

Monitoring the Future

SURVEY ITEMS

Form 1

2023

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN



[12th Grade Online Survey Introduction]

Thank you very much for taking this survey!

This survey is part of a nationwide study of high school seniors called Monitoring the Future.

If you are completing this survey away from school, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation.

Researchers and policy makers use this information to make decisions about a wide range of important issues, including school environments and the experiences and ideas U.S. students have about alcohol and drugs, health, recreation, work, and plans for the future. In a sense, many of your answers on this survey will count as “votes” on a wide range of important issues.

It is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time.

Your privacy and confidentiality are important to us.

There is a very small potential risk that someone could learn you were part of the study. To address these potential risks, your name is not saved with the answers you give; all your answers will be kept strictly confidential and will never be seen by your school or anyone who knows you. The study may share your responses with other researchers without asking for your consent again, but any shared information will not contain information that could directly identify you.

We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this research project.

This survey is completely voluntary.

You do not have to take the survey. Taking this survey indicates your agreement to participate in the study.

After you're finished with the survey, we will ask you to provide your contact information.

In about a year, we will use this contact information to send out another survey to a randomly selected group of participants. If you're invited to participate, **you'll get paid for taking any additional surveys**—and you will help us continue our research and inform important decisions locally and nationally. We will also use this contact information to send you a summary of the combined national results of the survey you take today.

The contact information that you provide us is stored separately from your answers to the survey. No one will be able to link your contact information to your answers today, and no one but us will see your contact information.

Thank you for being an important part of this project.

Other seniors have said that these surveys are interesting and that they enjoy completing them. We hope you will too.

The researchers conducting this study (HUM00217920) can be contacted at 734-763-2366 or mtfsurvey@umich.edu.

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

1A01

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

1A02A-P

The next questions ask about the kinds of things you might do. How often do you do each of the following?

6="Every day" 5="Almost every day" 4="At least once a week" 3="Once or twice a month" 2="A few times a year"

1="Never"

- a. Watch TV
- b. Watch movies
- c. Go to music concerts
- d. Ride around in a car (or motorcycle) just for fun
- e. Participate in community affairs or volunteer work
- f. Play a musical instrument or sing



- g. Do creative writing
- h. Actively participate in sports, athletics or exercising
- i. Do art or craft work
- j. Work around the house, yard, garden, car, etc.
- k. Get together with friends, informally
- l. Go to a shopping mall



- m. Spend at least an hour of leisure time alone
- n. Read books, magazines, or newspapers
- o. Go to taverns, bars or nightclubs
- p. Go to parties or other social affairs

ITEM 1A03 SHOWN ONLY TO RANDOM_GROUP=1

1A03A-E

How much do you agree or disagree with each of the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. In the United States, we put too much emphasis on making profits and not enough on human well-being
- b. People are too much concerned with material things these days
- c. Since it helps the economy to grow, people should be encouraged to buy more
- d. There is nothing wrong with advertising that gets people to buy things they don't really need
- e. There will probably be more shortages in the future, so Americans will have to learn how to be happy with fewer "things"

1A04A-H

The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

- Smoke one or more packs of cigarettes per day?
- Try marijuana once or twice?
- Use marijuana occasionally?
- Use marijuana regularly?



- Vape an e-liquid with nicotine occasionally?
- Vape an e-liquid with nicotine regularly?
- Vape marijuana occasionally?
- Vape marijuana regularly?

ITEMS 1A05-1A07 SHOWN ONLY TO RANDOM_GROUP=1

1A05

Do you think that you would prefer having a mate for most of your life, or would you prefer not having a mate?

5="Definitely prefer to have a mate" 4="Probably prefer to have a mate" 3="Not sure" 2="Probably prefer not to have a mate" 1="Definitely prefer not to have a mate"

1A06

Which do you think you are most likely to choose in the long run?

3="Getting married" 2="I have no idea" 1="Not getting married" 8="Am already married"

1A07A

If you did get married (or are married), how likely do you think it is that you would stay married to the same person for life?

5="Very likely" 4="Fairly likely" 3="Uncertain" 2="Fairly unlikely" 1="Very unlikely"

1A07B

If you did get married (or are married), how likely is it that you would want to have children?

5="Very likely" 4="Fairly likely" 3="Uncertain" 2="Fairly unlikely" 1="Very unlikely" 8="Already have child(ren)"

ITEMS 1A08-1A14 SHOWN ONLY TO RANDOM_GROUP=2

1A08

The next section of this questionnaire is about government and public affairs.

Some people think about what's going on in government very often, and others are not that interested. How much of an interest do you take in government and current events?

1="No interest at all" 2="Very little interest" 3="Some interest" 4="A lot of interest" 5="A very great interest"

1A09

Do you think some of the people running the government are crooked or dishonest?

1="Most of them are crooked or dishonest" 2="Quite a few are" 3="Some are" 4="Hardly any are" 5="None at all are crooked or dishonest"

1A10

Do you think the government wastes much of the money we pay in taxes?

1="Nearly all tax money is wasted" 2="A lot of tax money is wasted" 3="Some tax money is wasted" 4="A little tax money is wasted" 5="No tax money is wasted"

1A11

How much of the time do you think you can trust the government in Washington to do what is right?

1="Almost always" 2="Often" 3="Sometimes" 4="Seldom" 5="Never"

1A12

Do you feel that the people running the government are smart people who usually know what they are doing?

1="They almost always know what they are doing" 2="They usually know what they are doing" 3="They sometimes know what they are doing" 4="They seldom know what they are doing" 5="They never know what they are doing"

1A13

Would you say the government is pretty much run for a few big interests looking out for themselves, or is it run for the benefit of all the people?

1="Nearly always run for a few big interests" 2="Usually run for a few big interests" 3="Run some for the big interests, some for the people" 4="Usually run for the benefit of all the people" 5="Nearly always run for the benefit of all the people"

1A14A-F

Have you ever done, or do you plan to do, the following things?

1="I Probably Won't Do This" 2="I Don't Know" 3="I Probably Will Do This" 4="I Have Already Done This"

- | | |
|-------------------------------------------------|------------------------------------------|
| a. Vote in a public election | d. Work in a political campaign |
| b. Write to public officials | e. Participate in a lawful demonstration |
| c. Give money to a political candidate or cause | f. Boycott certain products or stores |

1A15A-G

How much do you agree or disagree with each of the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- The U.S. should begin a gradual program of disarming whether other countries do or not
- There may be times when the U.S. should go to war to protect the rights of other countries
- The U.S. should be willing to go to war to protect its own economic interests
- The only good reason for the U.S. to go to war is to defend against an attack on our own country
- The U.S. does not need to have greater military power than Russia
- The U.S. ought to have much more military power than any other nation in the world
- Our present foreign policy is based on our own narrow economic and power interests

1A16A-P

This section deals with activities which may be against the rules or against the law. We hope you will answer all of these questions. However, if you find a question which you cannot answer honestly, we would prefer that you leave it blank. Remember, your answers will never be connected with your name.

During the LAST 12 MONTHS, how often have you...

1="Not At All" 2="Once" 3="Twice" 4="3 or 4 Times" 5="5 or More Times"

- Argued or had a fight with either of your parents? [NOT SHOWN IN CA]
- Hit an instructor or supervisor?
- Gotten into a serious fight in school or at work?
- Taken part in a fight where a group of your friends were against another group?
- Hurt someone badly enough to need bandages or a doctor?
- Used a knife or gun or some other thing (like a club) to get something from a person?
- Taken something not belonging to you worth under \$50?
- Taken something not belonging to you worth over \$50?



- Taken something from a store without paying for it?
- Taken a car that didn't belong to someone in your family without permission of the owner?
- Taken part of a car without permission of the owner?
- Gone into some house or building when you weren't supposed to be there?
- Set fire to someone's property on purpose?
- Damaged school property on purpose?
- Damaged property at work on purpose?

p. Been arrested and taken to a police station?

1A17A-G

The next questions are about some things which may have happened TO YOU. During the LAST 12 MONTHS, how often...

1="Not At All" 2="Once" 3="Twice" 4="3 or 4 Times" 5="5 or More Times"

- Has something of yours (worth under \$50) been stolen?
- Has something of yours (worth over \$50) been stolen?
- Has someone deliberately damaged your property (your car, clothing, etc.)?
- Has someone injured you with a weapon (like a knife, gun, or club)?
- Has someone threatened you with a weapon, but not actually injured you?
- Has someone injured you on purpose without using a weapon?
- Has an unarmed person threatened you with injury, but not actually injured you?

1A18A-I

The following questions concern cigarettes, alcohol, and a number of other drugs.

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

- Marijuana (pot, weed)
- LSD
- Some other hallucinogen (mescaline, peyote, "shrooms" or psilocybin, PCP, etc.)
- Amphetamines (uppers, speed, Adderall, Ritalin, etc.)
- Sedatives/barbiturates (downers)
- Tranquilizers (Librium, Valium, Xanax, etc.)



- Cocaine
- Heroin
- Some other narcotic (codeine, Vicodin, OxyContin, Percocet, etc.)

1B01

The following questions are about cigarette smoking.

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 1B01=1, GO TO 1B03

1B02

How frequently have you smoked cigarettes during the past 30 days?

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

1B03

Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

Have you ever had any alcoholic beverage to drink—more than just a few sips?

1="No" 2="Yes"

IF 1B03=1, GO TO 1B08A-C

1B04A-C

On how many occasions have you had alcoholic beverages to drink—more than just a few sips...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 1B04C>1, THEN SHOW 1B05

1B05

On how many DAYS during the LAST 30 DAYS have you used alcohol?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

1B06

On the occasions that you drink alcoholic beverages, how often do you drink enough to feel pretty drunk or high?

1="On none of the occasions" 2="On few of the occasions" 3="On about half of the occasions" 4="On most of the occasions" 5="On nearly all of the occasions"

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

12 fl oz of regular beer

8-9 fl oz of malt liquor

5 fl oz of wine

1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

1B07

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age. We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

1B08A-C

CBD, or cannabidiol, is a compound produced by the cannabis plant. Use of CBD does not cause the "high" associated with marijuana. On how many occasions (if any) have you used CBD...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

1B09A-C

The next questions are about MARIJUANA or cannabis (sometimes called pot, weed, or hashish). Do not count use of products containing only CBD.

On how many occasions (if any) have you used marijuana (smoking, vaping, edibles)....

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 1B09C>1, THEN SHOW 1B10

1B010

On how many DAYS during the LAST 30 DAYS have you used marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

1B11

Have you ever used "medical marijuana;" that is, marijuana you used because a doctor told you to use it?

1="No" 2="Yes, I am currently using medical marijuana with a doctor's prescription" 3="Yes, I have used medical marijuana with a doctor's prescription in the past, but I am not using it now"

1B12A-C

On how many occasions (if any) have you used LSD ("acid")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B13A-C

On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B14A-C

On how many occasions (if any) have you taken cocaine (sometimes called "coke," "crack," "rock")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B15A-C

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B16A-C

On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth ("ice")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B17A-C

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B18A-C

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B19A-C

On how many occasions (if any) have you used heroin...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B20A-C

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B21A-C

On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1B22

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF 1B22=0, GO TO 1B35

1B23A

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 1B23A=1, GO TO 1B25A

1B23B

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF 1B23B=2, GO TO 1B25A

1B23C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF 1B23C>1 OR (1B23A AND 1B23B AND 1B23C NOT ANSWERED), THEN SHOW 1B24

1B24

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

1B25A

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 1B25A=1, GO TO 1B26A

1B25B

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF 1B25B=2, GO TO 1B26A

1B25C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

1B26A

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 1B26A=1, GO TO 1B27

1B26B

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF 1B26B=2, GO TO 1B27

1B26C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF 1B23A>1 OR 1B23B=1 OR 1B23C > 1 OR (1B23A AND 1B23B AND 1B23C NOT ANSWERED), THEN SHOW 1B27

1B27

Have you ever tried to stop vaping nicotine for good?

1= Yes 2= No

IF 1B27=1, THEN SHOW 1B28A-L

1B28A-L

Why did you stop (or try to stop) vaping nicotine? (Select all that apply to your most recent attempt.)

0="UNMARKED" 1="MARKED"

- | | |
|-------------------------------------------------------|---------------------------------------------|
| a. Too expensive | g. Did not want to be addicted |
| b. Couldn't get the flavors I wanted | h. Worried about effects on lungs |
| c. My parents wanted me to stop | i. Worried I would start smoking cigarettes |
| d. My friends disapproved | j. Felt bad when I couldn't vape |
| e. To avoid getting in trouble at school | k. Always thinking about vaping |
| f. Vaping interfered with school or social activities | l. Other |

IF 1B25B=1 OR 1B25C>1, THEN SHOW 1B29A-I

1B29A-I

When you vaped MARIJUANA in the past 12 months where did you get the marijuana vape liquid that you used? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- | | |
|-------------------------------------|------------------------------------|
| Took from a friend without asking | Bought from a relative |
| Took from a relative without asking | Bought from a drug dealer/stranger |
| Given for free by a friend | On the Internet |
| Given for free by a relative | Other method |
| Bought from a friend | |

IF 1B23C>1 OR 1B25C>1 OR 1B26C>1 OR (IF 1B23A AND 1B25A AND 1B26A NOT ANSWERED), THEN SHOW 1B30-1B31

1B30

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [G12F2_V7791.TEXT capture write in]"

IF 1B23A > 1 OR 1B23B=1 OR 1B23C > 1 OR (1B23A AND 1B23B AND 1B23C NOT ANSWERED), THEN SHOW 1B31

1B31

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)" 3="Tobacco" 4="Mint" 5="Menthol" 6="Unflavored"

IF 1B23C>1 OR 1B25C>1 OR 1B26C>1 OR (1B23A AND 1B25A AND 1B26A NOT ANSWERED), THEN SHOW 1B32

1B32

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF 1B32 = 1, THEN SHOW NEXT QUESTION

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

1B33

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend" 4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet " 8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other" [capture write in]

IF 1B23C>1, THEN SHOW 1B34

1B34

During the last 30 days have you vaped nicotine on school grounds during school hours?

1="Yes" 2="No"

1B35

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

These next questions ask for some background information about yourself.

1C01

In what year were you born?

1="Before '02" 2="2002" 3="2003" 4="2004" 5="2005" 6="2006" 7="2007" 8="After 2007"

1C02

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November" 12="December"

1C03

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

1C04

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

1C05

Where did you grow up mostly?

1="On a farm" 2="In the country, not on a farm" 3="In a small city or town (under 50,000 people)" 4="In a medium-sized city (50,000-100,000)" 5="In a suburb of a medium-sized city" 6="In a large city (100,000-500,000)" 7="In a suburb of a large city" 8="In a very large city (over 500,000)" 9="In a suburb of a very large city" 0="Can't say; mixed"

1C06

What is your present marital status?

1="Married" 2="Engaged" 3="Separated/divorced" 4="Single"

1C07A-B

How many brothers and sisters do you have? (Include stepbrothers and sisters and half-brothers and sisters.)

0="None" 1="One" 2="Two" 3="Three" 4="Four" 5="Five" 6="Six or more"

- a. Older brothers and sisters
- b. Younger brothers and sisters

1C07Ca-j

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

I live alone	My husband/wife
Father (or male guardian)	My child(ren)
Mother (or female guardian)	Other relative(s)
Brother(s) and/or sister(s)	Non-relative(s)
Grandparent(s)	Other

The next two questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

1C08

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

1C09

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

1C10

How would you describe your political preference?

1="Strongly Republican" 2="Mildly Republican" 3="Mildly Democrat" 4="Strongly Democrat" 5="Independent" 6="No preference" 7="Other" 8="Don't know, haven't decided"

1C11

How would you describe your political beliefs?

1="Very conservative" 2="Conservative" 3="Moderate" 4="Liberal" 5="Very liberal" 6="Radical" 8="None of the above, or don't know"

The next three questions are about religion.

1C12A

What is your religious preference?

(Unnumbered) 1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

1C12B

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

1C12C

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

1C13

When are you most likely to graduate from high school?

1="By this June" 2="July to January" 3="After next January" 6="Don't expect to graduate"

1C14

Which of the following best describes your present high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

1C15

Compared with others your age throughout the country, how do you rate yourself on school ability?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"
6="Above Average" 7="Far Above Average"

1C16

How intelligent do you think you are compared with others your age?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"
6="Above Average" 7="Far Above Average"

1C17A-C

During the LAST FOUR WEEKS, how many whole days of school have you missed...

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4-5 Days" 6="6-10 Days" 7="11 or More"

Because of illness

Because you skipped or "cut"

For other reasons

1C18

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

1C19

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)"
1="D (69 or below)"

1C20A-E

How likely is it that you will do each of the following things after high school?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- Attend a technical or vocational school
- Serve in the military (armed forces)
- Graduate from a two-year college program
- Graduate from college (four-year program)
- Attend graduate or professional school after college

1C21A-F

Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- Attend a technical or vocational school
- Serve in the military (armed forces)
- Graduate from a two-year college program
- Graduate from a college (four-year program)
- Attend graduate or professional school after college
- None of the above

1C22

On the average over the school year, how many hours per week do you work in a paid or unpaid job?

1="None" 2="5 or less hours" 3="6 to 10 hours" 4="11 to 15 hours" 5="16 to 20 hours" 6="21 to 25 hours" 7="26 to 30 hours" 8="More than 30 hours"

1C23A-B

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- a. A job or other work
- b. Other sources (allowances, etc.)

1C24

During a typical week, on how many evenings do you go out for fun and recreation?

1="Less than one" 2="One" 3="Two" 4="Three" 5="Four or Five" 6="Six or Seven"

1C25

On the average, how often do you go out with a date (or your spouse/partner)?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

1C26

During an average week, how much do you usually drive a car, truck, or motorcycle?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

1C27

Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"

IF 1C27=0, GO TO 1C29

1C28A-C

How many of these tickets or warnings occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- a. Drinking alcoholic beverages?
- b. Using marijuana?
- c. Using other illegal drugs?

1C29

We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury—not bumps or scratches in parking lots.) During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)?

