

Nebraska Risk & Protective Factor Student Survey

Year 2023

1. Are you:

- Male
 Female

2. How old are you?

- 12 or younger 16
 13 17
 14 18
 15 19 or older

3. What grade are you in?

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

4. Are you Hispanic or Latino?

- Yes (Hispanic or Latino)
 No (Not Hispanic or Latino)

5. What is your race? (Select one or more.)

- Black or African American
 Asian
 American Indian
 Native Hawaiian or other Pacific Islander
 Alaska Native
 White
 Other

6. Putting them together, what were your grades like LAST YEAR? (Mark the one best answer.)

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

Please indicate how much you agree or disagree with the following statements.

7. I feel safe at my school.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

8. In my school, there is an adult (such as a counselor, teacher, or coach) who listens to me when I have something to say.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

9. How old were you when you first:

	Never have	10 or younger	11	12	13	14	15	16	17 or older
a. 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"/>	<input type="radio"/>
b. used an electronic vapor product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco (for example, chew, snuff, plug, dipping tobacco, or chewing tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use an electronic vapor product (for example, JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi stick)? (Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookahs, pens and mods.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs WITHOUT a doctor telling them to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Now thinking about all the students in your grade at your school, how many do you think:

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
a. smoked cigarettes during the PAST 30 DAYS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used an electronic vapor product during the PAST 30 DAYS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drank beer, wine, or hard liquor during the PAST 30 DAYS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used marijuana during the PAST 30 DAYS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No risk	Slight risk	Moderate risk	Great risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use an electronic vapor product every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use an electronic vapor product once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. During the PAST 30 DAYS, on how many days did you TALK on a cell phone while driving a car or other vehicle?

- Did not drive a car or other vehicle during the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

14. During the PAST 30 DAYS, on how many days did you TEXT OR USE AN APP on a cell phone (such as YouTube, Facebook, or Snapchat) while driving a car or other vehicle?

- Did not drive a car or other vehicle during the past 30 days
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

Please indicate how much you agree or disagree with the following statement.

15. In the PAST WEEK, I have felt hopeful about the future.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

16. During the PAST 12 MONTHS, how often have you been so worried about something that you could not sleep well at night?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

17. During the PAST 12 MONTHS, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

18. During the PAST 30 DAYS, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

- Never
- Rarely
- Sometimes
- Most of the time
- Always

19. During the PAST 12 MONTHS, did you ever seriously consider attempting suicide?

- Yes
- No

20. During the PAST 12 MONTHS, did you actually attempt suicide?

- Yes
- No

21. During the PAST 12 MONTHS, did you hurt or injure yourself on purpose without wanting to die (for example, by cutting, burning, or bruising yourself on purpose)?

- Yes
- No

22. During the PAST 12 MONTHS, how frequently have you been bullied by other students in the following ways?

	Never	Once or twice	Monthly	Weekly	Daily
a. Physically (for example, being hit, pushed, shoved, slapped, kicked, or having property stolen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Verbally (for example, being called names, teased, insulted, or threatened)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Socially (for example, being excluded from a group or having gossip or rumors spread about you)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Electronically (for example, being threatened or embarrassed through e-mail, text messages, or social media)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. During the PAST 12 MONTHS, how many times did someone you were dating or going out with physically hurt you on purpose?

- Did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

24. Do you belong to a gang?

- Yes
- No

25. Have you ever used an electronic vapor product (such as JUUL, Vuse NJOY, Puff Bar, blu or Bidi stick)? Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, vape pens, e-vaporizers, e-hookahs, and hookah pens.

- Yes
- No

26. During the PAST 30 DAYS, on how many days did you use an electronic vapor product?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 30 days

27. The last time you used an electronic vapor product, what was in the vapor you inhaled?

- Never used a vaping or e-cigarette device
- Nicotine or tobacco substitute
- Marijuana or hash oil
- Meth, cocaine, or heroin
- A product without nicotine or other drugs (for example, just flavoring)
- Don't know

28. If you used an electronic vapor product during the PAST 30 DAYS, where did you get them? (Mark "Yes" or "No" for each. If you did not use an electronic vapor product during the PAST 30 DAYS, mark "Did not vape" for each.)

	Did not vape	Yes	No
a. I got or bought them from a friend, family member, or someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought them myself in a vape shop or tobacco shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I bought them myself in a convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I bought them myself at a mall or shopping center kiosk or stand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I bought them myself on the Internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I took them from a store or another person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I got them in some other way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- Yes
 No

30. How frequently have you used smokeless tobacco during the PAST 30 DAYS?

- Never
 Once or twice
 Once or twice per week
 3 to 5 times a week
 About once a day
 More than once a day

31. Have you ever smoked cigarettes?

- Yes
 No

32. How frequently have you smoked cigarettes during the PAST 30 DAYS?

- Not at all
 Less than 1 cigarette per day
 1 to 5 cigarettes per day
 About 1/2 pack per day
 About 1 pack per day
 About 1 1/2 packs per day
 About 2 or more packs per day

33. If you smoked cigarettes during the PAST 30 DAYS, where did you get them? (Mark "Yes" or "No" for each. If you did not smoke during the PAST 30 DAYS, mark "Did not smoke" for each.)

	Did not smoke	Yes	No
a. I bought them myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I gave someone money to buy them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I borrowed (or bummed) them from someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My parents or caregivers gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A family member or relative other than my parents or caregivers gave them to me or bought them for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I took them from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How soon after you wake up do you want to use a tobacco product?

