

# SAFE Chesterfield Co, VA - 2019 PNA Survey

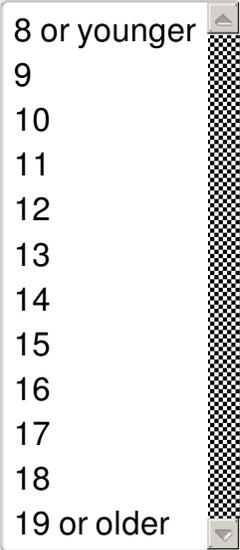
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1. Are you:

- Male
- Female

2. How old are you?



A vertical dropdown menu with a checkered background. The menu is open, showing a list of age options. The top option is "8 or younger" and the bottom option is "19 or older".

- 8 or younger
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

3. What grade are you in?



A vertical dropdown menu with a checkered background. The menu is open, showing a list of grade options. The top option is "6th" and the bottom option is "12th".

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

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

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

(untitled)

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5. Putting them all together, what were your grades like last year?

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

6. Now thinking back over the past year in school, how often did you:

	Never	Seldom	Sometimes	Often	Almost always
a. enjoy being in school?	<input type="radio"/>				
b. hate being in school?	<input type="radio"/>				
c. try to do your best work in school?	<input type="radio"/>				
7. How often do you feel that the school work you are assigned is meaningful and important?	<input type="radio"/>				

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

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

9. How interesting are most of your courses to you?

- Very interesting and stimulating
- Quite interesting
- Fairly interesting
- Slightly interesting
- Not at all interesting

**(untitled)**

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10. In my school, students have lots of chances to help decide things like class activities and rules.

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

12. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

- NO!
- no
- yes
- YES!

13. There are lots of chances for students in my school to talk with a teacher one-on-one.

- NO!
- no
- yes
- YES!

14. The school lets my parents know when I have done something well.

- NO!
- no
- yes
- YES!

15. My teachers praise me when I work hard in school.

- NO!
- no
- yes
- YES!

16. Are your school grades better than the grades of most students in your class?

- NO!
- no
- yes
- YES!

17. I have lots of chances to be part of class discussions or activities.

- NO!
- no
- yes
- YES!

18. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?

- None
- 1 day
- 2 days
- 3 days
- 4-5 days
- 6-10 days
- 11 or more days

**(untitled)**

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19. Now think about all the students in your grade at your school. How many of them 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. smoke one or more cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. drank alcohol sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used marijuana sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used an illegal drug in the past month (not including marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used prescription drugs not prescribed to them sometime in the past month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used an e-cigarette or vaping device in the past month? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?

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

21. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

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

**(untitled)**

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22. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	0	1	2	3	4
a. participated in clubs, organizations, or activities at school?	<input type="radio"/>				
b. smoked cigarettes?	<input type="radio"/>				
c. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>				
d. made a commitment to stay drug-free?	<input type="radio"/>				
e. used marijuana?	<input type="radio"/>				
f. tried to do well in school?	<input type="radio"/>				
g. used LSD, cocaine, amphetamines, heroin, or other illegal drugs?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. liked school?	<input type="radio"/>				
j. carried a handgun?	<input type="radio"/>				
k. sold illegal drugs?	<input type="radio"/>				
l. regularly attended religious services?	<input type="radio"/>				
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
n. been arrested?	<input type="radio"/>				
o. dropped out of school?	<input type="radio"/>				
p. used prescription drugs not prescribed to them?	<input type="radio"/>				
q. used an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>				

r. driven a vehicle while impaired by drugs or alcohol?