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

IF 1C29=0, GO TO 1D01A-D

1C30A-C

How many of these accidents occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- a. Drinking alcoholic beverages?
- b. Using marijuana?
- c. Using other illegal drugs?

1D01A-D

This section asks about a number of different things.

During the LAST FOUR WEEKS, on how many days (if any) were you...

1="None" 2="One day" 3="Two days" 4="3-5 days" 5="6-9 days" 6="10 or more days"

- ...under the influence of alcohol while you were at school?
- ...under the influence of marijuana or some other illegal drug while you were at school?
- ...smoking cigarettes or using chewing tobacco while you were at school?
- ...carrying a weapon such as a gun, knife, or club to school?

1D02A-B

During an average school week, about how many times...

1="Never" 2="Less than once a week" 3="1-2 times a week" 4="3-5 times a week" 5="6-9 times a week" 6="10-19 times a week" 7="20 or more"

- ... do your teachers interrupt the class to deal with student misbehavior or goofing off?
- ... does misbehavior or goofing off by other students in your class interfere with your own learning?

1D03

How satisfied are you with your life as a whole these days?

1="Completely dissatisfied" 2="Quite dissatisfied" 3="Somewhat dissatisfied" 4="Neither, or mixed feelings"
5="Somewhat satisfied" 6="Quite satisfied" 7="Completely satisfied"

1D04A-C

These next questions ask you to guess how well you might do in several different situations. How good do you think you would be...

1="Poor" 2="Not So Good" 3="Fairly Good" 4="Good" 5="Very Good" 8="Don't Know"

- ... as a husband or wife?
- ... as a parent?
- ... as a worker on a job?

1D05A-M

How much do you agree or disagree with each of the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- There is too much competition in this society
- Too many young people are sloppy about their grooming and clothing, and just don't care how they look
- People should do their own thing, even if other people think it's strange
- I get a real kick out of doing things that are a little dangerous
- I like to test myself every now and then by doing something a little risky
- I take a positive attitude toward myself



- I feel I am a person of worth, on an equal plane with others
- I am able to do things as well as most other people
- On the whole, I'm satisfied with myself
- I feel I do not have much to be proud of
- Sometimes I think that I am no good at all
- I feel that I can't do anything right



- m. I feel that my life is not very useful
- n. Life often seems meaningless
- o. I enjoy life as much as anyone
- p. The future often seems hopeless
- q. It feels good to be alive
- r. I often feel anxious

1D06A-N

How many of your friends would you estimate...

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- a. Smoke cigarettes?
- b. Use marijuana (pot, weed) or hashish?
- c. Take LSD?
- d. Take other hallucinogens (mescaline, peyote, "shrooms" or psilocybin, PCP, etc.)?
- e. Take amphetamines (uppers, speed, Adderall, Ritalin, etc.)?
- f. Take sedatives/barbiturates (downers)?



- g. Take tranquilizers (Librium, Valium, Xanax, etc.)?
- h. Take cocaine?
- i. Take heroin?
- j. Take other narcotics (codeine, Vicodin, OxyContin, Percocet, etc.)?
- k. Use inhalants (sniffing glue, aerosols, laughing gas, etc.)?
- l. Drink alcoholic beverages (liquor, beer, wine)?



- m. Get drunk at least once a week?
- n. Take "crack" cocaine?

1E01A-J

How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

- a. Try cocaine once or twice?
- b. Take cocaine occasionally?
- c. Take cocaine regularly?



- d. Try any narcotic other than heroin (codeine, Vicodin, OxyContin, Percocet, etc.) once or twice?
- e. Take any narcotic other than heroin occasionally?
- f. Take any narcotic other than heroin regularly?
- g. Try Adderall once or twice (without a doctor's orders)?
- h. Take Adderall occasionally?
- i. Try PCP ("angel dust") once or twice?



- j. Try crystal meth ("ice")?

1E02A-C

On how many occasions (if any) have you used "crack" cocaine...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

1E03A-G

During the LAST 30 DAYS, on how many days (if any) have you used...

1="None" 2="1-2" 3="3-5" 4="6-9" 5="10-19" 6="20-30"

- | | |
|---------------------------------------------|--------------------------------------------------------------------------------|
| a. ...large cigars? | e. ...smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)? |
| b. ...flavored little cigars or cigarillos? | f. ...nicotine gummies? |
| c. ...regular little cigars or cigarillos? | g. ...nicotine hard candy or nicotine mints? |
| d. ...tobacco using a hookah (water pipe)? | |

1E04

The next questions ask about small, white pouches that contain nicotine which users place in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chew, because they do not contain any ground tobacco leaf. Common brands include Zyn, On!, or Velo.

Please do not include other types of tobacco pouches, such as snus pouches or smokeless tobacco pouches when answering the following questions.

Have you ever seen or heard of nicotine pouches before now?

2="No" 1="Yes"

IF 1E04=1, THEN SHOW 1E05

1E05

Have you ever used nicotine pouches, even one or two times?

2="No" 1="Yes"

IF 1E05=1, THEN SHOW 1E06A-C

1E06A-C

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

On how many occasions have you used nicotine pouches...

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

1E07A-D

When (if ever) did you FIRST do each of the following things?

8="Never" 1="Grade 6 or below" 2="Grade 7" 3="Grade 8" 4="Grade 9" 5="Grade 10" 6="Grade 11" 7="Grade 12"

- Smoke your first cigarette
- Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.)
- Try marijuana
- Vape marijuana

1E08A-D

How difficult do you think it would be for you to get each of the following, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

- "Crack" cocaine
- Cocaine powder
- Crystal meth ("ice")
- Steroids (anabolic steroids)

1E09A-M

Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- Smoking one or more packs of cigarettes per day
- Trying marijuana once or twice
- Using marijuana occasionally

- d. Using marijuana regularly
- e. Trying cocaine once or twice
- f. Taking cocaine occasionally



- g. Taking cocaine regularly
- h. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)
- i. Having one or two drinks nearly every day



- j. Having four or five drinks nearly every day
- k. Having five or more drinks once or twice each weekend
- l. Vape marijuana occasionally
- m. Vape marijuana regularly

1E10A

The next two questions are about military service.

Do you favor or oppose a military draft at the present time?

5="Strongly favor" 4="Mostly favor" 3="No opinion, or mixed" 2="Mostly oppose" 1="Strongly oppose"

1E10B

Do you think any military draft in the U.S. should include women as well as men?

3="Yes" 2="Uncertain" 1="No"

The next questions are about your experiences in school.

1E11

Some people like school very much. Others don't. How do you feel about going to school?

5="I like school very much" 4="I like school quite a lot" 3="I like school some" 2="I don't like school very much" 1="I don't like school at all"

1E12

About how many hours do you spend in an average week on all of your homework including both in school and out of school?

1="0 hours" 2="1-4 hours" 3="5-9 hours" 4="10-14 hours" 5="15-19 hours" 6="20-24 hours" 7="25 or more hours"

1E13A-D

To what extent have you participated in the following school activities during this school year?

1="Not At All" 2="Slight" 3="Moderate" 4="Considerable" 5="Great"

- a. School newspaper or yearbook
- b. Music or other performing arts
- c. Athletic teams
- d. Other school clubs or activities

1E14A-M

Think back over the past year in school.

1 = "Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or almost always"

- a. I enjoy being in school.
- b. I hate being in school.
- c. I complete my work on time.
- d. I follow the rules at school.
- e. I get in trouble at school.
- f. When I am in class, I just act as if I am working.
- g. I pay attention in class.



- h. I feel excited by my work at school.
- i. I am interested in the work at school.
- j. I feel happy in school.
- k. I feel bored in school.
- l. I check my schoolwork for mistakes.
- m. I study at home even when I don't have a test.

1E15

Have you had any drug education courses or lectures in school?

1="No" 2="No, and I wish I had" 3="Yes"

IF 1E15 = 1 OR 1E15=2, GO TO 1E19

1E16

Would you say that the information about drugs that you received in school classes or programs has...

1="Made you less interested in trying drugs." 2="Not changed your interest in trying drugs" 3="Made you more interested in trying drugs"

1E17A-D

How many of the following drug education experiences have you had in high school? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- a. A special course about drugs
- b. Films, lectures, or discussions in one of my regular courses
- c. Films or lectures, outside of my regular courses
- d. Special group discussions about drugs

1E18

Overall, how valuable were the experiences to you?

1="Little or no value" 2="Some value" 3="Considerable value" 4="Great value"

1E19

The next questions are about anti-vaping ads that are intended to discourage vaping. In recent months, about how often have you seen any such ads against vaping?

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily"
6="More than once a day"

IF 1E19 =1, GO TO 1E21A-D

1E20A-C

To what extent do you think such ads have ... (Select one for each line.)

1="Not at all" 2="To a little extent" 3="To some extent" 4="To a great extent" 5="To a very great extent"

- a. ...made you less favorable toward vaping?
- b. ...made you less likely to vape?
- c. ...overstated the dangers or risks of vaping?

1E21A-D

During the LAST TWO WEEKS, how many times (if any) have you driven a car, truck, or motorcycle after...

1="None" 2="1 time" 3="2 times" 4="3 - 5 times" 5="6 - 9 times" 6="10 or more"

- a. drinking alcohol?
- b. having 5 or more drinks in a row?
- c. using marijuana?
- d. using other illicit drugs?

1E22A-D

During the LAST TWO WEEKS, how many times (if any) have you been a passenger in a car...

1="None" 2="1 time" 3="2 times" 4="3 - 5 times" 5="6 - 9 times" 6="10 or more"

- a. when the driver had been drinking?
- b. when you think the driver had 5 or more drinks?
- c. when the driver had been using marijuana?
- d. when the driver had been using other illicit drugs?

1E23A-F

How often do you...

1="Never" 2="Seldom" 3="Sometimes" 4="Most Days" 5="Nearly Every Day" 6="Every Day"

- a. Eat breakfast?
- b. Eat at least some green vegetables?
- c. Eat at least some fruit?
- d. Exercise vigorously (jogging, swimming, calisthenics, or any other active sports)?
- e. Get at least seven hours of sleep?
- f. Get less sleep than you think you should?



Willing to take this survey in a year? And get paid for it?



Sign up



Earn money



Make a Difference

We need you!

In one year, we will choose a group to take the survey again. The only difference is that you will be paid!

Sign up now! To be a part of this continuing survey, submit the form below. It's easy!

First Name		
Middle Name		
Last Name		
Non-school Email		
Street Address		
Apt/Unit/Lot #		
City	State	Zip
Cell Phone	May we text you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Phone		

SUBMIT

Funded and safeguarded by:



National Institute
on Drug Abuse



- The survey information you just provided is never linked with your name and contact information.
- Your name and address are used ONLY for sending you the study summary and contacting you, they are never shared with anyone else, and are always stored separately from your answers.
- A special Grant of Confidentiality from the US Department of Justice protects all information gathered in this study.



UNIVERSITY OF MICHIGAN
Survey Research Center

Monitoring the Future

SURVEY ITEMS

Form 2

2023

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN



[12th Grade Online Survey Introduction]

Thank you very much for taking this survey!

This survey is part of a nationwide study of high school seniors called Monitoring the Future.

If you are completing this survey away from school, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation.

Researchers and policy makers use this information to make decisions about a wide range of important issues, including school environments and the experiences and ideas U.S. students have about alcohol and drugs, health, recreation, work, and plans for the future. In a sense, many of your answers on this survey will count as “votes” on a wide range of important issues.

It is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time.

Your privacy and confidentiality are important to us.

There is a very small potential risk that someone could learn you were part of the study. To address these potential risks, your name is not saved with the answers you give; all your answers will be kept strictly confidential and will never be seen by your school or anyone who knows you. The study may share your responses with other researchers without asking for your consent again, but any shared information will not contain information that could directly identify you.

We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this research project.

This survey is completely voluntary.

You do not have to take the survey. Taking this survey indicates your agreement to participate in the study.

After you're finished with the survey, we will ask you to provide your contact information.

In about a year, we will use this contact information to send out another survey to a randomly selected group of participants. If you're invited to participate, **you'll get paid for taking any additional surveys**—and you will help us continue our research and inform important decisions locally and nationally. We will also use this contact information to send you a summary of the combined national results of the survey you take today.

The contact information that you provide us is stored separately from your answers to the survey. No one will be able to link your contact information to your answers today, and no one but us will see your contact information.

Thank you for being an important part of this project.

Other seniors have said that these surveys are interesting and that they enjoy completing them. We hope you will too.

The researchers conducting this study (HUM00217920) can be contacted at 734-763-2366 or mtfsurvey@umich.edu.

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

2A01

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

ITEMS 2A02 – 2A03 SHOWN ONLY TO RANDOM_GROUP=2

2A02A-F

The next questions are about climate change and the environment. How much do you agree or disagree with each statement below?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- The effects of climate change have gotten worse in the last ten years
- Government should take steps to deal with climate change problems, even if it means that most of us pay higher prices or taxes
- I would prefer to pay more money for things that will last a long time, rather than have them cost less and break sooner
- I would be willing to (or already do) use a bicycle or mass transit (if available) rather than a car
- I would be willing to (or already do) eat less or no meat
- Climate change is a serious threat to our future

2A03A-E

In the following list you will find some statements about leisure time and work. Please show whether you agree or disagree with each statement.

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I like the kind of work you can forget about after the work day is over
- To me, work is nothing more than making a living
- I expect my work to be a very central part of my life
- I want to do my best in my job, even if this sometimes means working overtime
- I would like to stay in the same job for most of my adult life

ITEMS A04 – A09 SHOWN ONLY TO RANDOM_GROUP=1, 2=.0

The next questions are about living or working with people of different races.

2A04 – 2A08

What race are your close friends?

What race are the people in your neighborhood?

What race were the students in the elementary school where you spent the most time?

What race are the students in your present school?

What race are the people that you work with on your job (if you have a job)?

1="All My Race" 2="Almost All My Race" 3="Mostly My Race" 4="About Half My Race" 5="Mostly Other Race(s)"

6="Almost All Other Race(s)"

2A09

How often do you do things (like having a conversation, eating together, playing sports) with people of other races?

1="Not at all" 2="A little" 3="Some" 4="A lot"

ITEM 3A10 SHOWN ONLY TO RANDOM_GROUP = 1

3A10

All things considered, if you could have exactly the number of children you want, what number would you choose to have?

1="None" 2="One" 3="Two" 4="Three" 5="Four" 6="Five" 7="Six or more" 8="Don't know"

ITEMS 2A11 – 2A13 SHOWN ONLY TO RANDOM_GROUP=2

2A11A-L

Now we'd like you to make some ratings of how good or bad a job you feel each of the following organizations is doing for the country as a whole. For each one, select the circle that best describes how you feel. How good or bad a job is being done for the country as a whole by...

1="Very Poor" 2="Poor" 3="Fair" 4="Good" 5="Very Good" 8="No Opinion"

- a. Large corporations?
- b. Major labor unions?
- c. The nation's colleges and universities?
- d. The nation's public schools?
- e. Churches and religious organizations?
- f. The national news media (TV, magazines, news services)?



- g. The President and the administration?
- h. Congress—that is, the U.S. Senate and House of Representatives?
- i. The U.S. Supreme Court?
- j. All the courts and the justice system in general?
- k. The police and other law enforcement agencies?
- l. The U.S. military?

2A12

All things considered, do you think the armed services presently have too much or too little influence on the way this country is run?

1="Far too little" 2="Too little" 3="About right" 4="Too much" 5="Far too much"

2A13

Do you think the U.S. spends too much or too little on the armed services?

1="Far too little" 2="Too little" 3="About right" 4="Too much" 5="Far too much"

2A14A-U

Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- a. Smoking one or more packs of cigarettes per day
- b. Trying marijuana (pot, weed) once or twice
- c. Using marijuana occasionally
- d. Using marijuana regularly
- e. Trying LSD once or twice
- f. Taking LSD regularly



- g. Trying heroin once or twice
- h. Taking heroin occasionally
- i. Taking heroin regularly
- j. Trying an amphetamine (upper, speed, Adderall, Ritalin, etc.) once or twice



- k. Taking amphetamines regularly
- l. Trying cocaine once or twice
- m. Taking cocaine regularly
- n. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)
- o. Having one or two drinks nearly every day
- p. Having four or five drinks nearly every day



- q. Having five or more drinks once or twice each weekend
- r. Vaping an e-liquid with nicotine occasionally
- s. Vaping an e-liquid with nicotine regularly
- t. Vaping marijuana occasionally
- u. Vaping marijuana regularly

2A15A-J

During the LAST 12 MONTHS, how often have you been around people who were taking each of the following to get high?

1="Not At All" 2="Once or Twice" 3="Occasionally" 4="Often"

- | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| a. Marijuana (pot, weed) or hashish | f. Tranquilizers (Librium, Valium, Xanax) |
| b. LSD | g. Cocaine ("coke") |
| c. Other hallucinogens (mescaline, peyote, "shrooms" or psilocybin, PCP, etc.) | h. Heroin |
| d. Amphetamines (uppers, speed, Adderall, Ritalin, etc.) | i. Other narcotics (codeine, fentanyl, Vicodin, OxyContin, Percocet, etc.) |
| e. Sedatives/barbiturates (downers) | j. Alcoholic beverages (beer, wine, liquor) |

2A16A-L

The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

- a. Smoke one or more packs of cigarettes per day?
- b. Try marijuana once or twice?
- c. Use marijuana occasionally?
- d. Use marijuana regularly?
- e. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)?



- f. Have one or two drinks nearly every day?
- g. Have four or five drinks nearly every day?
- h. Have five or more drinks once or twice each weekend?
- i. Vape an e-liquid with nicotine occasionally?
- j. Vape an e-liquid with nicotine regularly?
- k. Vape marijuana occasionally?
- l. Vape marijuana regularly?

2A17A-E

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, e-hookah, or e-vaporizer to inhale a vapor into the lungs. How difficult do you think it would be to get the following, if you wanted them? (Select one response for each line.)

