

2019 Nevada High School Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

- How old are you?
 - 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older
- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? (Select one or more responses.)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

- How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

- How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. Are either of your parents or other adults in your home serving on active duty in the military?
 A. Yes
 B. No
9. Do you currently qualify for or get free or reduced price lunches at school?
 A. Yes
 B. No
 C. Not sure

The next 5 questions ask about safety.

10. 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**?
 A. 0 times
 B. 1 time
 C. 2 or 3 times
 D. 4 or 5 times
 E. 6 or more times
11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
 A. I did not drive a car or other vehicle during the past 30 days
 B. 0 times
 C. 1 time
 D. 2 or 3 times
 E. 4 or 5 times
 F. 6 or more times
12. 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** (also called pot, weed, or cannabis)?
 A. 0 times
 B. 1 time
 C. 2 or 3 times
 D. 4 or 5 times
 E. 6 or more times

13. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot, weed, or cannabis)?
 A. I did not drive a car or other vehicle during the past 30 days
 B. 0 times
 C. 1 time
 D. 2 or 3 times
 E. 4 or 5 times
 F. 6 or more times

14. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
 A. I did not drive a car or other vehicle during the past 30 days
 B. 0 days
 C. 1 or 2 days
 D. 3 to 5 days
 E. 6 to 9 days
 F. 10 to 19 days
 G. 20 to 29 days
 H. All 30 days

The next 10 questions ask about violence-related behaviors.

15. **During the past 12 months**, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
 A. 0 days
 B. 1 day
 C. 2 or 3 days
 D. 4 or 5 days
 E. 6 or more days
16. 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 your way to or from school?
 A. 0 days
 B. 1 day
 C. 2 or 3 days
 D. 4 or 5 days
 E. 6 or more days

17. During the past 12 months, how many times has someone threatened or injured you with **a weapon** such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. During the past 12 months, how many times were you in a **physical fight on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
19. Have you ever been hit, beaten, kicked, or physically hurt in any way by an adult? (Do not include being spanked for bad behavior.)
- A. Yes
 - B. No
20. Have you ever seen or heard adults in your home slap, hit, kick, punch, or beat each other up?
- A. Yes
 - B. No
21. How often has an adult in your home **ever** sworn at you, insulted you, or put you down?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

22. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
23. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
24. 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.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

25. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No

26. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

27. 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?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 6 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

28. 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?
- A. Yes
 - B. No
29. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
30. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
31. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

32. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
 - B. Yes
 - C. No

33. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- A. I do not feel sad, empty, hopeless, angry, or anxious
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always

The next 5 questions ask about cigarette smoking.

34. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
35. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried cigarette smoking, not even one or two puffs
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
36. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

37. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - C. I got them on the Internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed (or bummed) them from someone else
 - F. A person who can legally buy cigarettes gave them to me
 - G. I took them from a store or family member
 - H. I got them some other way
38. How difficult do you think it would be for you to get cigarettes, if you wanted some?
- A. Very difficult
 - B. Fairly difficult
 - C. Fairly easy
 - D. Very easy
 - E. Not sure

The next 5 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

39. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
40. How old were you when you first tried an electronic vapor product?
- A. I have never tried an electronic vapor product
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

41. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
42. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - C. I got them on the Internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed them from someone else
 - F. A person who can legally buy these products gave them to me
 - G. I took them from a store or another person
 - H. I got them some other way
43. How difficult do you think it would be for you to get electronic vapor products, if you wanted some?
- A. Very difficult
 - B. Fairly difficult
 - C. Fairly easy
 - D. Very easy
 - E. Not sure

The next question asks about other tobacco products.

44. 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 any electronic vapor products.)
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

45. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days
 - G. 100 or more days
46. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

47. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
48. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days
49. How difficult do you think it would be for you to get alcohol, if you wanted some?
- A. Very difficult
 - B. Fairly difficult
 - C. Fairly easy
 - D. Very easy
 - E. Not sure

The next 5 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

50. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times

51. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
52. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
53. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)
- I did not use marijuana during the past 30 days
 - I smoked it in a joint, bong, pipe, or blunt
 - I ate it in food such as brownies, cakes, cookies, or candy
 - I drank it in tea, cola, alcohol, or other drinks
 - I vaporized it
 - I dabbled it using waxes or concentrates
 - I used it some other way
54. How difficult do you think it would be for you to get marijuana, if you wanted some?
- Very difficult
 - Fairly difficult
 - Fairly easy
 - Very easy
 - Not sure

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.

55. During your life, how many times have you used synthetic marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next 3 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

56. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
57. During the past 30 days, how many times did you take **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

58. How difficult do you think it would be for you to get **prescription pain medicine**, if you wanted some?
- A. Very difficult
 - B. Fairly difficult
 - C. Fairly easy
 - D. Very easy
 - E. Not sure

The next 6 questions ask about other drugs.

59. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
60. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
61. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
62. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

63. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A. 0 times
 - B. 1 time
 - C. 2 or more times

64. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 11 questions ask about sexual behavior.

65. Have you ever had sexual intercourse?
- A. Yes
 - B. No
66. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
67. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people

68. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
69. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
70. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
71. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method
 - H. Not sure
72. How many times have you been pregnant or gotten someone pregnant?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
 - D. Not sure
73. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
 - B. Females
 - C. Males
 - D. Females and males
74. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Not sure
75. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking
- The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**
76. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

77. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
78. During the past 7 days, how many times did you eat **green salad, carrots, potatoes, or other vegetables**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat any vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
79. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
80. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day
81. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
82. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 4 questions ask about physical activity.

83. 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.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
84. On an average school day, how many hours do you watch TV, play video or computer games, or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- A. I do not watch TV, play video or computer games, or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
85. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

86. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next 5 questions ask about other health-related topics.

87. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
- A. Yes
 - B. No
 - C. Not sure
88. Have you ever lived with someone who was a problem drinker or alcoholic or abused street or prescription drugs?
- A. Yes
 - B. No
 - C. Not sure
89. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
90. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours

91. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

The next 6 questions ask about your home and your school.

92. How often do you talk to your parents or other adults in your home about your problems?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
93. How often do you talk to your parents about what is right and wrong?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
94. How often do you feel comfortable talking to your parents about personal matters?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
95. How often do you feel close to people at your school?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

96. How often are you happy to be at your school?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

97. How often do the teachers at your school treat students fairly?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 4 questions ask about your perception of risk related to substance use.

98. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
99. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
100. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk

101. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk

The next 4 questions ask about your perception of parental disapproval of substance use.

102. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong
103. How wrong do your parents feel it would be for you to smoke tobacco?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong
104. How wrong do your parents feel it would be for you to smoke marijuana?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong
105. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong

The next 4 questions ask about your perception of peer disapproval of substance use.

106. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong
107. How wrong do your friends feel it would be for you to smoke tobacco?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong
108. How wrong do your friends feel it would be for you to smoke marijuana?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong
109. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
- A. Not at all wrong
 - B. A little bit wrong
 - C. Wrong
 - D. Very wrong

**This is the end of the survey.
Thank you very much for your help.**