

# NRPFSS 2025 Questionnaire **Draft**

**What is your sex?**

- ☐ Male
- ☐ Female

**How old are you?**

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

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

- ☐ American Indian or Alaska 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): \_\_\_\_\_

**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

**During the past 12 months, did you participate in any school-sponsored extracurricular activities, such as sporting teams, band, choir, drama, speech and debate, or school clubs?**

- ☐ Yes
- ☐ No

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

**I feel safe at my school.**

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

**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

**How old were you when you first:**

- ☐ smoked a cigarette, even just a puff?
- ☐ 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?
- ☐ had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?
- ☐ used marijuana?

**How wrong do you think it is for someone your age to: (Very wrong, Wrong, A little bit wrong, Not wrong at all)**

- ☐ smoke cigarettes?
- ☐ use nicotine pouches (for example ZYN, on!, Velo, or Rogue)?
- ☐ use a vape or e-cigarette?
- ☐ drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly, that is, at least once or twice a month?
- ☐ use marijuana?
- ☐ use prescription drugs WITHOUT a doctor telling them to?

**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 one or more packs of cigarettes per day?
- ☐ use nicotine pouches once or twice a week?
- ☐ use a vape or e-cigarette once or twice a week?
- ☐ have five or more drinks of an alcoholic beverage once or twice a week?
- ☐ use marijuana once or twice a week?
- ☐ use prescription drugs that are not prescribed to them?

**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

**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.**

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

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

**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

**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

**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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

**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

**During the past 12 months, have you ever been bullied on school property?**

- ☐ Yes
- ☐ No

**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)**

- ☐ Physically (for example, being hit, pushed, shoved, slapped, kicked, or having property stolen)?
- ☐ Verbally (for example, being called names, teased, insulted, or threatened)?
- ☐ Socially (for example, being excluded from a group or having gossip or rumors spread about you)?
- ☐ Electronically (for example, being threatened or embarrassed through e-mail, text messages, or social media)?

**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

**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

**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

**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

**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

**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

**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.)**

- ☐ I got or bought them from a friend, family member, or someone else.
- ☐ I bought them myself in a vape shop or tobacco shop.
- ☐ I bought them myself in a convenience store, supermarket, discount store, or gas station.
- ☐ I bought them myself on the Internet.
- ☐ I took them from a store or another person.
- ☐ I got them in some other way.

**During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, 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

**The next 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 products 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, snus, or oral nicotine products when answering these questions.**

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

- ☐ Yes
- ☐ No

**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

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

- ☐ Yes
- ☐ No

**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

**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

**In YOUR LIFETIME, have you ever: (Yes, NO)**

- ☐ had alcoholic beverages (beer, wine, or hard liquor) to drink - more than a few sips?
- ☐ used marijuana?
- ☐ used LSD or other psychedelics?
- ☐ used cocaine or crack?
- ☐ used methamphetamines (meth, speed, crank, crystal meth, or ice)?
- ☐ used opioids, such as heroin or fentanyl, WITHOUT a doctor telling you to take them?
- ☐ taken steroid pills or shots, testosterone boosters, or other substances such as Selective Androgen Receptor Modulators (SARMs) or synthetic human growth hormone (hGH), to enhance your physical performance or appearance?
- ☐ sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
- ☐ used dioxnyl (dio, doxy, Jet)?
- ☐ used prescription drugs WITHOUT a doctor telling you to take them?

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

- ☐ had beer, wine, or hard liquor to drink (for example, vodka, whiskey, or gin)?
- ☐ used marijuana?
- ☐ used prescription drugs WITHOUT a doctor telling you to take them?

**During the past 30 days, how did you usually get the marijuana you used? (Select only one response.)**

- ☐ I got it from a friend, family member, or someone else
- ☐ I got it from a vape, smoke, or tobacco shop in Nebraska
- ☐ I got it from a CBD store or hemp shop in Nebraska
- ☐ I got it from a convenience store or gas station in Nebraska
- ☐ I got it from the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
- ☐ I got it from a physical location outside of Nebraska
- ☐ I got it in some other way

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

- ☐ Yes
- ☐ No

**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

**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

**Do you know how to use naloxone (Narcan)?**

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

**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

**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

**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



**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

**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

**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.)**

- ☐ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- ☐ I bought it at a restaurant, bar, or club
- ☐ I got it at a party.
- ☐ I gave someone money to buy it for me.
- ☐ My parents or caregivers gave it to me or bought it for me.
- ☐ A family member or relative other than my parents or caregivers gave it to me or bought it for me.
- ☐ I took it from home without my parents’ or caregivers’ permission.
- ☐ I got it or took it from a friend’s house.

**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

**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

**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 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

**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

**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

**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

**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

**During your life, how many times have you taken steroid pills or shots 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

**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

**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

**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

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

- ☐ Yes
- ☐ No

**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)**

- ☐ smoke cigarettes?
- ☐ Use nicotine pouches (such as ZYN, on!, Velo, or Rogue)
- ☐ use a vape or e-cigarette?
- ☐ have one or two drinks of an alcoholic beverage nearly every day?
- ☐ use marijuana?
- ☐ use prescription drugs not prescribed to you?

**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.**

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

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

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

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

**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

**During the PAST 12 MONTHS, have you talked with at least one of your parents or caregivers about the dangers of: (Yes, No)**

- ☐ drinking alcohol?
- ☐ using a vape or e-cigarette?
- ☐ using marijuana?
- ☐ using prescription drugs not prescribed to you?

**If you wanted to, how easy would it be for you to get: (Very hard, Sort of hard, Sort of easy, Very easy)**

- ☐ some beer, wine, or hard liquor?
- ☐ some marijuana?
- ☐ some prescription drugs for non medical use?
- ☐ a pack of cigarettes?
- ☐ a vape or e-cigarette?
- ☐ nicotine pouches, such as ZYN, on!, Velo, or Rogue?

**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?
- ☐ use nicotine pouches?
- ☐ use a vape or e-cigarette?
- ☐ use marijuana?
- ☐ have one or two drinks of an alcoholic beverage nearly every day?
- ☐ use prescription drugs not prescribed to you?

**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

**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.