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

- a. Cigarettes
- b. Vaping device (JUUL, e-cigarette, e-pen, etc.)
- c. E-liquid with nicotine (for vaping)
- d. E-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango
- e. E-liquid for marijuana vaping

2B01

The following questions are about cigarette smoking.

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 2B01= "Never" - Go to 2B03

2B02

How frequently have you smoked cigarettes during the past 30 days?

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day"
5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

2B03

Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

Have you ever had any alcoholic beverage to drink—more than just a few sips?

1="No" 2="Yes"

IF 2B03= "NO" - GO TO 2B08

2B04A-C

On how many occasions have you had alcoholic beverages to drink—more than just a few sips...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 2B04C > 1 THEN SHOW 2B05

2B05A-C

On how many DAYS during the LAST 30 DAYS have you used alcohol?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

2B06

On the occasions that you drink alcoholic beverages, how often do you drink enough to feel pretty drunk or high?

1="On none of the occasions" 2="On few of the occasions" 3="On about half of the occasions" 4="On most of the occasions" 5="On nearly all of the occasions"

2B07

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

12 fl oz of regular beer

8-9 fl oz of malt liquor

5 fl oz of wine

1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank.

Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

2B08A-C

On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

IF 2B08C >1 THEN SHOW 2B09

2B09

On how many DAYS during the LAST 30 DAYS have you used marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

2B10A-C

On how many occasions (if any) have you used LSD ("acid")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B11A-C

On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B12A-C

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B13A-C

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B14A-C

On how many occasions (if any) have you used cocaine in any other form...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B15A-C

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B16A-C

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B17A-C

On how many occasions (if any) have you used heroin...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B18A-C

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

2B19A-C

On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

2B20A-C

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

2B21

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF 2B21=0, GO TO 2B32

2B22A

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 2B22A=1, GO TO 2B24A

2B22B

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF 2B22B=2, GO TO 2B24A

2B22C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF 2B22C>1 OR (2B22A AND 2B22B AND 2B22C NOT ANSWERED), THEN SHOW 2B23

2B23

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

2B24A

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 2B24A=1, GO TO 2B25A

2B24B

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF 2B24B=2, GO TO 2B25A

2B24C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

2B25A

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 2B25A=1, GO TO 2B26

2B25B

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF 2B25B=2, GO TO 2B26

2B25C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF 2B22C > 1 OR 2B24C > 1 OR 2B25C > 1 OR (IF 2B22A AND 2B24A AND 2B25A NOT ANSWERED), THEN SHOW 2B26

2B26

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF 2B22A>1 OR 2B22B=1 OR 2B22C>1, OR (2B22A AND 2B22B AND 2B22C NOT ANSWERED), THEN SHOW 2B27

2B27

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)" 3="Tobacco" 4="Mint " 5="Menthol" 6="Unflavored"

IF 2B22C > 1 OR 2B24C > 1 OR 2B25C > 1 OR (IF 2B22A AND 2B24A AND 2B25A NOT ANSWERED), THEN SHOW 2B28

2B28

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF 2B25 = YES

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

IF 2B24A>1 OR 2B24B=1 OR 2B24C>1, OR (2B24A AND 2B24B AND 2B24C NOT ANSWERED), THEN SHOW 2B29

2B29

When you vape marijuana, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet" 2="Fruit" 3="Sour" 4="Unflavored (tastes like cannabis)"

IF 2B21 ≠ 0 THEN SHOW 2B30

2B30

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend" 4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet " 8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [Capture write in]"

IF 2B21 ≠ 0 AND 2B22C > 1 THEN SHOW 2B31

2B31

During the last 30 days have you vaped nicotine on school grounds during school hours?

1="Yes" 2="No"

2B32

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

These next questions ask for some background information about yourself.

2C01

In what year were you born?

1="Before '02" 2="2002" 3="2003" 4="2004" 5="2005" 6="2006" 7="2007" 8="After 2007"

2C02

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October"
11="November" 12="December"

2C03

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

2C04A-I

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

2C05

Where did you grow up mostly?

1="On a farm" 2="In the country, not on a farm" 3="In a small city or town (under 50,000 people)" 4="In a medium-sized city (50,000-100,000)" 5="In a suburb of a medium-sized city" 6="In a large city (100,000-500,000)" 7="In a suburb of a large city" 8="In a very large city (over 500,000)" 9="In a suburb of a very large city" 0="Can't say; mixed"

2C06

What is your present marital status?

1="Married" 2="Engaged" 3="Separated/divorced" 4="Single"

2C07A-B

How many brothers and sisters do you have? (Include stepbrothers and sisters and half-brothers and sisters.)

0="None" 1="One" 2="Two" 3="Three" 4="Four" 5="Five" 6="Six or more"

a. Older brothers and sisters

b. Younger brothers and sisters

2C07CA-J

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

I live alone

Father (or male guardian)

Mother (or female guardian)

Brother(s) and/or sister(s)

Grandparent(s)

My husband/wife

My child(ren)

Other relative(s)

Non-relative(s)

Other

The next two questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

2C08

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

2C09

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

2C10

How would you describe your political preference?

1="Strongly Republican" 2="Mildly Republican" 3="Mildly Democrat" 4="Strongly Democrat" 5="Independent" 6="No preference" 7="Other" 8="Don't know, haven't decided"

2C11

How would you describe your political beliefs?

1="Very conservative" 2="Conservative" 3="Moderate" 4="Liberal" 5="Very liberal" 6="Radical" 8="None of the above, or don't know"

The next three questions are about religion.

2C12A

What is your religious preference?

1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

2C12B

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

2C12C

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

2C13

When are you most likely to graduate from high school?

1="By this June" 2="July to January" 3="After next January" 6="Don't expect to graduate"

2C14

Which of the following best describes your present high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

2C15

Compared with others your age throughout the country, how do you rate yourself on school ability?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"

6="Above Average" 7="Far Above Average"

2C16

How intelligent do you think you are compared with others your age?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"

6="Above Average" 7="Far Above Average"

2C17A-C

During the LAST FOUR WEEKS, how many whole days of school have you missed...

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4 to 5 Days" 6="6 to 10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

2C18

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

2C19

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)"

1="D (69 or below)"

2C20A-E

How likely is it that you will do each of the following things after high school?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- a. Attend a technical or vocational school
- b. Serve in the military (armed forces)
- c. Graduate from a two-year college program
- d. Graduate from college (four-year program)
- e. Attend graduate or professional school after college

2C21A-F

Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- a. Attend a technical or vocational school
- b. Serve in the military (armed forces)
- c. Graduate from a two-year college program
- d. Graduate from college (four-year program)
- e. Attend graduate or professional school after college
- f. None of the above

2C22

On the average over the school year, how many hours per week do you work in a paid or unpaid job?

1="None" 2="5 or less hours" 3="6 to 10 hours" 4="11 to 15 hours" 5="16 to 20 hours" 6="21 to 25 hours" 7="26 to 30 hours" 8="More than 30 hours"

2C23A-B

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- a. A job or other work
- b. Other sources (allowances, etc.)

2C24

During a typical week, on how many evenings do you go out for fun and recreation?

1="Less than one" 2="One" 3="Two" 4="Three" 5="Four or Five" 6="Six or Seven"

2C25

On the average, how often do you go out with a date (or your spouse/partner)?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

2C26

During an average week, how much do you usually drive a car, truck, or motorcycle?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

2C27

Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"

IF 2C27= "NONE" - GO TO 2C29

2C28A

How many of these tickets or warnings occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- a. Drinking alcoholic beverages?
- b. Using marijuana or hashish?
- c. Using other illegal drugs?

2C29

We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury—not bumps or scratches in parking lots.)

During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)?

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

IF 2C29= "NONE" - GO TO 2C31

2C30A-C

How many of these accidents occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- a. Drinking alcoholic beverages?
- b. Using marijuana or hashish?
- c. Using other illegal drugs?

2D01A-D

The next questions are about feeling unsafe—that is, feeling that someone might try to harm or injure you.

How often do you...

1="Never" 2="Rarely" 3="Some days" 4="Most days" 5="Every day"

- ...feel unsafe when you are at school?
- ...feel unsafe going to or from school?
- ...feel bullied at school?
- ...feel bullied online?

2D02

During the LAST FOUR WEEKS, 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?

1="0 days" 2="1 day" 3="2 or 3 days" 4="4 or more days"

Lately there has been some attention paid to certain drugs.

2D03A-J

During the last 12 months, on how many occasions (if any) have you...

1="0" 2="1-2" 3="3-5" 4="6-9" 5="10-19" 6="20-39" 7="40+"

- ...taken "andro" (androstenedione, non-prescription steroid)?
- ...taken creatine (amino acid used to build muscles)?
- ...taken Ritalin (without a doctor's orders)?
- ...taken Adderall (without a doctor's orders)?
- ...taken nonprescription cough or cold medicine ("robo," "DXM," etc.) to get high?



- ...taken OxyContin (without a doctor's orders)?
- ...taken Vicodin (without a doctor's orders)?
- ...smoked tobacco using a hookah (water pipe)?
- ...smoked small cigars?



- ...taken "delta 8" to get high? It comes from hemp and is put in gummies or is vaped?

2D04A-J

At any time during the LAST 12 MONTHS, have you felt in your own mind that you should REDUCE or STOP your use of...

1="Yes" 0="No" 8="Haven't used in last 12 months"

- Alcohol?
- Cigarettes?
- Marijuana?
- Hallucinogens (LSD, etc.)?
- Amphetamines (uppers)?
- Tranquilizers (Librium, Valium, Xanax, etc.)?



- Sedatives/barbiturates (downers)?
- Cocaine?
- Heroin?
- Other narcotics?

2D05

How likely is it that you will use marijuana in the next 12 months?

1="Definitely will" 2="Probably will" 3="Probably will not" 4="Definitely will not"

IF 2D05= "DEFINITELY WILL" OR "PROBABLY WILL" - GO TO 2D07AA

2D06A-Q

Here are some reasons people give for not using marijuana, or for stopping use. Please tell us which reasons are true for you. (Select all that apply.)

0="UNMARKED" 1="MARKED"

Concerned about possible psychological damage

Concerned about possible physical damage

Concerned about getting arrested

Concerned about becoming addicted to marijuana

It's against my beliefs

Concerned about loss of energy or ambition

Concerned about possible loss of control of myself

It might lead to stronger drugs

Not enjoyable, I didn't like it

My parents would disapprove

My husband/wife (or boyfriend/girlfriend) would disapprove

I don't like being with the people who use it

My friends don't use it

I might have a bad trip

Too expensive

Not available

Don't feel like getting high

2D07AA-P

The next questions ask about your use of alcohol and marijuana during the last 12 months.

Think back over the last 12 months. Did your use of alcohol cause you any of the following problems, even just a little?

Has your use of alcohol in the LAST 12 MONTHS...

(Select all that apply.)

0="UNMARKED" 1="MARKED"

Caused you to behave in ways that you later regretted?

Hurt your relationship with your spouse/partner or girlfriend/boyfriend?

Hurt your relationship with your child(ren)?

Hurt your relationship with your parents?

Hurt your relationship with your friends?

Involved you with people who were a bad influence on you?

Hurt your performance in school and/or on the job?

Caused you financial difficulties?

Caused you to be less stable emotionally?

Caused you to have less energy?

Made you feel bad (e.g., depressed, anxious, ashamed) for more than just a few days?

Caused your physical health to be bad?

Caused you to drive unsafely?

Caused you to get into an angry argument?

Caused you to be less interested in other activities?

Gotten you into trouble with the police?

2D07MA-P

Think back over the last 12 months. Did your use of marijuana cause you any of the following problems, even just a little?

Has your use of marijuana in the LAST 12 MONTHS...

(Select all that apply.)

0="UNMARKED" 1="MARKED"

Caused you to behave in ways that you later regretted?

Hurt your relationship with your spouse/partner or girlfriend/boyfriend?

Hurt your relationship with your child(ren)?

Hurt your relationship with your parents?

Hurt your relationship with your friends?

Involved you with people who were a bad influence on you?

Hurt your performance in school and/or on the job?

Caused you financial difficulties?

Caused you to be less stable emotionally?

Caused you to have less energy?

Made you feel bad (e.g., depressed, anxious, ashamed) for more than just a few days?

Caused your physical health to be bad?

Caused you to drive unsafely?

Caused you to get into an angry argument?

Caused you to be less interested in other activities?

Gotten you into trouble with the police?

2D08 Alc A-I

Did your use of alcohol DURING THE LAST 12 MONTHS lead to any of the following, even just a little?

(Select all that apply.)

0="UNSELECTED" 1="SELECTED"

- You found that over time you needed more alcohol to get the same effect
- Stopping or reducing your use of alcohol made you physically ill or sick
- You used alcohol to avoid "hangovers" or aftereffects of alcohol
- You wanted to try to stop or cut down, but you found that you could not
- You continued to use alcohol even though you knew it was harmful to do so
- You felt such a strong desire to use alcohol that you could not resist it or think of anything else
- You found yourself spending more time obtaining or getting over the aftereffects of alcohol
- You found yourself using more of alcohol than you meant to
- You got some type of counseling or therapy to assist you in quitting or reducing your use of alcohol

2D08 MJ A-I

Did your use of marijuana DURING THE LAST 12 MONTHS lead to any of the following, even just a little?

(Select all that apply.)

0="UNSELECTED" 1="SELECTED"

- You found that over time you needed more marijuana to get the same effect
- Stopping or reducing your use of marijuana made you physically ill or sick
- You used marijuana to avoid "hangovers" or aftereffects of marijuana
- You wanted to try to stop or cut down, but you found that you could not
- You continued to use marijuana even though you knew it was harmful to do so
- You felt such a strong desire to use marijuana that you could not resist it or think of anything else
- You found yourself spending more time obtaining or getting over the aftereffects of marijuana
- You found yourself using more marijuana than you meant to
- You got some type of counseling or therapy to assist you in quitting or reducing your use of marijuana

2E01A-G

How many of your friends would you estimate...

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- | | |
|------------------------------------------|-----------------------------------------------------------|
| a. Smoke cigarettes? | e. Drink alcoholic beverages (liquor, beer, wine)? |
| b. Use marijuana (pot, weed) or hashish? | f. Get drunk at least once a week? |
| c. Take "crack" cocaine? | g. Vape nicotine (using aJUUL, e-cigarette, e-pen, etc.)? |
| d. Take cocaine powder? | |

2E02A-G

How important is each of the following for being looked up to or having high status in your school?

1="No Importance" 2="Little Importance" 3="Moderate Importance" 4="Great Importance" 5="Very Great Importance"

- | | |
|-----------------------------------------|---------------------------------------------|
| a. Coming from the right family | e. Being a good athlete |
| b. Being a leader in student activities | f. Knowing a lot about intellectual matters |
| c. Having a nice car | g. Planning to go to college |
| d. Getting good grades | |

2E03

How about using drugs (other than marijuana or alcohol)—does that cause a student to be looked up to or looked down on among the majority of students in your school?

1="Looked down on a lot" 2="Looked down on some" 3="Neither, or mixed" 4="Looked up to some" 5="Looked up to a lot"

2E04A-G

About how many hours on an average DAY do you spend...

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| a. ...playing games on a computer, TV, phone, or other electronic device? | d. ...on social networking sites like Facebook, Twitter, Instagram, etc.? |
| b. ...texting? | e. ...video chatting? |
| c. ...talking on the phone? | f. ...shopping online? |
| | g. ...emailing? |

2E05A-B

How many hours do you estimate you watch videos, TV, or movies on an electronic device (such as a TV, computer, tablet, or smartphone)?

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- a. On an average WEEKDAY?
b. On an average WEEKEND DAY?

2E06A-G

The next questions are about some things which may have happened TO YOU while you were at school (inside or outside or in a school bus)? During the LAST 12 MONTHS, how often...1="Not At All" 2="Once" 3="Twice" 4="3 or 4 Times" 5="5 or More Times"

- a. Has something of yours (worth under \$50) been stolen?
b. Has something of yours (worth over \$50) been stolen?
c. Has someone deliberately damaged your property (your car, clothing, etc.)?
d. Has someone injured you with a weapon (like a knife, gun, or club)?



- e. Has someone threatened you with a weapon, but not actually injured you?
f. Has someone injured you on purpose without using a weapon?
g. Has an unarmed person threatened you with injury, but not actually injured you?

2E07A-F

During the current school year, how helpful have the following been, if provided by your school?

5="Extremely helpful" 4="Quite helpful" 3="Somewhat helpful" 2="A little helpful" 1="Not at all helpful" 7="Not offered" 8="Don't Know/Not applicable"

- | | |
|-----------------------------|----------------------------------------------------------------------------------|
| a. Counseling support | e. "Check-ins" or informal one-on-one meetings between students and school staff |
| b. Group counseling | f. Mentoring |
| c. Mental health curriculum | |
| d. Mental health resources | |

2E08A-F

Looking toward the future, how important would it be for you to have each of the following things?

1="Not Important" 2="Somewhat Important" 3="Quite Important" 4="Extremely Important"

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| a. A new car every two or three years | d. Lots of space around my house, a big yard |
| b. Clothes in the latest style | e. A vacation house |
| c. A house of my own (instead of an apartment or condominium) | f. A motor-powered, recreational vehicle (powerboat, snowmobile, etc.) |

2E09A-Q

When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to?

1="Grade 6 or below" 2="Grade 7" 3="Grade 8" 4="Grade 9" 5="Grade 10" 6="Grade 11" 7="Grade 12" 8="Never"

- a. Smoke cigarettes on a daily basis
- b. Try an alcoholic beverage—more than just a few sips
- c. Try marijuana or hashish
- d. Try LSD
- e. Try any hallucinogen other than LSD
- f. Try amphetamines



- g. Try sedatives/barbiturates
- h. Try tranquilizers (Librium, Valium, Xanax, etc.)
- i. Try cocaine
- j. Try heroin
- k. Try any narcotic other than heroin
- l. Try inhalants



- m. Smoke your first cigarette
- n. Try smokeless tobacco (snuff, plug, chewing tobacco, snus, dissolvable tobacco)
- o. Drink enough to feel drunk or very high
- p. Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.)
- q. Vape marijuana or hashish

2E10A-I

How do you think your parents feel about YOU doing each of the following things?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- a. Smoking one or more packs of cigarettes per day
- b. Trying marijuana once or twice
- c. Using marijuana occasionally
- d. Using marijuana regularly
- e. Having five or more drinks once or twice each weekend
- f. Vaping nicotine occasionally
- g. Vaping nicotine regularly
- h. Vaping marijuana occasionally
- i. Vaping marijuana regularly



Willing to take this survey in a year? And get paid for it?



