

# 2024 Bernards Township School District Student Survey

**Please use the Previous and Next buttons to navigate through the survey.  
Do NOT use the Back button of your browser.**

Thank you for agreeing to participate in this survey.

The survey is completely **VOLUNTARY and ANONYMOUS**. You can never be identified.

This is **NOT** a test, so there are no right or wrong answers.

Please do not share your confidential survey answers with others.

Please answer all questions to the best of your ability. If you do not find an answer that fits exactly, use the one 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 skip any question that you do not wish to answer.

Please mark only one answer for each question, unless otherwise directed.

**Please be sure to click on the SUBMIT button at the bottom of the survey when you are done.**

There are 49 questions in this survey.

## SECTION I.

### PERSONAL AND FAMILY INFORMATION

## 1. Ethnic Origin:

Please choose **only one** of the following:

- White
- African American
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Mixed Origin
- Other

## 2. Sex:

Please choose **only one** of the following:

- Male
- Female
- Non-binary

### 3. Age:

Please choose **only one** of the following:

- 10 years old or less
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or more

### 4. Grade:

Please choose **only one** of the following:

- 6
- 7
- 8
- 9
- 10
- 11
- 12

## 5. Do you live with...

Please choose **only one** of the following:

- both parents
- mother only
- father only
- mother & stepfather
- father & stepmother
- other

## 6. Do you have a job?

Please choose **only one** of the following:

- Yes, full-time
- Yes, part-time
- No

## 7. Do your parents have a job?

Please choose the appropriate response for each item:

	Yes, full-time	Yes, part-time	No
<b>Father</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mother</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. What is the educational level of your...

Please choose the appropriate response for each item:

	<b>Some high school</b>	<b>High school graduate</b>	<b>Some college</b>	<b>College graduate</b>
<b>father?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>mother?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION II.

## STUDENT INFORMATION

Please choose the appropriate response for each item:

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. Do you make good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you get into trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you take part in school sports teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you take part in school activities such as band, clubs, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you take part in community activities such as scouts, rec. teams, youth clubs, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you attend church, synagogue, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do your parents talk with you about the problems of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do your teachers talk with you about the problems of tobacco, alcohol and drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you skipped school without your parents' permission in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your school set clear rules on using drugs at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Does your school set clear rules on bullying or threatening other students at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do your parents set clear rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
13. Do your parents punish you when you break the rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Have you been in trouble with the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Do you take part in gang activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Have you thought about committing suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do your friends use tobacco (cigarettes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do your friends use alcohol (beer, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do your friends use marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Do your friends use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you had 5 or more glasses of beer, coolers, breezers or liquor within a few hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the appropriate response for each item:

	YES	NO
22. Do you think that you are overweight?	<input type="radio"/>	<input type="radio"/>
23. Has a doctor told you that you are overweight?	<input type="radio"/>	<input type="radio"/>
24. Have you bought or sold drugs AT school?	<input type="radio"/>	<input type="radio"/>
25. Have you bought or sold drugs when NOT at school?	<input type="radio"/>	<input type="radio"/>
26. Have you carried a gun for protection or as a weapon when NOT at school in the past year?	<input type="radio"/>	<input type="radio"/>
27. Do you own a smart phone?	<input type="radio"/>	<input type="radio"/>
28. In the past year have you tried to cut down on the time you were on your smart phone?	<input type="radio"/>	<input type="radio"/>
29. Do you think that any of your friends use their smart phones too much?	<input type="radio"/>	<input type="radio"/>

## SECTION III.





	DID NOT USE	ONCE/ YEAR	6 TIMES/ YEAR	ONCE/ MONTH	TWICE/ MONTH	ONCE/ WEEK	3 TIMES/ WEEK	EVERY DAY
13. Used synthetic marijuana (K2, Spice, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Used an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Used prescription opioid painkillers for any reason (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION IV.

How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

Please choose **only one** of the following:

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know or can't say

## SECTION V.

# HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY OR IN OTHER WAYS IF THEY...

Please choose the appropriate response for each item:

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
1. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have five or more drinks of an alcoholic beverage (beer, coolers, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Take one or two drinks of an alcoholic beverage (beer, coolers, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION VI.

## DURING THE PAST 30 DAYS:

Please choose the appropriate response for each item:

	YES	NO
1. Did you smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>
2. Have you used an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>
3. Did you drink one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>
4. Have you used marijuana or hashish?	<input type="radio"/>	<input type="radio"/>
5. Have you used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>
6. Have you used over-the-counter drugs (to get high)?	<input type="radio"/>	<input type="radio"/>
7. Have you used inhalants (glue, gas, etc.)?	<input type="radio"/>	<input type="radio"/>
8. Have you used prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>

## SECTION VII.

During the past 30 days, where did you get or buy the e-cigarette, vape pen, or e-liquid rig that you have used? (*Select one or more responses*)

Please choose **all** that apply:

- I did not use an e-cigarette in the past 30 days
- A gas station or convenience store
- A grocery store
- A drugstore
- A mall or shopping center kiosk/stand
- On the Internet
- A vape shop or other store that only sells e-cigarettes
- Some other place not listed here
- From a family member
- From a friend
- From some other person that is not a family member or a friend

## SECTION VIII.

If you have ever used a vaporizer which brand did you use?

