6 times | 7-10 times | 11 or more times |
|---------|--------|-----------|-----------|------------|------------------|

During the **past 30 days**, how often have you avoided people or places because you might be offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs?

| | | | | | |
|---------|--------|--------------|--------------|---------------|------------------|
| 0 times | 1 time | 2 to 3 times | 4 to 6 times | 7 to 10 times | 11 or more times |
|---------|--------|--------------|--------------|---------------|------------------|

During the **past 30 days**, how many times were you offered:

| | Never | Once | 2-3 times | 4-6 times | 7-9 times | 10+ times |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| tobacco cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| an e-cigarette with nicotine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| prescription drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| illegal drugs besides marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This is the LAST SECTION! Just a few more questions and you will be done!

During the past 30 days, how many times did you respond in the following ways when offered tobacco, alcohol, prescription drugs, marijuana, or other illegal drugs:

| | 0 times | Once | Twice | 3 times | 4+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| say "No" without giving a reason why. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| give an explanation or excuse to turn down the offer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| decide to leave the situation without accepting the offer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use some other way to not accept the offer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Which of the following people do you feel comfortable going to for help when things go wrong or when you need someone to talk to about your problems? **(Mark all that apply)**

| | |
|--|---------------------------------------|
| <input type="checkbox"/> I have no one I can talk to or go to for help | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Parents/guardians | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Other relatives | <input type="checkbox"/> Counselors |
| <input type="checkbox"/> Teachers/tutors/coaches | <input type="checkbox"/> Other adults |

During a typical school week, how many days are you home after school for at least one hour without an adult there?

| | | | | | |
|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 1 day | <input type="radio"/> 2 days | <input type="radio"/> 3 days | <input type="radio"/> 4 days | <input type="radio"/> 5 days |
|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|

During a **typical week**, how many days do you spend at least 30 minutes of quality time with all or most of your family (e.g., talking, sharing interests/feelings)?

| | | | | | | | |
|--------|-------|--------|--------|--------|--------|--------|--------|
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
|--------|-------|--------|--------|--------|--------|--------|--------|

During a **typical week**, how many days do all or most of your family eat at least one meal together?

| | | | | | | | |
|--------|-------|--------|--------|--------|--------|--------|--------|
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
|--------|-------|--------|--------|--------|--------|--------|--------|

In the **past 12 months**, how many times have you done the following:

| | 0 times | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20+ times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| played the lottery or scratch off tickets? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| bet on a game of personal skill (e.g., pool, video game)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| bet on a card game? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| bet on a dice game? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| paid to play bingo? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| bet on sports? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| spent money to access extra features on video games or game apps (e.g., virtual items/coins, character upgrades, loot boxes, extended play)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This is the end of the survey.