Sign up



Earn money



Make a Difference

We need you!

In one year, we will choose a group to take the survey again. The only difference is that you will be paid!

Sign up now! To be a part of this continuing survey, submit the form below. It's easy!

First Name		
Middle Name		
Last Name		
Non-school Email		
Street Address		
Apt/Unit/Lot #		
City	State	Zip
Cell Phone	May we text you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Phone		

SUBMIT

Funded and safeguarded by:



National Institute
on Drug Abuse



- The survey information you just provided is never linked with your name and contact information.
- Your name and address are used ONLY for sending you the study summary and contacting you, they are never shared with anyone else, and are always stored separately from your answers.
- A special Grant of Confidentiality from the US Department of Justice protects all information gathered in this study.



UNIVERSITY OF MICHIGAN
Survey Research Center

Monitoring the Future

SURVEY ITEMS

Form 3

2023

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN



[12th Grade Online Survey Introduction]

Thank you very much for taking this survey!

This survey is part of a nationwide study of high school seniors called Monitoring the Future.

If you are completing this survey away from school, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation.

Researchers and policy makers use this information to make decisions about a wide range of important issues, including school environments and the experiences and ideas U.S. students have about alcohol and drugs, health, recreation, work, and plans for the future. In a sense, many of your answers on this survey will count as “votes” on a wide range of important issues.

It is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time.

Your privacy and confidentiality are important to us.

There is a very small potential risk that someone could learn you were part of the study. To address these potential risks, your name is not saved with the answers you give; all your answers will be kept strictly confidential and will never be seen by your school or anyone who knows you. The study may share your responses with other researchers without asking for your consent again, but any shared information will not contain information that could directly identify you.

We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this research project.

This survey is completely voluntary.

You do not have to take the survey. Taking this survey indicates your agreement to participate in the study.

After you're finished with the survey, we will ask you to provide your contact information.

In about a year, we will use this contact information to send out another survey to a randomly selected group of participants. If you're invited to participate, **you'll get paid for taking any additional surveys**—and you will help us continue our research and inform important decisions locally and nationally. We will also use this contact information to send you a summary of the combined national results of the survey you take today.

The contact information that you provide us is stored separately from your answers to the survey. No one will be able to link your contact information to your answers today, and no one but us will see your contact information.

Thank you for being an important part of this project.

Other seniors have said that these surveys are interesting and that they enjoy completing them. We hope you will too.

The researchers conducting this study (HUM00217920) can be contacted at 734-763-2366 or mtfsurvey@umich.edu.

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

3A01

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

ITEMS A02 – A07 SHOWN ONLY TO RANDOM=2, 1=.0

3A02

Looking ahead to the next five years, do you think that things in this country will get better or worse?

1="Get much better" 2="Get somewhat better" 3="Stay about the same" 4="Get somewhat worse" 5="Get much worse"

3A03

Looking ahead to the next five years, do you think that things in the rest of the world will get better or worse?

1="Get much better" 2="Get somewhat better" 3="Stay about the same" 4="Get somewhat worse" 5="Get much worse"

3A04

How do you think your own life will go in the next five years—do you think it will get better or worse?

1="Get much better" 2="Get somewhat better" 3="Stay about the same" 4="Get somewhat worse" 5="Get much worse"

3A05

Some people think a lot about the social problems of the nation and the world, and about how they might be solved. Others spend little time thinking about these issues. How much do you think about such things?

1="Never" 2="Seldom" 3="Sometimes" 4="Quite often" 5="A great deal"

3A06A-K

These questions are about climate change and the environment. Please select the answer that shows how much you agree or disagree with each statement below.

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. The effects of climate change have gotten worse in the last ten years.
- b. The dangers of climate change are not really as great as government, the media, and environmental groups would like us to believe
- c. America needs growth to survive, and that is going to require some increase in climate change
- ❖ ❖ ❖ ❖ ❖ ❖ ❖
- d. People will have to change their buying habits and way of life to correct climate change problems
- e. Government should take action to solve our climate change problems even if it means that some of the products we now use would have to be changed or banned
- f. Government should place higher taxes on products which cause climate change in their manufacture or disposal, so that companies will be encouraged to find better ways to produce them
- g. I wish that government would ban throwaway bottles and beverage cans
- ❖ ❖ ❖ ❖ ❖ ❖ ❖
- h. Advertisements stimulate people to buy a lot of things they don't really need
- i. Advertisements do a lot of good by showing new products that we might not know about otherwise
- j. My family and I often buy things we really don't need; we could get along with much less
- k. Within the next 25 years, engineers and scientists will probably have invented devices that will solve climate change
- l. Climate change is a serious threat to our future

3A07

In your own actions—the things you buy and the things you do—how much of an effort do you make to conserve energy and protect the environment?

1="None" 2="A little" 3="Some" 4="Quite a bit"

ITEMS 3A08 – 3A13 SHOWN ONLY TO RANDOM_GROUP=1

3A08

The next questions are about work.

What kind of work do you think you will be doing when you are 30 years old? Select the one that comes closest to what you expect to be doing.

01="Laborer (custodian, material mover, landscape worker, agricultural worker)" 02="Service worker (food preparer or food service worker including fast food, call center worker, stock clerk, order filler, nursing assistant, home healthcare aide, teacher assistant, childcare worker)" 03="Operative or manufacturing worker (bus or truck driver, maintenance or repair worker, assembly line worker, mechanic)" 04="Customer service and retail (cashier, supervisor of retail workers)" 05="Office and administrative support (administrative assistant, receptionist, bookkeeper, supervisor of office workers, bank teller, postal worker)" 06="Protective service (police, firefighter, paramedic)" 07="Military service" 08="Crafts or skilled worker (carpenter, machinist, welder)" 09="Farm owner, farm manager" 10="Owner of a small business, self-employed" 11="Sales representative (insurance agent, real estate)" 12="Manager or administrator (office manager, governmental official, sales manager)" 13="Professional without doctoral degree (registered nurse, healthcare worker, school teacher, accountant, architect, artist, information technology worker)" 14="Professional with doctoral degree or equivalent (lawyer, physician, dentist, scientist, college professor)" 17="Independent contractor, gig worker, on-demand employee" 15="Full-time homemaker" 16="Don't know"

IF 3A08= "DON'T KNOW" - GO TO 3A12A-K

3A09

How likely do you think it is that you will actually get to do this kind of work?

1="Not very likely" 2="Somewhat likely" 3="Fairly likely" 4="Very likely" 5="Certain" 6="I already do this kind of work"

3A10

How certain are you that this kind of work is a good choice for you?

1="Not at all certain" 2="Somewhat certain" 3="Fairly certain" 4="Very certain" 5="Completely certain"

3A11

How satisfying do you think this kind of work will be for you?

1="Not very satisfying" 2="Somewhat satisfying" 3="Quite satisfying" 4="Very satisfying" 5="Extremely satisfying"

3A12A-K

To what extent do you think the things listed below will prevent you from getting the kind of work you would like to have?

1="Not At All" 2="Somewhat" 3="A Lot" 8="Don't Know"

Your religion

Your sex

Your race

Your family background

Your political views

Your education



Lack of vocational training

Lack of ability

Not knowing the right people

Not wanting to work hard

Not wanting to conform

3A13

If you were to get enough money to live as comfortably as you'd like for the rest of your life, would you want to work?

1="I would want to work" 2="I would not want to work"

3A14A-B

How many hours do you estimate you watch videos, TV, or movies on an electronic device (such as a TV, computer, tablet, or smartphone)?

1="None" 2="Less than 1 hour" 3="1-2 hours" 4="3-4 hours" 5="5-6 hours" 6="7-8 hours" 7="9 hours or more"

- a. On an average WEEKDAY?
- b. On an average WEEKEND DAY?

ITEMS A15 – A18 SHOWN ONLY TO RANDOM_GROUP=2, 1=.A

3A15

During a typical week, how often do you have dinner with one or both of your parents?

1="Less than one day per week" 2="One day" 3="Two days" 4="Three days" 5="Four or five days" 6="Six or seven days per week"

3A16

In the past year, how many books have you read just because you wanted to—that is, without their being assigned?

1="None" 2="One" 3="Two to five" 4="Six to nine" 5="Ten or more"

3A17

Some people think about what's going on in government very often, and others are not that interested. How much of an interest do you take in government and current events?

1="No interest at all" 2="Very little interest" 3="Some interest" 4="A lot of interest" 5="A very great interest"

3A18A-J

Some people think that there ought to be changes in the amount of influence and power that certain organizations have in our society. Do you think the following organizations should have more influence, less influence, or about the same amount of influence as they have now? How much influence should there be for...

1="Much Less" 2="Less" 3="Same As Now" 4="More" 5="Much More" 8="No opinion"

- a. Large corporations?
- b. Major labor unions?
- c. Churches and religious organizations?
- d. The national news media (TV, magazines, news services)?
- e. The Presidency and the administration?
- f. The Congress—that is, the U.S. Senate and House of Representatives?
- g. The U.S. Supreme Court?
- h. All the courts and the justice system in general?
- i. The police and other law enforcement agencies?
- j. The U.S. military?

3A19A-K

The next questions ask your views about drugs.

Do you think that people (who are 21 or older) should be prohibited by law from doing each of the following?

1="No" 2="Not Sure" 3="Yes"

- a. Using marijuana (pot, weed) in private
- b. Using marijuana in public places
- c. Taking LSD in private
- d. Taking LSD in public places
- e. Taking amphetamines (uppers) or sedatives (downers) in private
- f. Taking amphetamines or sedatives in public places



- g. Taking heroin in private
- h. Taking heroin in public places
- i. Getting drunk in private
- j. Getting drunk in public places
- k. Smoking tobacco in certain specified public places

3A20

In particular, there has been a great deal of public debate about whether marijuana use should be legal. Not counting "medical marijuana" (with a doctor's prescription), which of the following policies do you favor?

- 1="Using marijuana should be entirely legal" 2="It should be a minor violation--like a parking ticket--but not a crime"
3="It should be a crime" 4="Don't know"

3A21

Is recreational marijuana legal where you live?

- 1="No" 2="Yes, but only to adults" 3="Yes, to anyone" 4="Don't know"

IF 3A21=1 OR 3A21=4 THEN SHOW 3A22

3A22

If recreational marijuana became legal where you live, which of the following would you be most likely to do?

- 1="Not use it, even if it were legal and available" 2="Try it" 3="Use it about as often as I do now" 4="Use it more often than I do now" 5="Use it less than I do now" 6="Don't know"

The following questions are about cigarette smoking.

3B01

Have you ever smoked cigarettes?

- 1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 3B01=1, GO TO 3B03

3B02

How frequently have you smoked cigarettes during the past 30 days?

- 1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day"
5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

3B03

Next we want to ask about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

Have you ever had any alcoholic beverage to drink—more than just a few sips?

- 1="No" 2="Yes"

IF 3B03=1, GO TO 3B04A-C

3B04A-C

On how many occasions have you had alcoholic beverages to drink—more than just a few sips...

- 1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

IF 3B04C>1, THEN SHOW 3B05

3B05

On how many DAYS during the LAST 30 DAYS have you used alcohol?

- 1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

3B06

On the occasions that you drink alcoholic beverages, how often do you drink enough to feel pretty drunk or high?

1="On none of the occasions" 2="On few of the occasions" 3="On about half of the occasions" 4="On most of the occasions" 5="On nearly all of the occasions"

3B07

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages. For these questions, one "drink" means any of the following:

12 fl oz of regular beer

8-9 fl oz of malt liquor

5 fl oz of wine

1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

3B08

CBD, or cannabidiol, is a compound produced by the cannabis plant. Use of CBD does not cause the "high" associated with marijuana.

On how many occasions (if any) have you used CBD...

- ... in your lifetime?
- ... during the last 12 months?
- ... during the last 30 days?

3B09A-C

The next questions are about MARIJUANA or cannabis (sometimes called pot, weed, or hashish). Do not count use of products containing only CBD. On how many occasions (if any) have you used marijuana (smoking, vaping, edibles)...1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 3B09C > 1 THEN SHOW 3B10

3B10

On how many DAYS during the LAST 30 DAYS have you used marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

3B11A-C

On how many occasions (if any) have you used LSD ("acid")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B12A-C

On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B13A-C

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B14A-C

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B15A-C

On how many occasions (if any) have you used cocaine in any other form...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B16A-C

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B17A-C

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B18A-C

On how many occasions (if any) have you used heroin...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B19A-C

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B20A-C

On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B21A-C

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3B22

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF 3B22=0, GO TO 3B36

3B23A

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 3B23A=1, GO TO 3B25A

3B23B

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF 3B23B=2, GO TO 3B25A

3B23C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF 3B23C>1 OR (3B23A AND 3B23B AND 3B23C NOT ANSWERED), THEN SHOW 3B24

3B24

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

3B25A

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 3B25A=1, GO TO 3B26A

3B25B

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF 3B25B=2, GO TO 3B26A

3B25C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

3B26A

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 3B26A=1, GO TO 3B27

3B26B

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF 3B26B=2, GO TO 3B27

3B26C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF 3B23A>1 OR 3B23B=1 OR 3B23C>1 OR (3B23A AND 3B23B AND 3B23C NOT ANSWERED), THEN SHOW 3B27

3B27

Have you ever tried to stop vaping nicotine for good?

1= "Yes" 2= "No"

IF 3B27=1, THEN SHOW 3B28-29

3B28A-L

Why did you stop (or try to stop) vaping nicotine? (Select all that apply to your most recent attempt.)

0="UNSELECTED" 1="SELECTED"

Too expensive

Did not want to be addicted

Couldn't get the flavors I wanted

Worried about effects on lungs

My parents wanted me to stop

Worried I would start smoking cigarettes

My friends disapproved

Felt bad when I couldn't vape

To avoid getting in trouble at school

Always thinking about vaping

Vaping interfered with school or social activities

Other

3B29A-I

How did you stop (or try to stop) vaping nicotine? (Select all that apply to your most recent attempt.)

0="UNSELECTED" 1="SELECTED"

By myself I gradually cut back

Used a pill to reduce nicotine cravings

By myself I stopped all at once

Used a nicotine patch, gum, or lozenge

With the help of a school program

Used a mobile phone app

Saw a therapist or counselor

Other

Social support from friends or family

IF 3B25B=1 OR 3B25C>1, THEN SHOW 3B30A-I

3B30A-I

When you vaped MARIJUANA in the past 12 months where did you get the marijuana vape liquid that you used? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

Took from a friend without asking

Bought from a relative

Took from a relative without asking

Bought from a drug dealer/stranger

Given for free by a friend

On the Internet

Given for free by a relative

Other method

Bought from a friend

IF 3B23C>1 OR 3B25C>1 OR 3B26C>1 OR (IF 3B23A AND 3B25A AND 3B26A NOT ANSWERED), THEN SHOW 3B31

3B31

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF 3B23A>1 OR 3B23B=1 OR 3B23C>1 OR (3B23A AND 3B23B AND 3B23C NOT ANSWERED), THEN SHOW 3B32

3B32

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)" 3="Tobacco" 4="Mint" 5="Menthol" 6="Unflavored"

IF 3B23C>1 OR 3B25C>1 OR 3B26C>1 OR (IF 3B23A AND 3B25A AND 3B26A NOT ANSWERED), THEN SHOW 3B33

3B33

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF 3B32 = YES THEN SHOW NEXT ITEM

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

IF 3B25A>1 OR 3B25B=1 OR 3B25C>1, OR (3B25A AND 3B25B AND 3B25C NOT ANSWERED), THEN SHOW 3B34

3B34

When you vape marijuana, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet" 2="Fruit" 3="Sour" 4="Unflavored (tastes like cannabis)"

3B35

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend" 4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet " 8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [capture write in]"

3B36A-C

In your opinion how addictive is...

8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some- what addictive" 4="Very addictive"

- Vaping nicotine regularly
- Smoking cigarettes regularly
- Using marijuana regularly

IF 3B09A>1 OR 3B09B=1 OR 3B09C>1, OR (3B09A AND 3B09B AND 3B09C NOT ANSWERED), THEN SHOW 3B37

3B37

What methods have you used for using marijuana during the last year? (Select all that apply.)

- | | |
|---------------------------------|------------------------------------------------------------------------|
| Smoking a joint | Eating in food |
| Smoking a blunt | Drink in a beverage |
| Smoking in a bong/water pipe | Use a concentrate (such as "wax," "honey oil," "budder," or "shatter") |
| Smoking in another type of pipe | Other [capture write in] |
| Vaping | |

0="UNMARKED" 1="MARKED"

3B38

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

3B39A-E

During the LAST 30 DAYS, on how many days (if any) have you used...

1="None" 2="1-2" 3="3-5" 4="6-9" 5="10-19" 6="20-30"

- | | |
|---------------------------------------------|--------------------------------------------------------------------------------|
| a. ...large cigars? | e. ...smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)? |
| b. ...flavored little cigars or cigarillos? | f. ...nicotine gummies? |
| c. ...regular little cigars or cigarillos? | g. ...nicotine hard candy or nicotine mints? |
| d. ...tobacco using a hookah (water pipe)? | |

3B40

The next questions ask about small, white pouches that contain nicotine which users place in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chew, because they do not contain any ground tobacco leaf. Common brands include Zyn, On!, or Velo.

Please do not include other types of tobacco pouches, such as snus pouches or smokeless tobacco pouches when answering the following questions.

Have you ever seen or heard of nicotine pouches before now?

No Yes

3B41

Have you ever used nicotine pouches, even one or two times?

