

Nebraska Risk & Protective Factor Student Survey

Year 2025

1. What is your sex?

- ☐ Male
- ☐ Female

2. How old are you?

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

3. What grade are you in?

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

4. What is your race or ethnicity? (Select one or more responses.)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Some other race or ethnicity (please specify:)

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

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

6. During an average week when you are in school, how many total hours do you participate in school activities such as sports, band, drama, or clubs?

- ☐ 0 hours
- ☐ 1 to 4 hours
- ☐ 5 to 9 hours
- ☐ 10 to 19 hours
- ☐ 20 or more hours

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 a vape or e-cigarette such as JUUL, Geek, SMOK, Vuse, NJOY, EBDdesign, or Esco Bars? (Vape or e-cigarette products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.)	<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 nicotine pouches (for example ZYN, on!, Velo, or Rogue)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use a vape or e-cigarette?	<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"/>

11. 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 nicotine pouches once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use a vape or e-cigarette 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"/>

12. During the PAST 30 DAYS, on how many days did you TEXT OR USE AN APP while driving a car or other vehicle?

- ☐ Did not drive a car or other vehicle during the past 30 days
- ☐ 0 days
- ☐ 1 to 9 days
- ☐ 10 to 29 days
- ☐ All 30 days

13. How often do you wear a seat belt when riding in a car driven by someone else?

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

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

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

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

15. 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

16. 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

17. 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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

20. During the PAST 12 MONTHS, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

21. During the PAST 12 MONTHS, have you ever been bullied on school property?

- ☐ 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? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- ☐ 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. During the PAST 12 MONTHS, how many times were you in a physical fight?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

25. During the PAST 30 DAYS, on how many days did you carry a weapon such as a gun, knife, or club on school property?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

26. Have you ever used a vape or e-cigarette (such as JUUL, Geek, SMOK, Vuse, NJOY, EBDdesign, or Esco Bars)? Vape or e-cigarette products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

- ☐ Yes
- ☐ No

27. During the PAST 30 DAYS, on how many days did you use a vape or e-cigarette?

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

28. The last time you used a vape or e-cigarette, 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

29. If you used a vape or e-cigarette during the PAST 30 DAYS, where did you get them? (Mark "Yes" or "No" for each. If you did not use a vape or e-cigarette 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"/>

The next two questions ask about nicotine pouches, such as ZYN, on!, Velo, or Rogue. These small, flavored pouches are filled with a nicotine-containing powder. Users place nicotine pouches in their mouth and do not need to spit. Nicotine pouches are different from other smokeless tobacco such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf. Do not count other forms of smokeless tobacco, such as chewing tobacco, snuff, dip, or snus when answering these questions.

30. Have you ever used a nicotine pouch, even one or two times?

- ☐ Yes
☐ No

31. During the PAST 30 DAYS, on how many days did you use a nicotine pouch?

- ☐ 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

32. During the PAST 30 DAYS, on how many days did you use chewing tobacco, snuff, dip, and snus such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count nicotine pouches, such as on!, ZYN, or Velo.)

- ☐ 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

33. Have you ever smoked cigarettes, even one or two puffs?

- ☐ Yes
☐ No

34. During the PAST 30 DAYS, on how many days did you smoke cigarettes?

- ☐ 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

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

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

36. In YOUR LIFETIME, have you ever:

	Yes	No
a. had alcoholic beverages (beer, wine, or hard liquor) to drink - more than a few sips?	<input type="radio"/>	<input type="radio"/>
b. used marijuana?	<input type="radio"/>	<input type="radio"/>
c. used LSD or other psychedelics?	<input type="radio"/>	<input type="radio"/>
d. used cocaine or crack?	<input type="radio"/>	<input type="radio"/>
e. used methamphetamines (meth, speed, crank, crystal meth, or ice)?	<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"/>
g. 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"/>
h. used dioxnyl (dio, doxy, Jet)?	<input type="radio"/>	<input type="radio"/>
i. used prescription drugs WITHOUT a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>

37. 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 (for example, vodka, whiskey, or gin)?	<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"/>

38. During the PAST 30 DAYS, how did you get the marijuana you used?

	Did not use marijuana	Yes	No
a. I got it from a friend, family member, or someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it from a friend, family member, or someone else, but not at a store or dispensary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I bought it at a store or dispensary in Nebraska (e.g., vape shop, smoke shop, CBD store, convenience store, gas station).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I bought it from the Internet such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I got it from a dispensary outside of Nebraska.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I got it in some other way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Yes
- ☐ No

40. 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

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 time
- ☐ 2 or 3 times
- ☐ 4 or 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 time
- ☐ 2 or 3 times
- ☐ 4 or 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 time
- ☐ 2 or 3 times
- ☐ 4 or 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 time
- ☐ 2 or 3 times
- ☐ 4 or 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, convenience store, supermarket, discount store, or gas station.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I bought it at a restaurant, bar, or club.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I got it at a party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I gave someone money to buy it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My parents or caregivers gave it to me or bought it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. 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"/>
g. I took it from home without my parents' or caregivers' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. 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. 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

52. During the PAST 7 DAYS, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull, Monster, Celsius, or Rock Star? (Do not count 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

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, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?

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

55. 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

56. During the PAST 30 DAYS, on how many days did you try to control your shape or weight by fasting or skipping meals, taking diet pills or supplements not prescribed by a doctor, or vomiting or taking laxatives?

- ☐ 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

57. During your life, how many times have you taken steroid pills or shots, testosterone boosters, or other substances such as Selective Androgen Receptor Modulators (SARMs) or other synthetic human growth hormone (hGH), to enhance your physical performance or appearance without a doctor's prescription?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

58. 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

59. How often do you use social media?

- ☐ I do not use social media
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ About once a day
- ☐ Several times a day
- ☐ About once an hour
- ☐ More than once an hour

60. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork).

- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

61. Do your parents have rules about what you do on the Internet?

- ☐ Yes
- ☐ No

62. 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 nicotine pouches (such as ZYN, on!, Velo, or Rogue)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use a vape or e-cigarette?	<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"/>

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

- ☐ Yes
- ☐ No
- ☐ Don't know

64. 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.

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

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

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

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

67. 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

68. 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 a vape or e-cigarette?	<input type="radio"/>	<input type="radio"/>
c. using marijuana?	<input type="radio"/>	<input type="radio"/>
d. using prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>

69. 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. a vape or e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. nicotine pouches such as ZYN, on!, Velo, or Rogue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. 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 nicotine pouches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use a vape or e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have one or two drinks of an alcoholic beverage nearly every day?	<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"/>

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

- ☐ Yes
☐ No

72. When was the last time, if ever, you used Delta-8 THC? This is sometimes referred to as legal weed, D8, diet weed, fake weed, light weed, or gas station weed, and is sold in retail stores or online as vape cartridges/pens, edibles (gummies, brownies, etc.), and drinks?

- ☐ Within the past 30 days
☐ More than 30 days but within the past 12 months
☐ It has been more than 1 year since I last used Delta-8
☐ I have never used Delta-8

73. 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 a while.
☐ I was not honest at all.

Thank you very much for your help!

Please return your completed survey to your teacher.