Please choose **only one** of the following:

I have never used a vaporizer

NJOY

Blu

Vuse

MarkTen

Logic

Vapin Plus

eGo

Halo

JUUL

Other

SECTION IX.

## During the past 30 days where did you get any tobacco products? (Select one or more responses)

Please choose **all** that apply:

- I did not use any tobacco products in the past 30 days
- A gas station or convenience store
- A grocery store
- A drugstore
- A mall or shopping center kiosk/stand
- On the Internet
- A tobacco/cigar store
- Some other place not listed here
- From a family member
- From a friend
- From some other person that is not a family member or a friend

## SECTION X.





	NEVER OR USED	10 UNDER	11	12	13	14	15	16	17 OR OLDER
13. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?	<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"/>
14. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<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"/>

## SECTION XI.

### OPIOID PAIN KILLERS

1. In your lifetime, on how many occasions have you been prescribed an opioid pain killer (OxyContin, Vicodin, Percocet, Codeine, etc.) by your doctor/dentist for any reason?

Please choose **only one** of the following:

- Never
- Once
- Twice
- Three times
- Four or more times

2. If you have been prescribed opioid pain killers (OxyContin, Vicodin, Percocet, Codeine, etc.) have you ever taken more than you were prescribed because you liked the feeling?

Please choose **only one** of the following:

- I have never been prescribed opioid pain killers
- Yes
- No

3. Have you ever taken prescription opioid pain killers that were not prescribed to you just because you wanted to?

Please choose **only one** of the following:

- Yes
- No

## SECTION XII.

# HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO...

Please choose the appropriate response for each item:

	<b>NOT AT ALL WRONG</b>	<b>A LITTLE BIT WRONG</b>	<b>WRONG</b>	<b>VERY WRONG</b>
<b>1. Smoke tobacco?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. Have one or two drinks of an alcoholic beverage nearly every day?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. Smoke marijuana?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Use prescription drugs not prescribed to you?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION XIII.

# HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO...

Please choose the appropriate response for each item:

	<b>NOT AT ALL WRONG</b>	<b>A LITTLE BIT WRONG</b>	<b>WRONG</b>	<b>VERY WRONG</b>
1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION XIV.

## WHERE DO YOU USUALLY...

(You may mark more than one response for each question)

	<b>DO NOT USE</b>	<b>AT HOME</b>	<b>AT SCHOOL</b>	<b>IN A CAR</b>	<b>FRIEND'S HOUSE</b>	<b>OTHER</b>
<b>1. Use tobacco?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Drink alcohol?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Smoke marijuana (pot, hash, etc.)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Use prescription drugs not prescribed to you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION XV.

## WHEN DO YOU USUALLY...

(You may mark more than one response for each question)

	<b>DO NOT USE</b>	<b>BEFORE SCHOOL</b>	<b>DURING SCHOOL</b>	<b>AFTER SCHOOL</b>	<b>WEEKNIGHTS</b>	<b>WEEKENDS</b>
<b>1. Use tobacco?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Drink alcohol?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Smoke marijuana (pot, hash, etc.)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Use prescription drugs not prescribed to you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joyetech, etc.) excluding marijuana products?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION XVI.

If you attempted suicide in the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Please choose **only one** of the following:

- I did not attempt suicide during the past 12 months
- Yes
- No

## SECTION XVII.

WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU...

Please choose the appropriate response for each item:

	DO NOT USE	NO HIGH	A LITTLE HIGH	VERY HIGH	WASTED/STON
1. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Smoke marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION XVIII.

### VEHICLE SAFETY

Please choose the appropriate response for each item:

	<b>0 TIMES</b>	<b>1 TIME</b>	<b>2 OR 3 TIMES</b>	<b>4 OR 5 TIMES</b>	<b>6 OR MORE TIMES</b>
<b>1. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. 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?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. 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?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. How often do you wear a seatbelt when driving a car?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Most of the time
- Always
- I don't drive



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

Please choose **only one** of the following:

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

SECTION XIX.

## IN MY SCHOOL, I FEEL SAFE...

Please choose the appropriate response for each item:

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. In the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the cafeteria (lunchroom).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the halls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the bathroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the gym.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. On the school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. At school events (ballgames, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the parking lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. On the way to or from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION XX.