No Yes

3B42A-C

On how many occasions have you used nicotine pouches...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

3C01

These next questions ask for some background information about yourself.

In what year were you born?

1="Before '02" 2="2002" 3="2003" 4="2004" 5="2005" 6="2006" 7="2007" 8="After 2007"

3C02

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November" 12="December"

3C03

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

3C04A-I

How do you describe yourself? (Select one or more responses.)

0="UNSELECTED" 1="SELECTED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

3C05

Where did you grow up mostly?

1="On a farm" 2="In the country, not on a farm" 3="In a small city or town (under 50,000 people)" 4="In a medium-sized city (50,000-100,000)" 5="In a suburb of a medium-sized city" 6="In a large city (100,000-500,000)" 7="In a suburb of a large city" 8="In a very large city (over 500,000)" 9="In a suburb of a very large city" 0="Can't say; mixed"

3C06

What is your present marital status?

1="Married" 2="Engaged" 3="Separated/divorced" 4="Single"

3C07A-B

How many brothers and sisters do you have? (Include stepbrothers and sisters and half-brothers and sisters.)

0="None" 1="One" 2="Two" 3="Three" 4="Four" 5="Five" 6="Six or more"

- a. Older brothers and sisters
- b. Younger brothers and sisters

3C07Ca-j

Which of the following people live in the same household with you? (SELECT ALL the apply.)

0="UNSELECTED" 1="SELECTED"

I live alone

My husband/wife

Father (or male guardian)

My child(ren)

Mother (or female guardian)

Other relative(s)

Brother(s) and/or sister(s)

Non-relative(s)

Grandparent(s)

Other

3C08

The next two questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

3C09

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

3C10

How would you describe your political preference?

1="Strongly Republican" 2="Mildly Republican" 3="Mildly Democrat" 4="Strongly Democrat" 5="Independent" 6="No preference" 7="Other" 8="Don't know, haven't decided"

3C11

How would you describe your political beliefs?

1="Very conservative" 2="Conservative" 3="Moderate" 4="Liberal" 5="Very liberal" 6="Radical" 8="None of the above, or don't know"

The next three questions are about religion.

3C12A

What is your religious preference?

(Unaligned) 1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Other Protestant Christian" 10="Roman Catholic" 11="Eastern Orthodox" 12="Latter-day Saints" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

3C12B

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

3C12C

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

3C13

When are you most likely to graduate from high school?

1="By this June" 2="July to January" 3="After next January" 6="Don't expect to graduate"

3C14

Which of the following best describes your present high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

3C15

Compared with others your age throughout the country, how do you rate yourself on school ability?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"

6="Above Average" 7="Far Above Average"

3C16

How intelligent do you think you are compared with others your age?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"

6="Above Average" 7="Far Above Average"

3C17A-C

During the LAST FOUR WEEKS, how many whole days of school have you missed...

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4-5 Days" 6="6-10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

3C18

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

3C19

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)"

1="D (69 or below)"

3C20A-E

How likely is it that you will do each of the following things after high school?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- a. Attend a technical or vocational school
- b. Serve in the military (armed forces)
- c. Graduate from a two-year college program
- d. Graduate from college (four-year program)
- e. Attend graduate or professional school after college

3C21A-F

Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

Attend a technical or vocational school

Serve in the military (armed forces)

Graduate from a two-year college program

Graduate from college (four-year program)

Attend graduate or professional school after college

None of the above

3C22

On the average over the school year, how many hours per week do you work in a paid or unpaid job?

1="None" 2="5 or less hours" 3="6 to 10 hours" 4="11 to 15 hours" 5="16 to 20 hours" 6="21 to 25 hours" 7="26 to 30 hours" 8="More than 30 hours"

3C23A-B

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- A job or other work
- Other sources (allowances, etc.)

3C24

During a typical week, on how many evenings do you go out for fun and recreation?

1="Less than one" 2="One" 3="Two" 4="Three" 5="Four or Five" 6="Six or Seven"

3C25

On the average, how often do you go out with a date (or your spouse/partner)?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

3C26

During an average week, how much do you usually drive a car, truck, or motorcycle?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

3C27

Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"

IF 3C27="NONE" - GO TO 3C29

3C28A-C

How many of these tickets or warnings occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- Drinking alcoholic beverages?
- Using marijuana?
- Using other illegal drugs?

3C29

We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury—not bumps or scratches in parking lots.)

During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)?

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

IF 3C29="NONE" - GO TO 3C31

3C30A-C

How many of these accidents occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- Drinking alcoholic beverages?
- Using marijuana?
- Using other illegal drugs?

The next questions ask about a number of different things.

3D01A

Think about the kinds of paid jobs that people your age usually have. If you could work just the number of hours that you wanted, how many hours per week would you PREFER to work during the school year?

1="None" 2="5 or less hours per week" 3="6-10" 4="11-15" 5="16-20" 6="21-25" 7="26-30" 8="31 or more hours"
9="Don't know, can't say"

3D01B

How many hours per week do you think your PARENTS would prefer that you work in a paid job during the school year?

1="None" 2="5 or less hours per week" 3="6-10" 4="11-15" 5="16-20" 6="21-25" 7="26-30" 8="31 or more hours"
9="Don't know, can't say"

3D02A

Which best describes your recent employment experience?

1="I have a paid job now" 2="No paid job now, but I had one during the past 3 months" 3="No paid job in the past 3 months" 4="Never had a paid job"

IF 3D02 = 3:"NO PAID JOB IN THE PAST 3 MONTHS" OR 4:"NEVER HAD A PAID JOB" GO TO 3D06

3D02B

Which of the job categories below comes closest to the kind of work you have done for pay on your current (or most recent) job? (If more than one kind of work, choose the one where you worked the most hours. Do not include work around the house.)

01="Have not worked for pay" 02="Lawn or yard work" 03="Fast food worker" 04="Waiter or waitress" 05="Other restaurant worker" 06="Newspaper route" 07="Babysitting or childcare" 08="Farm or agricultural work" 09="Store clerk or salesperson" 10="Office or clerical" 11="Odd jobs" 12="Other"

3D02C

All things considered, how satisfied are (were) you with that job?

1="Completely dissatisfied" 2="Quite dissatisfied" 3="Somewhat dissatisfied" 4="Neither, or mixed feelings"
5="Somewhat satisfied" 6="Quite satisfied" 7="Completely satisfied"

The next questions are about your present or most recent paid job. (If you presently hold more than one paid job, answer for the more important one.)

3D03

On the average, how many hours per week do (did) you work on this particular job?

1="5 or less hours" 2="6 to 10 hours" 3="11 to 15 hours" 4="16 to 20 hours" 5="21 to 25 hours" 6="26 to 30 hours"
7="31 to 35 hours" 8="36 or more hours"

3D04

About how old is (was) your supervisor?

1="Age 20 or younger" 2="21 to 25" 3="26 to 30" 4="31 or older"

3D05

How many of the other workers are within 2 or 3 years of your own age?

1="None" 2="A few" 3="About half" 4="Most" 5="Nearly all" 6="All"

3D06

The next questions are about drugs that doctors sometimes prescribe for people who have problems concentrating on one task at a time (attention deficit disorder), or with being too active or too disruptive (hyperactive), or both (ADHD). Stimulant-type drugs (i.e., amphetamine, methylphenidate, and pemoline) are prescribed for these conditions. These drugs include Ritalin, Adderall, Concerta, Metadate, Dexedrine, Focalin, Vyvanse, and others.

Have you ever taken any of these stimulant-type prescription drugs under a doctor's supervision for these conditions?
[Do not count drugs that are not stimulant-type, like Strattera, Wellbutrin, Provigil, Tenex, Intuniv, or Catapres]

1="No" 2="Yes, in the past, but not now" 3="Yes, I take them now"

IF 3D06="NO" - GO TO 3D09

3D07

How old were you when you first took one of these stimulant-type drugs under a doctor's supervision?

1="1-4 years old" 2="5-9" 3="10-14" 4="15+ years old"

3D08

Altogether, for about how many years have you actually taken such drugs under a doctor's supervision?

1="Less than 1 year" 2="1 year" 3="2 years" 4="3-5 years" 5="6-9 years" 6="10 or more years"

3D09

Have you ever taken a non-stimulant-type prescription drug under a doctor's supervision for these conditions (like Strattera, Wellbutrin, Provigil, Tenex, Intuniv, or Catapres)?

1="No" 2="Yes, in the past, but not now" 3="Yes, I take them now" 8="Don't know"

3D10A-H

People have different opinions about world problems. How much do you agree or disagree with each of the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I feel that I can do very little to change the way the world is today
- It does little good to clean up air and water pollution because this society will not last long enough for it to matter
- When things get tough enough, we'll put our minds to it and find a technological solution
- When I think about all the terrible things that have been happening, it is hard for me to hold out much hope for the world
- I often wonder if there is any real purpose to my life in light of the world situation



- My guess is that this country will be caught up in a major world upheaval in the next 10 years
- Nuclear or biological annihilation will probably be the fate of all mankind, within my lifetime
- The human race has come through tough times before, and will do so again

3D11A-C

The next questions are about alcohol use—this time asking separately about beer, wine, wine coolers, and hard liquor.

On how many occasions (if any) have you had beer to drink...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3D12A-C

On how many occasions (if any) have you had flavored alcoholic beverages (like hard seltzers, Mike's Hard Lemonade, Smirnoff Ice, wine coolers, or ready-to-drink cocktails) to drink—more than just a few sips... (Do not include regular liquor, beer, or wine.)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

3D13A-C

On how many occasions (if any) have you had wine to drink, not counting wine coolers...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

3D14A-C

The next questions are about hard liquor. (Hard liquor includes whiskey, Scotch, bourbon, gin, vodka, rum, etc., or mixed drinks made with liquor.)

On how many occasions (if any) have you had liquor to drink...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

3D15

During the LAST 30 DAYS, how much money (if any) did you spend on drugs for your own use? (Don't count drugs taken under a doctor's orders, or legally available without a prescription.)

0="Nothing" 1="Less than \$5" 2="\$5 - \$9" 3="\$10 - \$14" 4="\$15 - \$19" 5="\$20 - \$29" 6="\$30 - \$39" 7="\$40 - \$49"
8="\$50 - \$74" 9="\$75 - \$99" 10="\$100 - \$149" 11="\$150 - \$199" 12="\$200 - \$299" 13="\$300 or more"

3D18

During the past 12 months, how often have you seen people selling illegal drugs in your neighborhood?

1="Never" 2="A few times a year" 3="Once or twice a month" 4="At least once a week" 5="Almost every day"

3E01A-P

How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

1="Not Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- a. Smoking one or more packs of cigarettes per day
- b. Trying marijuana (pot, weed) once or twice
- c. Using marijuana occasionally
- d. Using marijuana regularly
- e. Trying LSD once or twice
- f. Trying an amphetamine (upper, speed, Adderall, Ritalin, etc.) once or twice



- g. Trying cocaine once or twice
- h. Taking cocaine occasionally
- i. Having one or two drinks nearly every day
- j. Having four or five drinks nearly every day



- k. Having five or more drinks once or twice each weekend
- l. Driving a car after having 1-2 drinks
- m. Driving a car after having 5 or more drinks
- n. Driving a car after using marijuana
- o. Vaping nicotine occasionally
- p. Vaping nicotine regularly

3E02A-F

During the current school year, how helpful have the following been, if provided by your school?

5="Extremely helpful" 4="Quite helpful" 3="Somewhat helpful" 2="A little helpful" 1="Not at all helpful" 7="Not offered" 8="Don't Know/Not applicable"

- a. Counseling support
- b. Group counseling
- c. Mental health curriculum
- d. Mental health resources
- e. "Check-ins" or informal one-on-one meetings between students and school staff
- f. Mentoring



Willing to take this survey in a year? And get paid for it?



Sign up



Earn money



Make a Difference

We need you!

In one year, we will choose a group to take the survey again. The only difference is that you will be paid!

Sign up now! To be a part of this continuing survey, submit the form below. It's easy!

First Name		
Middle Name		
Last Name		
Non-school Email		
Street Address		
Apt/Unit/Lot #		
City	State	Zip
Cell Phone	May we text you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Phone		

SUBMIT

Funded and safeguarded by:



National Institute
on Drug Abuse



- The survey information you just provided is never linked with your name and contact information.
- Your name and address are used ONLY for sending you the study summary and contacting you, they are never shared with anyone else, and are always stored separately from your answers.
- A special Grant of Confidentiality from the US Department of Justice protects all information gathered in this study.



UNIVERSITY OF MICHIGAN
Survey Research Center

Monitoring the Future

SURVEY ITEMS

Form 4

2023

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN



[12th Grade Online Survey Introduction]

Thank you very much for taking this survey!

This survey is part of a nationwide study of high school seniors called Monitoring the Future.

If you are completing this survey away from school, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation.

Researchers and policy makers use this information to make decisions about a wide range of important issues, including school environments and the experiences and ideas U.S. students have about alcohol and drugs, health, recreation, work, and plans for the future. In a sense, many of your answers on this survey will count as “votes” on a wide range of important issues.

It is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time.

Your privacy and confidentiality are important to us.

There is a very small potential risk that someone could learn you were part of the study. To address these potential risks, your name is not saved with the answers you give; all your answers will be kept strictly confidential and will never be seen by your school or anyone who knows you. The study may share your responses with other researchers without asking for your consent again, but any shared information will not contain information that could directly identify you.

We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this research project.

This survey is completely voluntary.

You do not have to take the survey. Taking this survey indicates your agreement to participate in the study.

After you're finished with the survey, we will ask you to provide your contact information.

In about a year, we will use this contact information to send out another survey to a randomly selected group of participants. If you're invited to participate, **you'll get paid for taking any additional surveys**—and you will help us continue our research and inform important decisions locally and nationally. We will also use this contact information to send you a summary of the combined national results of the survey you take today.

The contact information that you provide us is stored separately from your answers to the survey. No one will be able to link your contact information to your answers today, and no one but us will see your contact information.

Thank you for being an important part of this project.

Other seniors have said that these surveys are interesting and that they enjoy completing them. We hope you will too.

The researchers conducting this study (HUM00217920) can be contacted at 734-763-2366 or mtfsurvey@umich.edu.

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

4A01

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

ITEMS 4A02 – 4A07 SHOWN ONLY TO RANDOM_GROUP=2

4A02

Some people think a lot about the social problems of the nation and the world, and about how they might be solved. Others spend little time thinking about these issues. How much do you think about such things?

1="Never" 2="Seldom" 3="Sometimes" 4="Quite often" 5="A great deal"

4A03A-K

Of all the problems facing the nation today, how often do you worry about each of the following?

1="Never" 2="Seldom" 3="Sometimes" 4="Often"

- | | |
|--------------------------|--------------------------------------------|
| a. Chance of nuclear war | g. Hunger and poverty |
| b. Overpopulation | h. Using open land for housing or industry |
| c. Crime and violence | i. Urban decay |
| d. Climate change | j. Economic problems |
| e. Energy shortages | k. Drug abuse |
| f. Race relations | |

4A04A-I

Apart from the particular kind of work you want to do, how would you rate each of the following settings as a place to work?

1="Not At All Acceptable" 2="Somewhat Acceptable" 3="Acceptable" 4="Desirable"

- | | |
|--------------------------------------|----------------------------------------------------|
| a. Working in a large corporation | f. Working in a police department or police agency |
| b. Working in a small business | g. Working in a social service organization |
| c. Working in a government agency | h. Working with a small group of partners |
| d. Working in the military service | i. Working on your own (self-employed) |
| e. Working in a school or university | |

4A05

If you were to get enough money to live as comfortably as you'd like for the rest of your life, would you want to work?

1="I would want to work" 2="I would not want to work"

4A06A-F

The next questions are about race relations. How much have you gotten to know people of other races...

1="Not At All" 2="A Little" 3="Some" 4="A Lot" 8="Does Not Apply To Me"

- | | |
|--------------------------|---------------------|
| a. In school? | d. On sports teams? |
| b. In your neighborhood? | e. In clubs? |
| c. In church? | f. On a job? |

4A07

Thinking about the country as a whole, would you say relations between White people and Black people have been getting better, getting worse, or staying pretty much the same?

1="Better" 2="A little better" 3="Same" 4="A little worse" 5="Worse"

4A08

Do you have a driver's license?

1="Yes" 3="No"

IF "No" - GO TO 4A10

4A09

Do you own a car?

1="Yes" 3="No"

ITEMS 4A10 – 4A16 SHOWN ONLY TO RANDOM_GROUP=1

4A10

In the house or apartment where you live, is an effort made to reduce heat during the winter, in order to save energy?

1="Not at all" 2="Not very much" 3="Yes, to some extent" 4="Yes, quite a bit" 8="Don't know"

4A11A-C

How do you feel about each of the following?

1="Not At All" 2="Not Very Much" 3="Pretty Much" 4="Very Much"

- How much do you enjoy shopping for things like clothes, music, videos, sporting goods, and books?
- How much do you care about having the latest fashion in your clothes, music, videos, leisure activities, and so on?
- How much do you care about whether your family has most of the things your friends and neighbors have?

4A12

When you are older, do you expect to own more possessions than your parents do now, or about the same, or less? I expect to own...

1="Much less than my parents" 2="Somewhat less than my parents" 3="About as much as my parents" 4="Somewhat more than my parents" 5="Much more than my parents"

4A13

Compared with your parents, what is the smallest amount that you could be content or satisfied to own? The least I could be content to own is...

1="Much less than my parents" 2="Somewhat less than my parents" 3="About as much as my parents" 4="Somewhat more than my parents" 5="Much more than my parents"

4A14A-N

These next questions ask your opinions about a number of different topics. How much do you agree or disagree with each statement below?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- We ought to worry about our own country and let the rest of the world take care of itself
- It would be better if we all felt more like citizens of the world than of any particular country
- I find it hard to be sympathetic toward starving people in foreign lands, when there is so much trouble in our own country



- Maybe some minority groups do get unfair treatment, but that's no business of mine
- I get very upset when I see other people treated unfairly
- I would agree to a good plan to make a better life for the poor, even if it cost me money



- It's not really my problem if others are in trouble and need help
- Americans could change their eating habits to provide more food for the hungry people in other parts of the world, and at the same time be healthier themselves
- My family and I often buy things we really don't need; we could get along with much less

4A15

Some people think about what's going on in government very often, and others are not that interested. How much of an interest do you take in government and current events?