(untitled)

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23. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. used prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. used an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. drove a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines, heroin, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use prescription pain relievers without their doctor's orders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. use an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. drive a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**(untitled)**

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26. How many times in the past year (12 months) have you:

	Never	1-2 times	3-5 times	6-9 times	10- 19 times	20- 29 times	30- 39 times	40+ times
a. been suspended from school?	<input type="radio"/>							
b. carried a handgun?	<input type="radio"/>							
c. sold illegal drugs?	<input type="radio"/>							
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
e. been arrested?	<input type="radio"/>							
f. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
g. been drunk or high at school?	<input type="radio"/>							
h. taken a handgun to school?	<input type="radio"/>							
i. participated in clubs, organizations, or activities at school?	<input type="radio"/>							
j. done extra work on your own for school?	<input type="radio"/>							
k. volunteered to do community service?	<input type="radio"/>							
l. participated in clubs, organizations, or activities outside school?	<input type="radio"/>							
m. driven a vehicle while impaired by drugs or alcohol?	<input type="radio"/>							

27. If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it? (Mark the number of times for each).

	0 times	1-2 times	3-5 times	6 or more times
a. I bought it myself from a store.	<input type="radio"/>	<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"/>	<input type="radio"/>
c. I gave someone else money to buy it for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I got it from someone I know age 21 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I got it from someone I know under age 21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I got it from a family member or relative other than my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I got it from home with my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I got it from home without my parents' permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I got it at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I bought it over the internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I got it in another way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(untitled)**

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28. During the past year (12 months) did you drink alcohol at any of the following places? (Mark the number of times for each).

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

a. at my home or someone else's home without any parent permission.

b. at my home with my parent's permission.

c. at someone else's home with their parent's permission.

d. at an open are like a park, beach, or back road.

e. at public events such as a sporting event, festival, or concert.

f. at a restaurant, bar, or nightclub.

g. in a car.

h. at a school dance, a game, or other event.

i. at school during the day.

j. near school.

k. in another place.

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke tobacco? (cigarettes or cigarillos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<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"/>
e. use heroin or prescription painkillers not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. drive a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ride in a vehicle with a driver who was impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(untitled)**

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31. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?

- I do not drive
- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6 or more times

32. 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

**(untitled)**

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33. Have you ever belonged to a gang?

- No
- No, but would like to
- Yes, in the past
- Yes, belong now
- Yes, would like to get out

34. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

35. I think sometimes it's okay to cheat at school.

- NO!
- no
- yes
- YES!

36. Sometimes I think that life is not worth it.

- NO!
- no
- yes
- YES!

37. At times I think I am no good at all.

- NO!
- no
- yes
- YES!

38. All in all, I am inclined to think that I am a failure.

- NO!
- no
- yes
- YES!

39. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

- NO!
- no
- yes
- YES!

40. It is alright to beat up people if they start the fight.

- NO!
- no
- yes
- YES!

41. I think it is okay to take something without asking if you can get away with it.

- NO!
- no
- yes
- YES!

**(untitled)**

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42. 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. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage once or twice each weekend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. 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"/>
g. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use an e-cigarette or vaping device regularly? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. drink 5 or more alcoholic drinks if male, or 4 or more alcoholic drinks if female, on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. drive after drinking one or two drinks of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. drive after drinking four or five drinks of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. drive a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)

- None
- Once
- Twice
- 3-5 times
- 6-9 times
- 10 or more times

(untitled)

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

	0	1-2	3-5	6-9	10-19	20-39	40+
44. had alcoholic beverages (beer, wine, or hard liquor) to drink - more than just a few sips?	<input type="radio"/>						
45. used marijuana (grass, pot) including marijuana oils, dabs and concentrates or hashish (hash, hash oil)?	<input type="radio"/>						
46. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	<input type="radio"/>						
47. use cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	<input type="radio"/>						
48. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="radio"/>						
49. used phenoxydine (pox, px, breeze)?	<input type="radio"/>						
50. used methamphetamines							

(meth, speed, crank, crystal meth)?

<input type="radio"/>							
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51. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) without a doctor telling you to take them?

<input type="radio"/>							
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52. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?

<input type="radio"/>							
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53. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta or Sonata) without a doctor telling you to take them?

<input type="radio"/>							
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54. used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?

<input type="radio"/>							
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55. use heroin?

<input type="radio"/>							
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56. used MDMA (X, E, or ecstasy)?

<input type="radio"/>							
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57. used "synthetic marijuana" ("K2", "Spice") to get high?

<input type="radio"/>							
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58. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)

<input type="radio"/>							
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**(untitled)**

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

0   1-2   3-5   6-9   10-19   20-39   40+



Klonopin) without a doctor telling you to take them?