# WHILE AT SCHOOL HAVE YOU...(Past Year)

Please choose the appropriate response for each item:

	NEVER	ONE TIME	2-5 TIMES	6 OR MORE TIMES
1. Used the Internet or a cell phone to threaten or embarrass someone else by posting mean messages or photos of them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Been threatened or embarrassed by someone using the Internet or a cell phone to post mean messages or photos of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Carried a knife, club or other weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Threatened a student with a handgun, knife or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Threatened to hurt a student by hitting, slapping or kicking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Hurt a student by using a handgun, knife or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Hurt a student by hitting, slapping or kicking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Been threatened with a handgun, knife or club by a student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Had a student threaten to hit, slap or kick you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Been afraid a student may hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Been hurt by a student using a handgun, knife or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER	ONE TIME	2-5 TIMES	6 OR MORE TIMES
13. Been hurt by a student who hit, slapped or kicked you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION XXI.

### HOW EASY IS IT TO GET...

Please choose the appropriate response for each item:

	DON'T KNOW/CAN'T GET	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY
1. Tobacco (cigarettes, cigars, dip, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcohol (beer, coolers, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Marijuana (pot, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. E-cigarettes, vape pens, or e-liquid rigs (JUUL, N2, Joyetech, etc.) excluding marijuana products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prescription opioid painkillers (OxyContin, Vicodin, Percocet, Codeine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION XXII.

Has drinking alcohol ever caused you any of the following problems? (Choose all that apply.)

Please choose **all** that apply:

- I do not drink alcohol
- A car crash
- Arrested by the police
- Hurt your schoolwork
- Damaged a friendship
- Passed out
- Could not remember what happened while drinking
- Did something sexual you later wished you hadn't

During the past 30 days in which of the following ways did you use marijuana or any marijuana product? (Choose all that apply.)

Please choose **all** that apply:

- Did not use
- Smoking
- Vaping
- Dabbing waxes, shatter, or concentrates
- Eating or drinking
- Putting drops, strips, lozenges, or sprays in your mouth or under your tongue
- Applying lotion or cream, or patches to your skin
- Taking pills

During the past 12 months in which of the following ways did you use marijuana or any marijuana product? (Choose all that apply.)

Please choose **all** that apply:

- Did not use
- Smoking
- Vaping
- Dabbing waxes, shatter, or concentrates
- Eating or drinking
- Putting drops, strips, lozenges, or sprays in your mouth or under your tongue
- Applying lotion or cream, or patches to your skin
- Taking pills

What have been the most important reasons for you to use marijuana or hashish? (Choose all that apply.)

Please choose **all** that apply:

- I do not use marijuana or hashish
- To experiment - to see what it's like
- To relax or relieve tension
- To have a good time with my friends
- To get away from problems or troubles
- Because of boredom, nothing else to do
- Because of anger or frustration
- Because I'm "hooked" - I have to have it

For which of the following reasons have you been prescribed a painkiller? (Choose all that apply.)

Please choose **all** that apply:

- I have not been prescribed a painkiller
- Surgery
- Oral surgery (such as wisdom teeth)
- An injury related to sports
- An injury not related to sports
- A chronic pain condition

If you have ever gotten prescription narcotic painkillers like Codeine, OxyContin, Vicodin, Percocet, Fentanyl, Opium, Opana etc. without a prescription from a doctor, how did you get it? (Choose all that apply.)

Please choose **all** that apply:

- I have never gotten prescription narcotic painkillers
- From a family member with permission
- From a family member's prescription without permission
- Given from a friend
- Purchased from a friend
- At a pill party
- Given by someone other than a family member
- Purchased from a stranger or drug dealer

During the past 30 days have you used heroin?

Please choose **only one** of the following:

- Yes
- No

How easy do you think it would be for you to get heroin if you wanted some?

Please choose **only one** of the following:

- Don't know/can't get
- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

How much do you think people risk harming themselves physically or in other ways if they use heroin?

Please choose **only one** of the following:

- No risk
- Slight risk
- Moderate risk
- Great risk

How often do you feel stressed at school?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Often
- A lot



## How often do you feel stressed out at home?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Often
- A lot

## When I get stressed out, I use alcohol or drugs to help me relax.

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Often
- A lot

## How often have you found that you could NOT cope with all the things you had to do?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Often
- A lot

During the school year, have you spent more than two weeks in a row feeling sad and hopeless that you stopped doing your normal activities?

Please choose **only one** of the following:

- Yes
- No

How often do you feel isolated from others?

Please choose **only one** of the following:

- Never
- Seldom
- Sometimes
- Often
- A lot

**Thank you for your participation.**

Submit your survey.

Thank you for completing this survey.