1="No interest at all" 2="Very little interest" 3="Some interest" 4="A lot of interest" 5="A very great interest"

4A16A-I

If you have at least an average income in the future, how likely is it that you will contribute money to the following organizations? If you have already contributed, mark the last circle only.

1="Definitely Not" 2="Probably Not" 3="Don't Know" 4="Probably Will" 5="Definitely Will" 6="Already Have"

- The United Way or other community charities?
- International relief organizations (CARE, UNICEF, etc.)?
- Minority group organizations (NAACP, SCLC, BLM, etc.)?
- Church or religious organizations?
- Political parties or organizations?
- Citizen lobbies (Common Cause, Public Citizen, etc.)?
- Charities to help fight diseases (cancer, heart disease, etc.)?
- Organizations concerned with overpopulation?
- Organizations concerned with climate change and environmental problems (Sierra Club, Friends of Earth, etc.)?

4A17

What is your current height (in feet and inches) without shoes?

01="4'5 or less" 02="4'6" 03="4'7" 04="4'8" 05="4'9" 06="4'10" 07="4'11" 08="5'0" 09="5'1" 10="5'2" 11="5'3" 12="5'4" 13="5'5" 14="5'6" 15="5'7" 16="5'8" 17="5'9" 18="5'10" 19="5'11" 20="6'0" 21="6'1" 22="6'2" 23="6'3" 24="6'4" 25="6'5" 26="6'6" 27="6'7 or more"

4A18

What is your current weight (in pounds) without shoes or clothing?

01 ='80 lbs or less' 02 ='81-85' 03 ='86-90' 04 ='91-95' 05 ='96-100' 06 ='101-105' 07='106-110' 08='111-115' 09='116-120' 10='121-125' 11='126-130' 12='131-135' 13='136-140' 14='141-150' 15='151-160' 16='161-170' 17='171-180' 18='181-190' 19='191-200' 20='201-210' 21='211-220' 22='221-230' 23='231-240' 24='241-250' 25='251-260' 26='261 lbs or more'

ITEMS A19 SHOWN ONLY TO RANDOM_GROUP=1, 2=.0

4A19A-F

How often do you...

1="Never" 2="Seldom" 3="Sometimes" 4="Most days" 5="Nearly every day" 6="Every day"

- Eat breakfast?
- Eat at least some green vegetables?
- Eat at least some fruit?
- Exercise vigorously (jogging, swimming, calisthenics, or any other active sports)?
- Get at least seven hours of sleep?
- Get less sleep than you think you should?

ITEMS A20 SHOWN ONLY TO RANDOM_GROUP=2, 1=.A

4A20A-G

These questions are about whether you think women are discriminated against in each of the following areas. To what extent are women discriminated against...

1="Not At All" 2="Very Little" 3="Some" 4="A Good Deal" 5="A Great Deal" 8="Don't Know"

- In getting a college education?
- In gaining positions of leadership over men and women?
- In obtaining executive positions in business?



- d. In obtaining top jobs?
- e. In getting skilled labor jobs?
- f. In getting elected to political office?
- g. In getting equal pay for equal work?

4A21A-T

The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

- a. Smoke one or more packs of cigarettes per day?
 - b. Try marijuana (pot, weed) once or twice?
 - c. Use marijuana occasionally?
 - d. Use marijuana regularly?
 - e. Try LSD once or twice?
 - f. Take LSD regularly?
- ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆
- g. Try heroin once or twice?
 - h. Take heroin occasionally?
 - i. Take heroin regularly?
 - j. Try sedatives/barbiturates (downers) once or twice?
 - k. Take sedatives/barbiturates regularly?
 - l. Try amphetamines (uppers, speed, Adderall, Ritalin, etc.) once or twice?



- m. Take amphetamines regularly?
- n. Try cocaine once or twice?
- o. Take cocaine regularly?
- p. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)?
- q. Have one or two drinks nearly every day?
- r. Have four or five drinks nearly every day?



- s. Have five or more drinks once or twice each weekend?
- t. Take cocaine occasionally?

4B01

The following questions are about cigarette smoking.

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF "Never" – GO TO 4B03

4B02

How frequently have you smoked cigarettes during the past 30 days?

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

4B03

Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

Have you ever had any alcoholic beverage to drink—more than just a few sips?

1="No" 2="Yes"

IF 4B03= "No" - GO TO 4B08

4B04A-C

On how many occasions have you had alcoholic beverages to drink—more than just a few sips...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 4B04C > 1 THEN SHOW 4B05

4B05

On how many DAYS during the LAST 30 DAYS have you used alcohol?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

4B06

1="On none of the occasions" 2="On few of the occasions" 3="On about half of the occasions" 4="On most of the occasions" 5="On nearly all of the occasions"

4B07

12 fl oz of regular beer

8-9 fl oz of malt liquor

5 fl oz of wine

1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank.

Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

4B08A-C

On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B09

On how many DAYS during the LAST 30 DAYS have you used marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

4B10A-C

On how many occasions (if any) have you used LSD ("acid")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B11A-C

On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B12A-C

On how many occasions (if any) have you taken cocaine (sometimes called "coke," "crack," "rock")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during last 12 months?
- ...during last 30 days?

4B13A-C

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 mon
- ...during the last 30 days?

4B14A-C

On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth ("ice")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B15A-C

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B16A-C

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B17A-C

On how many occasions (if any) have you used heroin...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B18A-C

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B19A-C

On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

4B20

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs.

Have you ever vaped?

0="No" 1="Yes"

IF 4B20=0, GO TO 4B34

4B21A

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 4B21A=1, GO TO 4B23A

4B21B

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF 4B21B=2, GO TO 4B23A

4B21C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF 4B21C>1 OR (4B21A AND 4B21B AND 4B21C NOT ANSWERED), THEN SHOW 4B22

4B22

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

4B23A

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 4B23A=1, GO TO 4B24A

4B23B

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF 4B23B=2, GO TO 4B24A

4B23C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

4B24A

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 4B24A=1, GO TO 4B25

4B24B

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF 4B24B=2, GO TO 4B25

4B24C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF 4B21A>1 OR 4B21B=1 OR 4B21C>1 OR (4B21A AND 4B21B AND 4B21C NOT ANSWERED), THEN SHOW 4B25

4B25 A-M

What have been the most important reasons for you to vape nicotine? (Select all that apply.)

- | | | | |
|----|-------------------------------------------------------|----|-----------------------------------------|
| a. | To help me quit regular cigarettes | g. | Because it looks cool |
| b. | Because it is more convenient than smoking cigarettes | h. | To have a good time with my friends |
| c. | Because regular cigarette use is not permitted | i. | To avoid getting caught smoking |
| d. | To experiment—to see what it's like | j. | Because of boredom, nothing else to do |
| e. | To relax or relieve tension | k. | Because it tastes good |
| f. | To feel good or get high | l. | Because I am "hooked"—I have to have it |
| | | m. | To lose or control my weight |

IF 4B23A>1 OR 4B23B=1 OR 4B23C>1 OR (4B23A AND 4B23B AND 4B23C NOT ANSWERED), THEN SHOW 4B26

4B26 A-N

What have been the most important reasons for you to vape marijuana? (Select all that apply.)

- | | |
|----------------------------------------------|-----------------------------------------------------------|
| a. To experiment—to see what it's like | i. Because of boredom, nothing else to do |
| b. To relax or relieve tension | j. Because of anger or frustration |
| c. To feel good or get high | k. To get through the day |
| d. To seek deeper insights and understanding | l. To increase the effects of some other drug(s) |
| e. To have a good time with my friends | m. To decrease (offset) the effects of some other drug(s) |
| f. To fit in with a group I like | n. Because I am "hooked"—I have to have it |
| g. To get away from my problems or troubles | o. To get to sleep |
| h. To avoid getting caught smoking marijuana | |

IF 4B21A>1 OR 4B21B=1 OR 4B21C>1 OR (4B21A AND 4B21B AND 4B21C NOT ANSWERED), THEN SHOW 4B27

4B27

Have you ever tried to stop vaping nicotine for good?

1= "Yes" 2= "No"

IF 4B27=1, THEN SHOW 4B28-29

4B28A-L

Why did you stop (or try to stop) vaping nicotine? (Select all that apply to your most recent attempt.)

0="UNSELECTED" 1="SELECTED"

- | | |
|----------------------------------------------------|------------------------------------------|
| Too expensive | Did not want to be addicted |
| Couldn't get the flavors I wanted | Worried about effects on lungs |
| My parents wanted me to stop | Worried I would start smoking cigarettes |
| My friends disapproved | Felt bad when I couldn't vape |
| To avoid getting in trouble at school | Always thinking about vaping |
| Vaping interfered with school or social activities | Other |

4B29A-I

How did you stop (or try to stop) vaping nicotine? (Select all that apply to your most recent attempt.)

0="UNSELECTED" 1="SELECTED"

- | | |
|---------------------------------------|-----------------------------------------|
| By myself I gradually cut back | Used a pill to reduce nicotine cravings |
| By myself I stopped all at once | Used a nicotine patch, gum, or lozenge |
| With the help of a school program | Used a mobile phone app |
| Saw a therapist or counselor | Other |
| Social support from friends or family | |

IF 4B21C>1 OR 4B23C>1 OR 4B24C>1 OR (IF 4B21A AND 4B23A AND 4B24A NOT ANSWERED), THEN SHOW 4B30

4B30

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF 4B21A>1 OR 4B21B=1 OR 4B21C>1 OR (4B21A AND 4B21B AND 4B21C NOT ANSWERED), THEN SHOW 4B31

4B31

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)?

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7=Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.) 3="Tobacco" 4="Mint" 5="Menthol" 6="Unflavored"

IF 4B21C>1 OR 4B23C>1 OR 4B24C>1 OR (IF 4B21A AND 4B23A AND 4B24A NOT ANSWERED), THEN SHOW 4B32

4B32

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF 4B32= YES SHOW NEXT ITEM

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

4B33

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend" 4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet " 8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [capture write in]"

4B34A-C

In your opinion how addictive is...

8="I don't know" 1="Not at all addictive" 2="A little addictive" 3="Some- what addictive" 4="Very addictive"

- Vaping nicotine regularly
- Smoking cigarettes regularly
- Using marijuana regularly

4B35

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

These next questions ask for some background information about yourself.

4C01

In what year were you born?

1="Before ' 02" 2=" 2002" 3=" 2003" 4="2004" 5="2005" 6="2006" 7="2007" 8="After 2007"

4C02

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November" 12="December"

4C03

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

4C04A-J

How do you describe yourself? (Select one or more responses.)

0="UNSELECTED" 1="SELECTED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

4C05

Where did you grow up mostly?

1="On a farm" 2="In the country, not on a farm" 3="In a small city or town (under 50,000 people)" 4="In a medium-sized city (50,000-100,000)" 5="In a suburb of a medium-sized city" 6="In a large city (100,000-500,000)" 7="In a suburb of a large city" 8="In a very large city (over 500,000)" 9="In a suburb of a very large city" 0="Can't say; mixed"

4C06

What is your present marital status?

1="Married" 2="Engaged" 3="Separated/divorced" 4="Single"

4C07A-B

How many brothers and sisters do you have? (Include stepbrothers and sisters and half-brothers and sisters.)

0="None" 1="One" 2="Two" 3="Three" 4="Four" 5="Five" 6="Six or more"

- a. Older brothers and sisters
- b. Younger brothers and sisters

4C07CA-J

Which of the following people live in the same household with you? (Select all the apply.)

0="UNSELECTED" 1="SELECTED"

I live alone	My husband/wife
Father (or male guardian)	My child(ren)
Mother (or female guardian)	Other relative(s)
Brother(s) and/or sister(s)	Non-relative(s)
Grandparent(s)	Other

4C08

The next two questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was the most important in raising you.

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

4C09

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

4C10

How would you describe your political preference?

1="Strongly Republican" 2="Mildly Republican" 3="Mildly Democrat" 4="Strongly Democrat" 5="Independent" 6="No preference" 7="Other" 8="Don't know, haven't decided"

4C11

How would you describe your political beliefs?

1="Very conservative" 2="Conservative" 3="Moderate" 4="Liberal" 5="Very liberal" 6="Radical" 8="None of the above, or don't know"

4C12A

The next three questions are about religion.

What is your religious preference?

1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

4C12B

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

4C12C

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

4C13

When are you most likely to graduate from high school?

1="By this June" 2="July to January" 3="After next January" 6="Don't expect to graduate"

4C14

Which of the following best describes your present high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

4C15

Compared with others your age throughout the country, how do you rate yourself on school ability?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"
6="Above Average" 7="Far Above Average"

4C16

How intelligent do you think you are compared with others your age?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"
6="Above Average" 7="Far Above Average"

4C17A-C

During the LAST FOUR WEEKS, how many whole days of school have you missed...

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4-5 Days" 6="6-10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

4C18

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

4C19

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)"
1="D (69 or below)"

4C20A-E

How likely is it that you will do each of the following things after high school?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- a. Attend a technical or vocational school
- b. Serve in the military (armed forces)
- c. Graduate from a two-year college program
- d. Graduate from college (four-year program)
- e. Attend graduate or professional school after college

4C21

Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

Attend a technical or vocational school

Serve in the military (armed forces)

Graduate from a two-year college program

Graduate from college (four-year program)

Attend graduate or professional school after college

None of the above

4C22

On the average over the school year, how many hours per week do you work in a paid or unpaid job?

1="None" 2="5 or less hours" 3="6 to 10 hours" 4="11 to 15 hours" 5="16 to 20 hours" 6="21 to 25 hours" 7="26 to 30 hours" 8="More than 30 hours"

4C23A-B

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

a. A job or other work

b. Other sources (allowances, etc.)

4C24

During a typical week, on how many evenings do you go out for fun and recreation?

1="Less than one" 2="One" 3="Two" 4="Three" 5="Four or Five" 6="Six or Seven"

4C25

On the average, how often do you go out with a date (or your spouse/partner)?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

4C26

During an average week, how much do you usually drive a car, truck, or motorcycle?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

4C27

Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"

IF 4C27="NONE" - GO TO 4C29

4C28A-C

How many of these tickets or warnings occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

a. Drinking alcoholic beverages?

b. Using marijuana or hashish?

c. Using other illegal drugs?

4C29

We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury—not bumps or scratches in parking lots.) During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)?

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

IF 4C291= "NONE" - GO TO 4C31A

4C30A-C

How many of these accidents occurred after you were...

0="None 1="One" 2="Two" 3="Three" 4="Four or more"

- Drinking alcoholic beverages?
- Using marijuana or hashish?
- Using other illegal drugs?

4C31A

Have you entered or do you expect to enter military service?

1=Yes, 2=No

IF 4C31A="NO" GO TO 4C34

4C31

What is, or will be, your branch of service?

1="Army" 2="Navy" 3="Marine Corps" 4="Air Force" 5="Coast Guard" 6="Uncertain"

4C32

Do you expect to be an officer?

1="No" 2="Uncertain" 3="Yes"

4C33

Do you expect to have a career in the Armed Forces?

1="No" 2="Uncertain" 3="Yes"

This section asks for your views and feelings about a number of different things.

4D01A-BB

How much do you agree or disagree with each of the following?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I take a positive attitude toward myself
- Good luck is more important than hard work for success
- I feel I am a person of worth, on an equal plane with others
- I am able to do things as well as most other people
- Every time I try to get ahead, something or somebody stops me
- Planning only makes a person unhappy since plans hardly ever work out anyway



- People who accept their condition in life are happier than those who try to change things
- On the whole, I'm satisfied with myself
- People like me don't have much of a chance to be successful in life
- When I make plans, I am almost certain that I can make them work
- A lot of times I feel lonely
- I feel I do not have much to be proud of



- There is always someone I can turn to if I need help
- Sometimes I think that I am no good at all
- I often feel left out of things
- I believe a person is master of his/her own fate
- There is usually someone I can talk to if I need to
- I feel that I can't do anything right



- s. I often wish I had more good friends
- t. Planning ahead makes things turn out better
- u. I feel that my life is not very useful
- v. I usually have a few friends around that I can get together with
- w. I am often bored
- x. I often feel anxious



- y. I often worry about how other people react to me
- z. I have trouble controlling my temper
- aa. I am eager to leave home and live on my own—independent from my parents
- bb. I feel hesitant about taking a full-time job and becoming part of the "adult" world

4D02A-E

Please think about all the money you earned during the past year, including last summer. About how much of your past year's earnings have gone into:

1="None" 2="A little (1-20%" 3="Some (21-40%" 4="About half (41-60%" 5="Most (61-80%" 6="Almost all (81-99%"
7="All"

- a. Savings for your future education
- b. Savings or payments for a car or car expenses
- c. Other savings for long-range purposes
- d. Spending on your own needs and activities—things such as clothing, electronic equipment, videos, other possessions, movies, eating out, other recreation, hobbies, gifts for others, and other personal expenses
- e. Helping to pay family living expenses (groceries, housing, etc.)

4D03

The next questions are about drugs that doctors sometimes prescribe for people who have problems concentrating on one task at a time (attention deficit disorder), or with being too active or too disruptive (hyperactive), or both (ADHD). Stimulant-type drugs (i.e., amphetamine, methylphenidate, and pemoline) are prescribed for these conditions. These drugs include Ritalin, Adderall, Concerta, Metadate, Dexedrine, Focalin, Vyvanse, and others.

Have you ever taken any of these stimulant-type prescription drugs under a doctor's supervision for these conditions? (*Do not count drugs that are not stimulant-type, like Strattera, Wellbutrin, Provigil, Tenex, Intuniv, or Catapres*)

1="No" 2="Yes, in the past, but not now" 3="Yes, I take them now"

IF 4D03="NO" - GO TO 4D06

4D04

How old were you when you first took one of these stimulant-type drugs under a doctor's supervision?