- I do not use tobacco
 Within 5 minutes
 From 6 to 30 minutes
 From more than 30 minutes to 1 hour
 After more than 1 hour but less than 24 hours
 I rarely want to use tobacco

35. In YOUR LIFETIME, how many times have you:

	0 times	1-2 times	3-9 times	10 or more times
a. had alcoholic beverages (beer, wine, or hard liquor) to drink - more than a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used methamphetamines (meth, speed, crank, crystal meth, or ice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used opioids, such as heroin or fentanyl, WITHOUT a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used synthetic drugs (man-made drugs such as K2, Bath Salts, Spice, fake weed, King Kong, Yucatan Fire, or Skunk)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. used dioxnyl (dio, doxy, Jet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. used prescription drugs WITHOUT a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. During the PAST 30 DAYS, how many times have you:

	0 times	1-2 times	3-9 times	10 or more times
a. had beer, wine, or hard liquor to drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used prescription drugs WITHOUT a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. In the PAST 30 DAYS, if you used prescription drugs without a doctor telling you, what is the usual way you got them?

- I did not take prescription drugs without a doctor telling me to.
- I took them from home without the knowledge of my parents or caregivers.
- I bought them from someone (friend, relative, stranger, etc.).
- I took them from someone else without their knowledge.
- Someone gave them to me.
- I got them some other way.

38. During the PAST 12 MONTHS, did you use pain medications (such as Hydrocodone, Codeine, OxyContin, etc.) that a doctor prescribed for you?

- Yes
- No

39. The last time a doctor prescribed a pain medication for you, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

- Did not receive a prescription pain medication from a doctor
- Yes
- No

40. The last time a doctor prescribed a pain medication for you, did anyone ask you about borrowing or buying some of your medication?

- Did not receive a prescription pain medication from a doctor
- Yes
- No

41. Naloxone, also called Narcan, is a medication that can reverse overdoses from prescription pain medication, heroin, or other synthetic opioids. Have you ever heard of this medication?

- Yes
- No

42. Do you know how to use naloxone (Narcan)?

- Yes
- No

43. Do you know anyone who has experienced a drug overdose this past year?

- Yes
- No

44. During the PAST 30 DAYS, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- 0 times
- 1-2 times
- 3-5 times
- 6 or more times

45. During the PAST 30 DAYS, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times
- 1-2 times
- 3-5 times
- 6 or more times

46. During the PAST 30 DAYS, how many times did you drive a car or other vehicle when you had been using marijuana?

- 0 times
- 1-2 times
- 3-5 times
- 6 or more times

47. During the PAST 30 DAYS, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana?

- 0 times
- 1-2 times
- 3-5 times
- 6 or more times

48. During the PAST 30 DAYS, what is the greatest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- None
- 1-2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6-7 drinks
- 8-9 drinks
- 10 or more drinks

49. If you drank alcohol during the PAST 30 DAYS, how did you get it? (Mark "Yes" or "No" for each source. If you did not drink alcohol during the PAST 30 DAYS, mark "Did not drink" for each.)

	Did not drink	Yes	No
a. I bought it in a store such as a liquor store, gas station, or grocery store.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I got it at a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gave someone money to buy it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A family member or relative other than my parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I took it from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I got it or took it from a friend's house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. In the PAST 30 DAYS, how many times did you drink alcohol to increase the effect of some other drug or drugs?

- Did not drink alcohol during the past 30 days
- 0 times
- 1-2 times
- 3-9 times
- 10 or more times

51. If you had a drug or alcohol problem and needed help, who is the FIRST person you would go to? (Please select only one.)

- A counselor in school
- Another adult in school (such as a teacher or coach)
- Your parents or caregivers
- Your friends
- A counselor or program outside of school
- Another adult outside of school (such as a relative, clergy, or other family friend)
- Wouldn't go to anyone

52. During the PAST 30 DAYS, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

53. During the PAST 7 DAYS, on how many days did you eat breakfast?

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

54. During the PAST 7 DAYS, how many times did you drink a can, bottle, or glass of an energy drink, such as Red or Jolt? (Do not count tap sports drinks such as Gatorade or Powerade.)

- I did not drink an energy drink during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

55. During the PAST 7 DAYS, how many times did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.)

- I did not drink water during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

56. During the PAST 7 DAYS, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

57. On an average school night, how many hours of sleep do you get?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

58. How wrong do your parents or caregivers feel it would be for you to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. During any time in your life, have any of your parents or caregivers served in the military?

- Yes
- No
- Don't know

60. Who do you live with primarily (or most of the time): (Please select only one)

- Both parents
- One parent
- One parent and stepparent
- Other relative(s)
- Group home
- Foster family
- Friend(s)
- Other

Please indicate how much you agree or disagree with the following statements.

61. If I had a personal problem, I could ask my parents or caregivers for help.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

62. In my home, there is an adult who listens to me when I have something to say.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

63. How often do your parents or other adults in your family know where you are going or with whom you will be?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

64. During the PAST 12 MONTHS, have you talked with at least one of your parents or caregivers about the dangers of:

	Yes	No
a.drinking alcohol?	<input type="radio"/>	<input type="radio"/>
b.using electronic vapor products?	<input type="radio"/>	<input type="radio"/>

65. If you wanted to, how easy would it be for you to get:

	Very hard	Sort of hard	Sort of easy	Very easy
a. Some beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. some marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. some prescription drugs for non-medical use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. a pack of cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. How wrong would most adults (over 21) in your neighborhood or the area where you live think it is for kids your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a.use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a.smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.use electronic vapor products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. In the PAST 12 MONTHS, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?

- Yes
- No

69. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

70. How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in awhile.
- I was not honest at all.