70. used heroin?

<input type="radio"/>							
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71. drank energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour Energy)?

<input type="radio"/>							
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72. used caffeine pills (No-Doz, Vivarim, Dexatrim)?

<input type="radio"/>							
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73. used MDMA (X, E, or ecstasy)?

<input type="radio"/>							
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74. used "synthetic marijuana" ("K2", "Spice") to get high?

<input type="radio"/>							
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75. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)

<input type="radio"/>							
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(untitled)

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76. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, SNUS, wet or dry Swedish, or chewing tobacco)?

- Never
- Once or Twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

77. How frequently have you used smokeless tobacco during the past 30 days?

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

78. Have you ever smoked cigarettes (including cigarillos or cigars)?

- Never
- Once or twice
- Once in a while but not regularly
- Regularly in the past
- Regularly now

**(untitled)**

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79. How frequently have you smoked cigarettes (including cigarillos, Black & Mild, cigars, etc.) during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two or more packs per day

80. The last time you used prescription pain relievers without a doctor's orders (such as OxyContin, Percocet, Vicodin, or Tylox), how did you get them?

- I haven't used them.
- Found them at home
- From a friend or a relative for free
- Bought them from a friend or relative
- From a doctor, but I didn't follow doctor's orders
- From a drug dealer or other stranger
- Bought them on the internet

**(untitled)**

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81. Have any of your brothers or sisters ever:

	No	Yes	I don't have any brothers or sisters
a. drank beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. drove a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(untitled)

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82. Do you feel very close to your mother?

- NO
- no
- yes
- YES!

83. Do you share your thoughts and feelings with your mother?

- NO!
- no
- yes
- YES!

84. Do you enjoy spending time with your mother?

- NO!
- no
- yes
- YES!

85. My parents ask me what I think before most family decisions affecting me are made.

- NO!
- no
- yes
- YES!

86. If I had a personal problem, I could ask my mom or dad for help.

- NO!
- no
- yes
- YES!

87. Do you feel very close to your father?

- NO!
- no
- yes
- YES!

88. Do you share your thoughts and feelings with your father?

- NO!
- no
- yes
- YES!

89. Do you enjoy spending time with your father?

- NO!
- no
- yes
- YES!

90. My parents give me lots of chances to do fun things with them.

- NO!
- no
- yes
- YES!

91. My parents ask if I've gotten my homework done.

- NO!
- no
- yes
- YES!

92. People in my family have serious arguments.

- NO!
- no
- yes
- YES!

93. Would your parents know if you did not come home on time?

- NO!
- no
- yes
- YES!

94. My family has clear rules about alcohol use.

- NO!
- no
- yes
- YES!

95. My family has clear rules about other drug use.

- NO!
- no
- yes
- YES!

96. If you carried a handgun without your parent's permission, would you be caught by your parents?

- NO!
- no
- yes
- YES!

97. If you skipped school, would you be caught by your parents?

- NO!
- no
- yes
- YES!

98. It is important to be honest with your parents, even if they become upset or you get punished.

- NO!
- no
- yes
- YES!

99. The rules in my family are clear.

- NO!
- no
- yes
- YES!

100. People in my family often insult or yell at each other.

- NO!
- no
- yes
- YES!

101. When I am not at home, one of my parents knows where I am and who I am with.

- NO!
- no
- yes
- YES!

102. We argue about the same things in my family over and over.

- NO!
- no
- yes
- YES!

**(untitled)**

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

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

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

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

105. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parent's permission, would you be caught by your parents?

- NO!
- no
- yes
- YES!

106. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not at all wrong
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes? (including cigarillos, Black & Mild, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. drive a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

107. During the past 12 months, how many times has each of the following things happened?

	Never	Once	Twice	Three or Four times	Five or More times
a. You had problems at school or work because you had been drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You had problems with your friends because you had been drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You had problems with someone you were dating because you had been drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You were hung over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You were sick to your stomach or threw up after drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You got into a physical fight because you had been drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You were drunk at school or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You drove while impaired or intoxicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

108. During the past 12 months, have you talked with at least one of your parents (by parents, we mean either biological parents, adoptive parents, stepparents, foster parents, or other adult caregivers whether or not they live with you) about:

	Yes	No
a. the dangers of underage drinking?	<input type="radio"/>	<input type="radio"/>
b. the dangers of tobacco or drug use?	<input type="radio"/>	<input type="radio"/>
c. the dangers of driving a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>

109. When parents find out their kids have been drinking they may discuss it, take away privileges, add chores, take away cell phones, use of the car, etc. In the past 12 months, if your parents found out you were drinking, how did they usually respond? (Select one option)

- I didn't drink
- I drank but I was not caught
- I was caught by there were no consequences
- There were minor consequences
- There were major consequences

**(untitled)**

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110. If the police caught you drinking, which of the following would most likely happen? (Select one option).

- There would be no consequence.
- I would be given a warning and then let go.
- I would be taken home to my parents.
- I would be arrested but would get no penalty.
- I would be arrested and the court would impose a penalty.

**(untitled)**

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

- NO!
- no
- yes
- YES!

112. There are people in my neighborhood who are proud of me when I do something well.

- NO!
- no
- yes
- YES!

113. There are people in my neighborhood who encourage me to do my best.

- NO!
- no
- yes
- YES!

114. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

- NO!
- no
- yes
- YES!

115. If a kid drank beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

- NO!
- no
- yes
- YES!

116. If a kid carried a handgun in your neighborhood would he or she be caught by the police?

- NO!
- no
- yes
- YES!

117. If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

118. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

119. If you wanted to get a drug like cocaine, LSD, heroin, or amphetamines, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

120. If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

121. If you wanted to get some prescription pain relievers (such as OxyContin, Percocet, Vicodin, or Tylox), how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

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

	Very wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. to use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. to use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. to drive a vehicle while impaired by drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. to use an e-cigarette or vaping device? (for example, JUUL, eGo, Halo, NJOY, blu, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(untitled)**

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123. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance abuse? (Mark all that apply)

- No
- Yes, Smoking prevention messages
- Yes, Alcohol use prevention messages
- Yes, Drug use prevention messages

124. About how many adults (over 21) have you known personally who in the past year have:

	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="radio"/>				
b. sold or dealt drugs?	<input type="radio"/>				
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	<input type="radio"/>				
d. gotten drunk or high?	<input type="radio"/>				
e. used heroin?	<input type="radio"/>				
f. used prescription painkillers not prescribed to them?	<input type="radio"/>				
g. driven a vehicle while impaired by drugs or alcohol?	<input type="radio"/>				

125. How often have you been threatened or harassed over the internet, by e-mail, or by someone using a cell phone?

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

(untitled)

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128. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been using marijuana?

- I do not drive
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

129. 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

**(untitled)**

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130. During the past 30 days, how many times did you DRIVE a car or other vehicle while under the influence of prescription drugs?

- I do not drive
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

131. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who was under the influence of prescription drugs?

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

132. If you used a vape product such as e-cigarettes, vape pens, or mods in the past 12 months, what did you put in it? (Mark ALL that apply).

- I did not use a vape product in the past 12 months
- E-juice with zero nicotine
- E-juice with nicotine
- Marijuana
- Other
- Not sure

133. If you smoked cigarettes within the past 12 months, were they non-menthol?

- I did not smoke cigarettes within the past 12 months.
- Yes
- No
- I smoked both menthol and non-menthol cigarettes.

**(untitled)**

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134. In your community, how likely is it that:

	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
a. someone driving under the influence of alcohol would be stopped by the police/law enforcement?	<input type="radio"/>				
b. someone driving under the influence of alcohol would be arrested?	<input type="radio"/>				
c. someone driving under the influence of alcohol would be charged with a DUI?	<input type="radio"/>				
d. someone driving under the influence of alcohol will get into an alcohol-related crash?	<input type="radio"/>				

135. Please check all of the following that may apply to you:

- I have let friends drive drunk.
- I have designated a sober driver.
- I have taken the keys from a friend who had been drinking.
- I have stayed at a friend's house to avoid driving under the influence of alcohol.

**(untitled)**

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136. How honest were you in filling out of 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