1="1-4 years old" 2="5-9" 3="10-14" 4="15+ years old"

4D05

Altogether, for about how many years have you actually taken such drugs under a doctor's supervision?

1="Less than 1 year" 2="1 year" 3="2 years" 4="3-5 years" 5="6-9 years" 6="10 or more years"

4D06

Have you ever taken a non-stimulant-type prescription drug under a doctor's supervision for these conditions (like Strattera, Wellbutrin, Provigil, Tenex, Intuniv, or Catapres)?

1="No" 2="Yes, in the past, but not now" 3="Yes, I take them now" 8="Don't know"

4E01

"Energy drinks" are non-alcoholic beverages that usually contain high amounts of caffeine, including such drinks as Red Bull, Full Throttle, Monster, and Rockstar. They are usually sold in 8- or 16-ounce cans or bottles. About how many (if any) energy drinks do you drink PER DAY, on average?

0="None" 1="Less than 1" 2="One" 3="Two" 4="Three" 5="Four" 6="Five or six" 7="7 or more"

4E02

Energy drinks are also sold as small "shots", that usually contain just 2 or 3 ounces (5-Hour ENERGY, Redline, etc.). How many (if any) energy drink shots do you drink PER DAY, on average?

0="None" 1="Less than 1" 2="One" 3="Two" 4="Three" 5="Four" 6="Five or six" 7="7 or more"

The next questions ask about characteristics which some people associate with the use of particular drugs. We want to know what you think.

4E03A-I

Do YOU think that people who use marijuana several times a week tend to be...

1="No" 2="Yes" 3="Not Sure, No Opinion"

- a. ...More creative than average
- b. ...Less sensible than average
- c. ...More interesting people than average
- d. ...Less hard-working than average
- e. ...More independent than average



- f. ...More emotionally unstable than average
- g. ...More concerned about other people than average
- h. ...More weak-willed than average
- i. ...More criminal than average

4E04A-G

Do you agree or disagree...

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. Smokers know how to enjoy life more than non-smokers
- b. I prefer to date people who don't smoke
- c. The harmful effects of cigarettes have been exaggerated
- d. I think that becoming a smoker reflects poor judgment
- e. I personally don't mind being around people who are smoking
- f. Smoking is a dirty habit



- g. I strongly dislike being near people who are smoking

4E05A-C

On how many occasions (if any) have you had flavored alcoholic beverages (like hard seltzers, Mike's Hard Lemonade, Smirnoff Ice, wine coolers, or ready-to-drink cocktails) to drink—more than just a few sips... (Do not include regular liquor, beer, or wine.)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. in your lifetime?
- b. during the last 12 months?
- c. during the last 30 days?

4E06A-C

On how many occasions (if any) have you used "crack" cocaine...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime
- b. ...during the last 12 months
- c. ...during the last 30 days

4E07A-C

Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development. On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...During the last 12 months?
- ...During the last 30 days?

4E08A-C

What methods have you used for taking steroids on your own? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

Injection

By mouth

Haven't used

4E09A-K

During the LAST 12 MONTHS, on how many occasions (if any) have you...

1="0" 2="1-2" 3="3-5" 4="6-9" 5="10-19" 6="20-39" 7="40+"

- ...taken ketamine ("special K," "super K")?
- ...used PCP?
- ...taken OxyContin (without a doctor's orders)?
- ...taken Vicodin (without a doctor's orders)?
- ...taken nonprescription cough or cold medicine ("robo," "DXM," etc.) to get high? Do NOT include prescription cough medicines with codeine.



- ...used snus (a small packet of tobacco that is put in the mouth)?
- ...had an alcoholic beverage mixed with an energy drink (like Red Bull)?
- ...used hash oil ("dabs," "honey oil," "budder," "shatter")?
- ...used whippets, or whip-its?
- ...used kratom?
- ...vaped vitamins and/or essential oils (such as lavender or lemon), with NO nicotine or marijuana?

4E10A-F

How much do you agree or disagree with each of the following?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- Life often seems meaningless
- I enjoy life as much as anyone
- I get a real kick out of doing things that are a little dangerous
- The future often seems hopeless
- I like to test myself every now and then by doing something a little risky
- It feels good to be alive

4E11A-V

In which competitive sports (if any) did you participate during the LAST 12 MONTHS? Include school, community, and other organized sports. (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

Baseball/Softball	Lacrosse
Basketball	Soccer
Cheerleading/Spirit Squad	Swimming/Diving
Crew	Tennis
Cross country	Track & Field
Equestrian	Volleyball
Field hockey	Water polo
Football	Weight lifting
Golf	Wrestling
Gymnastics	Other
Ice hockey	None

4E12

During the LAST 7 DAYS, on how many days were you physically active for a total of AT LEAST 30 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you get out of breath some of the time.)

0="0 days" 1="1 day" 2="2 days" 3="3 days" 4="4 days" 5="5 days" 6="6 days" 7="7 days"

4E13

Have you ever suffered a head injury that was diagnosed as a concussion?

1="No" 2="Yes, once" 3="Yes, more than once"



Willing to take this survey in a year? And get paid for it?



Sign up



Earn money



Make a Difference

We need you!

In one year, we will choose a group to take the survey again. The only difference is that you will be paid!

Sign up now! To be a part of this continuing survey, submit the form below. It's easy!

First Name		
Middle Name		
Last Name		
Non-school Email		
Street Address		
Apt/Unit/Lot #		
City	State	Zip
Cell Phone	May we text you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Phone		

SUBMIT

Funded and safeguarded by:



National Institute
on Drug Abuse



- The survey information you just provided is never linked with your name and contact information.
- Your name and address are used ONLY for sending you the study summary and contacting you, they are never shared with anyone else, and are always stored separately from your answers.
- A special Grant of Confidentiality from the US Department of Justice protects all information gathered in this study.



UNIVERSITY OF MICHIGAN
Survey Research Center

Monitoring the Future

SURVEY ITEMS

Form 5

2023

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN



[12th Grade Online Survey Introduction]

Thank you very much for taking this survey!

This survey is part of a nationwide study of high school seniors called Monitoring the Future.

If you are completing this survey away from school, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation.

Researchers and policy makers use this information to make decisions about a wide range of important issues, including school environments and the experiences and ideas U.S. students have about alcohol and drugs, health, recreation, work, and plans for the future. In a sense, many of your answers on this survey will count as “votes” on a wide range of important issues.

It is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time.

Your privacy and confidentiality are important to us.

There is a very small potential risk that someone could learn you were part of the study. To address these potential risks, your name is not saved with the answers you give; all your answers will be kept strictly confidential and will never be seen by your school or anyone who knows you. The study may share your responses with other researchers without asking for your consent again, but any shared information will not contain information that could directly identify you.

We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this research project.

This survey is completely voluntary.

You do not have to take the survey. Taking this survey indicates your agreement to participate in the study.

After you're finished with the survey, we will ask you to provide your contact information.

In about a year, we will use this contact information to send out another survey to a randomly selected group of participants. If you're invited to participate, **you'll get paid for taking any additional surveys**—and you will help us continue our research and inform important decisions locally and nationally. We will also use this contact information to send you a summary of the combined national results of the survey you take today.

The contact information that you provide us is stored separately from your answers to the survey. No one will be able to link your contact information to your answers today, and no one but us will see your contact information.

Thank you for being an important part of this project.

Other seniors have said that these surveys are interesting and that they enjoy completing them. We hope you will too.

The researchers conducting this study (HUM00217920) can be contacted at 734-763-2366 or mtfsurvey@umich.edu.

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

5A01

How satisfied are you with your life as a whole these days?

1="Completely dissatisfied" 2="Quite dissatisfied" 3="Somewhat dissatisfied" 4="Neither, or mixed feelings"

5="Somewhat satisfied" 6="Quite satisfied" 7="Completely satisfied"

5A02A-N

The next questions ask about the kinds of things you might do. How often do you do each of the following?

1="Never" 2="A few times a year" 3="Once or twice a month" 4="At least once a week" 5="Almost every day" 6="Every day"

- a. Watch TV
- b. Watch movies
- c. Go to music concerts
- d. Ride around in a car (or motorcycle) just for fun
- e. Participate in community affairs or volunteer work
- f. Actively participate in sports, athletics or exercising



- g. Get together with friends informally
- h. Go to a shopping mall
- i. Spend at least an hour of leisure time alone
- j. Read magazines
- k. Read newspapers
- l. Go to taverns, bars or nightclubs



- m. Go to parties or other social affairs
- n. Go to raves or other dance music events

5A03

The next questions are about your experiences in school.

How often do you feel that the school work you are assigned is meaningful and important?

5="Almost always" 4="Often" 3="Sometimes" 2="Seldom" 1="Never"

5A04

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

5="Very important" 4="Quite important" 3="Fairly important" 2="Slightly important" 1="Not at all important"

5A05A-M

Think back over the past year in school.

1="Never" 2="Rarely" 3="Sometimes" 4="Often" 5="Always or almost always"

- a. I enjoy being in school.
- b. I hate being in school.
- c. I complete my work on time.
- d. I follow the rules at school.
- e. I get in trouble at school.
- f. When I am in class, I just act as if I am working.
- g. I pay attention in class.
- h. I feel excited by my work at school.
- i. I am interested in the work at school.

- j. I feel happy in school.
- k. I feel bored in school.
- l. I check my schoolwork for mistakes.
- m. I study at home even when I don't have a test.



ITEMS 5A06 – 5A07 SHOWN ONLY TO RANDOM_GROUP=1

5A06A-E

How often do your parents (or stepparents or guardians) do the following?

1="Never" 2="Rarely" 3="Sometimes" 4="Often"

- a. Check on whether you have done your homework
- b. Provide help with your homework when it's needed
- c. Require you to do work or chores around the home
- d. Limit the amount of your screen time (such as video games, social media, TV/movies, etc.)"
- e. Limit the amount of time you can go out with friends on school nights

5A07A-F

To what extent have you participated in the following school activities during this school year?

1="Not At All" 2="Slight" 3="Moderate" 4="Considerable" 5="Great Extent"

- a. School newspaper or yearbook
- b. Music or other performing arts
- c. Athletic teams
- d. Academic clubs (e.g., science, math, language)
- e. Student council or government
- f. Other school clubs or activities

ITEMS 5A08 – 5A11 SHOWN ONLY TO RANDOM_GROUP=2

5A08

Have you ever had to repeat a grade in school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

5A09

Did you ever attend summer school to make up for poor grades or to keep from being held back?

1="No" 2="Yes, one summer" 3="Yes, two summers" 4="Yes, three or more summers"

5A10

Have you ever been suspended or expelled from school?

1="No" 2="Yes, one time" 3="Yes, two or more times"

5A11

During the LAST FOUR WEEKS, on how many days (if any) did you carry a gun to school?

1="None" 2="One day" 3="Two days" 4="3-5 days" 5="6-9 days" 6="10 or more days"

5A12

During the past 12 months, has anyone made an offer at school to sell or give you an illegal drug (or actually sold or given you one at school)?

1="No" 2="Yes"

5A13A-D

In your present school, how vigorous are the teachers and administrators in their attempts to prevent students from...

1="Not At All" 2="Slightly" 3="Somewhat" 4="Fairly Vigorous" 5="Very Vigorous" 8="Don't Know"

- Smoking?
- Drinking?
- Drug use?
- Vaping?

5A14A-D

How severe do you think the consequences would be for a student in your school who gets caught...

1="No Consequences" 2="Mild" 3="Moderate" 4="Severe" 8="Don't Know"

- Smoking?
- Using (or possessing) alcohol?
- Using (or possessing) an illegal drug?
- Vaping?

5A15A-J

The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

- Smoke one or more packs of cigarettes per day?
- Try marijuana once or twice?
- Use marijuana occasionally?
- Use marijuana regularly?
- Try cocaine once or twice?



- Have one or two drinks nearly every day?
- Have four or five drinks nearly every day?
- Have five or more drinks once or twice each weekend?
- Take steroids for body-building or improved athletic performance?
- Try MDMA ("Molly," "ecstasy") once or twice?

5A16A-L

Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- Smoking one or more packs of cigarettes per day
- Trying marijuana once or twice
- Using marijuana occasionally
- Using marijuana regularly
- Trying cocaine once or twice
- Having one or two drinks nearly every day



- Having four or five drinks nearly every day
- Having five or more drinks once or twice each weekend
- Taking steroids for body-building or improved athletic performance
- Trying heroin once or twice without using a needle
- Taking heroin occasionally without using a needle
- Taking MDMA ("Molly," "ecstasy") once or twice

5A17A-G

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

- Marijuana (pot, weed)
- LSD
- PCP (angel dust)
- MDMA ("Molly," "ecstasy")



- Crystal meth ("ice")
- Steroids
- Alcohol

5B01

The following questions are about cigarette smoking.

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 5B01="Never" - Go to 5B13

5B02

How frequently have you smoked cigarettes during the past 30 days?

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

IF 5B02="NOT AT ALL" - GO TO 5B06

5B03A-E

During the last 30 days, about how many times (if any) have you bought cigarettes...

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

- ...by having a friend or relative buy them for you?
- ...through the mail?
- ...in a store where you pick up the pack (or carton) and bring it to the check-out counter?
- ...in a store where the clerk has to hand you the pack or carton?
- ...bought them in some other way?

5B04A-E

During the last 30 days, about how many times (if any) did YOU buy cigarettes for your own use...

1="None" 2="1 Time" 3="2 Times" 4="3 - 5 Times" 5="6 - 9 Times" 6="10 or More"

- ...at a big supermarket?
- ...at a small grocery store?
- ...at a drugstore?
- ...at a convenience store (like a Hop-In or 7-Eleven) or a gas station?
- ...from a website?

5B05

What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. SELECT only one.)

26="American Spirit" 1="Basic" 2="Benson & Hedges" 3="Black & Whites" 4="Cambridge" 5="Camel" 6="Capri" 7="Carlton" 8="Doral" 9="GPC" 10="Kent" 11="Kool" 12="Marlboro" 13="Merit" 14="Misty" 15="Monarch" 16="More" 17="Newport" 18="Pall Mall" 19="Parliament" 20="Salem" 22="Virginia Slims" 23="Winston" 24="Other" 25="No usual brand"

5B05A

Are the cigarettes you usually smoke menthol?

1="Yes" 2="No"

5B06

The last time that you tried to buy cigarettes in a store or gas station, were you asked for proof of age?

1="I never tried to buy cigarettes at a store or a gas station." 2="No, they didn't ask me and they sold me the cigarettes."
3="No, they didn't ask but they didn't sell me the cigarettes." 4="Yes, I was asked for proof of age."

IF 5B06="YES, I WAS ASKED FOR PROOF OF AGE", THEN SHOW 5B06A

5B06A

If yes, what happened?

1="I showed some ID and got the cigarettes" 2="I showed some ID but they refused to sell me the cigarettes" 3="I didn't show ID and they sold them to me anyway" 4="I didn't show ID and they didn't sell me any cigarettes"

5B07

Have you ever gone to a store and bought just one or a few cigarettes (fewer than the usual pack of 20)?

1="No, never" 2="Yes, in the past 12 months" 3="Yes, but not in the past 12 months"

5B08

Have you ever tried to stop smoking cigarettes and found that you could not?

1="Yes" 2="No"

5B09

How many times (if any) have you tried to stop smoking cigarettes?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

5B10

Do you want to stop smoking cigarettes now?

1="Yes" 2="No" 8="Don't smoke now"

5B11

Do you (or did you) worry that quitting smoking cigarettes would make you gain weight?

1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

5B12

Some people start to smoke because they think it will help them lose weight. Was losing weight one of the reasons you started to smoke?

1="No, not at all" 2="Yes, a little" 3="Yes, some" 4="Yes, a lot"

5B13

If you have never smoked, do you think you will try smoking cigarettes sometime this year?

1="I have already tried cigarettes" 2="I definitely will" 3="I probably will" 4="I probably will not" 5="I definitely will not"

5B14

Do you think you will be smoking cigarettes five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

5B15A-C

How much do you agree or disagree with the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I will never get addicted to cigarettes
- I could smoke a pack a day for a year or more and still be able to quit if I wanted to
- At my age, smoking is not too dangerous because you can always quit later

5B16

Have you ever taken or used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco, snus, dissolvable tobacco)?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 5B16="NEVER" - GO TO 5B18

5B17

How frequently have you taken smokeless tobacco during the past 30 days?

1="Not at all" 2="Once or twice" 3="Once or twice per week" 4="Three to five times per week" 5="About once a day"
6="More than once a day"

5B18

During the LAST 12 MONTHS have you used a heat-not-burn device for tobacco?

1="Yes" 2="No" 8="Don't know"

5B19

Next we want to ask about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol.

Have you ever had any alcoholic beverage to drink—more than just a few sips?

1="No" 2="Yes"

IF 5B19="NO" - GO TO 5B26

5B20A-C

On how many occasions have you had alcoholic beverages to drink—more than just a few sips...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 5B19=1[NO] GO TO 5B26

5B21

On how many DAYS during the LAST 30 DAYS have you used alcohol?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

5B22

1="On none of the occasions" 2="On few of the occasions" 3="On about half of the occasions" 4="On most of the occasions" 5="On nearly all of the occasions"

5B23

12 fl oz of regular beer

8-9 fl oz of malt liquor

5 fl oz of wine

1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="Three to five times" 5="Six to nine times" 6="Ten or more times"

5B24

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

5B25

During the LAST TWO WEEKS, what was the largest number of drinks that you had in a row? (Give your best estimate.)

0="0" 1="1" 2="2" 3="3" 4="4" 5="5" 6="6" 7="7" 8="8" 9="9" 10="10" 11="11" 12="12" 13="13" 14="14" 15="15"
16="16" 17="17" 18="18" 19="19" 20="20 or more"

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

5B26 A-C

CBD, or cannabidiol, is a compound produced by the cannabis plant. Use of CBD does not cause the "high" associated with marijuana. On how many occasions (if any) have you used CBD...

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

5B27A-C

The next questions are about MARIJUANA or cannabis (sometimes called pot, weed, or hashish). Do not count use of products containing only CBD. On how many occasions (if any) have you used marijuana (smoking, vaping, edibles)...1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

5B28

On how many DAYS during the LAST 30 DAYS have you used marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

5B29

Have you ever used "medical marijuana;" that is, marijuana you used because a doctor told you to use it?

1="No" 2="Yes, I am currently using medical marijuana with a doctor's prescription" 3="Yes, I have used medical marijuana with a doctor's prescription in the past, but I am not using it now"

5B30A-C

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy")...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

5B31A-C

Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs such as over-the-counter diet pills or stay-awake pills.

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

5B32A-C

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

5B33A-C

On how many occasions (if any) have you used cocaine in any other form...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

5B34A-C

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Ambien, Lunesta, and Sonata.

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

5B35A-C

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers.

On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

5B36A-C

On how many occasions (if any) have you used heroin...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

IF 5B27A ≠ 1:[0 Occasions] AND (5B27B OR 5B27C ≠ 1:[0 Occasions]) THEN SHOW 5B37

5B37

What methods have you used for using marijuana during the last year? (Select all that apply.)

Smoking a joint

Eating in food

Smoking a blunt

Drink in a beverage

Smoking in a bong/water pipe

Use a concentrate (such as "wax," "honey oil,"

Smoking in another type of pipe

"budder," or "shatter")

Vaping

Other [capture write in]

0="UNMARKED" 1="MARKED"

5B38A-C

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

a. ...in your lifetime?

b. ...during the last 12 months?

c. ...during the last 30 days?

5B39A-C

On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

a. ...in your lifetime?

b. ...during the last 12 months?

c. ...during the last 30 days?

5B40

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. Have you ever vaped?

0="No" 1="Yes"

IF 5B40=0, GO TO 5B54

5B41A

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 5B41A=1, GO TO 5B43A

5B41B

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF 5B41B=2, GO TO 5B43A

5B41C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF 5B41C>1 OR (5B41A AND 5B41B AND 5B41C NOT ANSWERED), THEN SHOW 5B42

5B42

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

5B43A

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 5B43A=1, GO TO 5B44A

5B43B

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF 5B43B=2, GO TO 5B44A

5B43C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

5B44A

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 5B44A=1, GO TO 5B45

5B44B

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF 5B44B=2, GO TO 5B45

5B44C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

IF 5B44B=1 OR 5B44C>1, THEN SHOW 5B45A-I

5B45A-I

When you vaped MARIJUANA in the past 12 months where did you get the marijuana vape liquid that you used?
(Select all that apply.)

0="UNSELECTED" 1="SELECTED"

- | | | | |
|----|-------------------------------------|----|------------------------------------|
| a. | Took from a friend without asking | f. | Bought from a relative |
| b. | Took from a relative without asking | g. | Bought from a drug dealer/stranger |
| c. | Given for free by a friend | h. | On the Internet |
| d. | Given for free by a relative | i. | Other method |
| e. | Bought from a friend | | |

IF 5B41A>1 OR 5B41B=1 OR 5B41C>1, OR (5B41A AND 5B41B AND 5B41C NOT ANSWERED), THEN SHOW 5B46-5B48

5B46

Have you ever tried to stop vaping nicotine and found that you could not?

1="Yes" 2="No"

5B47

How many times, if any, have you tried to stop vaping nicotine?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

5B48

Do you want to stop vaping nicotine now?

1="Yes" 2="No" 8="Don't vape nicotine now"

IF 5B41C>1 OR 5B43C>1 OR 5B44C>1 OR (IF 5B41A AND 5B43A AND 5B44A NOT ANSWERED), THEN SHOW 5B49

5B49

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [G12F6_V7791.TEXT capture write in]"

IF 5B41A>1 OR 5B41B=1 OR 5B41C>1, OR (5B41A AND 5B41B AND 5B41C NOT ANSWERED), THEN SHOW 5B50

5B50

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)?

1="Sweet (Chocolate, Creme, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)" 3="Tobacco" 4="Mint" 5="Menthol" 6="Unflavored"

IF 5B41C>1 OR 5B43C>1 OR 5B44C>1 OR (IF 5B41A AND 5B43A AND 5B44A NOT ANSWERED), THEN SHOW 5B51

5B51

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF 5B51 = YES THEN SHOW THE NEXT ITEM

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

IF 5B43A>1 OR 5B43B=1 OR 5B43C>1, OR (5B43A AND 5B43B AND 5B43C NOT ANSWERED), THEN SHOW 5B52

5B52

When you vape marijuana, which type of flavor do you use most often? (Select one flavor that is the best fit.)

1="Sweet" 2="Fruit" 3="Sour" 4="Unflavored (tastes like cannabis)"

IF 5B40 ≠ 0:[No] THEN SHOW 5B53

5B53

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend" 4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet " 8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other [Capture write in]"

5B54

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

5B55

In addition to the drugs we have already asked you about, have you ever used any other drug or drugs for non-medical reasons? If so, please write the name(s) of those drug(s) in the space below. [capture write in]

5C01

These next questions ask for some background information about yourself.

In what year were you born?

1="Before '02" 2="2002" 3="2003" 4="2004" 5="2005" 6="2006" 7="2007" 8="After 2007"

5C02

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October" 11="November" 12="December"

5C03

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

5C04A-I

How do you describe yourself? (Select one or more responses.)

0="UNSELECTED" 1="SELECTED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

5C05

Where did you grow up mostly?

1="On a farm" 2="In the country, not on a farm" 3="In a small city or town (under 50,000 people)" 4="In a medium-sized city (50,000-100,000)" 5="In a suburb of a medium-sized city" 6="In a large city (100,000-500,000)"

7="In a suburb of a large city" 8="In a very large city (over 500,000)" 9="In a suburb of a very large city" 0="Can't say; mixed"

5C06

What is your present marital status?

1="Married" 2="Engaged" 3="Separated/divorced" 4="Single"

5C07A-B

How many brothers and sisters do you have? (Include stepbrothers and sisters and half-brothers and sisters.)

0="None" 1="One" 2="Two" 3="Three" 4="Four" 5="Five" 6="Six or more"

a. Older brothers and sisters

b. Younger brothers and sisters

5C07Ca-j

Which of the following people live in the same household with you? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

I live alone

Father (or male guardian)

Mother (or female guardian)

Brother(s) and/or sister(s)

Grandparent(s)

My husband/wife

My child(ren)

Other relative(s)

Non-relative(s)

Other

The next two questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

5C08

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

5C09

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

5C10

How would you describe your political preference?

1="Strongly Republican" 2="Mildly Republican" 3="Mildly Democrat" 4="Strongly Democrat" 5="Independent" 6="No preference" 7="Other" 8="Don't know, haven't decided"

5C11

How would you describe your political beliefs?

1="Very conservative" 2="Conservative" 3="Moderate" 4="Liberal" 5="Very liberal" 6="Radical" 8="None of the above, or don't know"

The next three questions are about religion.

5C12A

What is your religious preference?

1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

5C12B

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

5C12C

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

5C13

When are you most likely to graduate from high school?

1="By this June" 2="July to January" 3="After next January" 6="Don't expect to graduate"

5C14

Which of the following best describes your present high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

5C15

Compared with others your age throughout the country, how do you rate yourself on school ability?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average" 6="Above Average" 7="Far Above Average"

5C16

How intelligent do you think you are compared with others your age?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average" 6="Above Average" 7="Far Above Average"

5C17A-C

During the LAST FOUR WEEKS, how many whole days of school have you missed...

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4 to 5 Days" 6="6 to 10 Days" 7="11 or More"

- Because of illness
- Because you skipped or "cut"
- For other reasons

5C18

During the last four weeks, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

5C19

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)" 1="D (69 or below)"

5C20A-E

How likely is it that you will do each of the following things after high school?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- Attend a technical or vocational school
- Serve in the military (armed forces)
- Graduate from a two-year college program
- Graduate from college (four-year program)
- Attend graduate or professional school after college

5C21A-F

Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

- Attend a technical or vocational school
- Serve in the military (armed forces)
- Graduate from a two-year college program
- Graduate from a college (four-year program)
- Attend graduate or professional school after college
- None of the above

5C22

On the average over the school year, how many hours per week do you work in a paid or unpaid job?

1="None" 2="5 or less hours" 3="6 to 10 hours" 4="11 to 15 hours" 5="16 to 20 hours" 6="21 to 25 hours" 7="26 to 30 hours" 8="More than 30 hours"

5C23A-B

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175" 10="\$176+"

- A job or other work
- Other sources (allowances, etc.)

5C24

During a typical week, on how many evenings do you go out for fun and recreation?

1="Less than one" 2="One" 3="Two" 4="Three" 5="Four or Five" 6="Six or Seven"

5C25

On the average, how often do you go out with a date (or your spouse/partner)?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

5C26

During an average week, how much do you usually drive a car, truck, or motorcycle?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

5C27

Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

IF 5C27 = "NONE" - GO TO 5C29

5C28A-C

How many of these tickets or warnings occurred after you were...

0="None 1="One" 2="Two" 3="Three" 4="Four or more"

- Drinking alcoholic beverages?
- Using marijuana?
- Using other illegal drugs?

5C29

We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury—not bumps or scratches in parking lots.)

During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)?

0="None 1="One" 2="Two" 3="Three" 4="Four or more"

IF 5C2930="NONE" - GO TO 5C31

5C30A-C

How many of these accidents occurred after you were...

0="None 1="One" 2="Two" 3="Three" 4="Four or more"

- Drinking alcoholic beverages?
- Using marijuana?
- Using other illegal drugs?

5C31

When you drive a car, how often do you wear a seatbelt?

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Always" 8="Does Not Apply"

5C32

When you are riding in the front passenger seat of a car, how often do you wear a seatbelt?

1="Never" 2="Seldom" 3="Sometimes" 4="Often" 5="Always" 8="Does Not Apply"

5D01A-W

How much do you agree or disagree with each of the following?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- I take a positive attitude toward myself
- Life often seems meaningless
- People should do their own thing, even if other people think it's strange
- I feel I do not have much to be proud of
- I feel I am a person of worth, on an equal plane with others
- I enjoy life as much as anyone



- I get a real kick out of doing things that are a little dangerous
- Sometimes I think that I am no good at all
- I am able to do things as well as most other people
- The future often seems hopeless
- I like to test myself every now and then by doing something a little risky
- I feel that I can't do anything right



- On the whole, I'm satisfied with myself
- I feel that my life is not very useful
- It feels good to be alive
- I would like to explore strange places

- q. I like to do frightening things
 r. I like new and exciting experiences, even if I have to break the rules



- s. I prefer friends who are exciting and unpredictable
 t. I am often bored
 u. I often feel anxious
 v. I often worry about how other people react to me
 w. I have trouble controlling my temper

5D02A-F

During the current school year, how helpful have the following been, if provided by your school?

5="Extremely helpful" 4="Quite helpful" 3="Somewhat helpful" 2="A little helpful" 1="Not at all helpful" 7="Not offered" 8="Don't Know/Not applicable"

- | | |
|-----------------------------|----------------------------------------------------------------------------------|
| a. Counseling support | e. "Check-ins" or informal one-on-one meetings between students and school staff |
| b. Group counseling | f. Mentoring |
| c. Mental health curriculum | |
| d. Mental health resources | |

The different questionnaire forms used in this study emphasize somewhat different topics. In the rest of this questionnaire, we ask more about your experiences and attitudes relating to alcohol and other drugs.

5D03A-C

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
 b. ...during the last 12 months?
 c. ...during the last 30 days?

5D04A-C

Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development.

On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
 b. ...during the last 12 months?
 c. ...during the last 30 days?

5D05A-C

What methods have you used for taking steroids on your own? (Select all that apply.)

0="UNSELECTED" 1="SELECTED"

Injection

By mouth

Haven't used steroids

5D06A-C

On how many occasions (if any) have you taken any drugs by injection with a needle (like heroin, cocaine, amphetamines, or steroids)... Do NOT include anything you took under a doctor's orders.

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...in your lifetime?
- b. ...during the last 12 months?
- c. ...during the last 30 days?

5D07

When (if ever) did you FIRST inject any drug with a needle (without doctor's orders)

8="Never" 1="Grade 6 or below" 2="Grade 7" 3="Grade 8" 4="Grade 9" 5="Grade 10" 6="Grade 11" 7="Grade 12"

5D08A-D

When (if ever) did you FIRST do each of the following things?

8="Never" 1="Grade 6 or below" 2="Grade 7" 3="Grade 8" 4="Grade 9" 5="Grade 10" 6="Grade 11" 7="Grade 12"

- a. Smoke your first cigarette
- b. Smoke cigarettes on a daily basis
- c. Try smokeless tobacco (snuff, plug, chewing tobacco, snus, dissolvable tobacco)
- d. Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.)

5D09A-F

In the future, do you think that you will...

1="Definitely will" 2="Probably will" 3="Don't know" 4="Probably won't" 5="Definitely won't"

- | | |
|-------------------------------|----------------------------------------|
| a. Smoke cigarettes? | d. Try or use "crack" cocaine? |
| b. Drink alcoholic beverages? | e. Try or use cocaine in powder form? |
| c. Try or use marijuana? | f. Try or use any other illegal drugs? |

5D10A-H

How many of your friends would you estimate...

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- a. Smoke cigarettes?
- b. Use marijuana?
- c. Take "crack" cocaine?
- d. Take cocaine powder?"
- e. Use inhalants (sniffing glue, aerosols, laughing gas, etc.)?
- f. Take MDMA ("Molly," "ecstasy")?



- g. Take crystal meth ("ice")?
- h. Take steroids?
- i. Vape nicotine (using a JUUL, e-cigarette, e-pen, etc.)

5D11A-O

Lately there has been some attention paid to certain drugs. During the LAST 12 MONTHS, on how many occasions (if any) have you...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- a. ...taken GHB ("liquid G," "grievous bodily harm")?
- b. ...taken ketamine ("special K," "super K")?
- c. ...taken creatine (amino acid used to build muscle)?
- d. ...taken Ritalin (without a doctor's orders)?
- e. ...taken Adderall (without a doctor's orders)?
- f. ...taken OxyContin (without a doctor's orders)?
- g. ...taken Vicodin (without a doctor's orders)?
- h. ...taken fentanyl (without a doctor's orders)?



- i. ...taken Rohypnol ("rophies," "roofies")?
- j. ...taken non-prescription cough or cold medicine ("robo," "DXM," etc.) to get high?
- k. ...taken Flakka ("gravel")?
- l. ...used hash oil ("dabs," "honey oil," "budder," "shatter")?
- km. ...had an alcoholic beverage mixed with an energy drink (like Red Bull)?



- n. ...taken "Delta 8" THC to get high?



Willing to take this survey in a year? And get paid for it?



Sign up



Earn money



Make a Difference

We need you!

In one year, we will choose a group to take the survey again. The only difference is that you will be paid!

Sign up now! To be a part of this continuing survey, submit the form below. It's easy!

First Name		
Middle Name		
Last Name		
Non-school Email		
Street Address		
Apt/Unit/Lot #		
City	State	Zip
Cell Phone	May we text you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Phone		

SUBMIT

Funded and safeguarded by:



National Institute
on Drug Abuse



- The survey information you just provided is never linked with your name and contact information.
- Your name and address are used ONLY for sending you the study summary and contacting you, they are never shared with anyone else, and are always stored separately from your answers.
- A special Grant of Confidentiality from the US Department of Justice protects all information gathered in this study.



UNIVERSITY OF MICHIGAN
Survey Research Center

Monitoring the Future

SURVEY ITEMS

Form 6

2023

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN



[12th Grade Online Survey Introduction]

Thank you very much for taking this survey!

This survey is part of a nationwide study of high school seniors called Monitoring the Future.

If you are completing this survey away from school, please try to find a place to complete your survey where no one can see the answers on your screen.

Your responses will help your school and the nation.

Researchers and policy makers use this information to make decisions about a wide range of important issues, including school environments and the experiences and ideas U.S. students have about alcohol and drugs, health, recreation, work, and plans for the future. In a sense, many of your answers on this survey will count as “votes” on a wide range of important issues.

It is important that you answer each question as honestly and thoughtfully as possible.

Some of the questions ask about risky or illegal behaviors which may make you feel uncomfortable. You can choose to leave them blank or stop at any time.

Your privacy and confidentiality are important to us.

There is a very small potential risk that someone could learn you were part of the study. To address these potential risks, your name is not saved with the answers you give; all your answers will be kept strictly confidential and will never be seen by your school or anyone who knows you. The study may share your responses with other researchers without asking for your consent again, but any shared information will not contain information that could directly identify you.

We have strong security measures in place to protect your data. In addition, a special Grant of Confidentiality from the U.S. Department of Justice protects all information gathered in this research project.

This survey is completely voluntary.

You do not have to take the survey. Taking this survey indicates your agreement to participate in the study.

After you're finished with the survey, we will ask you to provide your contact information.

In about a year, we will use this contact information to send out another survey to a randomly selected group of participants. If you're invited to participate, **you'll get paid for taking any additional surveys**—and you will help us continue our research and inform important decisions locally and nationally. We will also use this contact information to send you a summary of the combined national results of the survey you take today.

The contact information that you provide us is stored separately from your answers to the survey. No one will be able to link your contact information to your answers today, and no one but us will see your contact information.

Thank you for being an important part of this project.

Other seniors have said that these surveys are interesting and that they enjoy completing them. We hope you will too.

The researchers conducting this study (HUM00217920) can be contacted at 734-763-2366 or mtfsurvey@umich.edu.

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"

6A01

Taking all things together, how would you say things are these days—would you say you're very happy, pretty happy, or not too happy these days?

3="Very happy" 2="Pretty happy" 1="Not too happy"

ITEMS 6A02 – 6A05 SHOWN ONLY TO RANDOM_GROUP=1, 2=0

6A02A-D

How much do you agree or disagree with each of the following statements?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- The nation needs much more long-range planning and coordination to be prepared for the future
- I enjoy the fast pace and changes of today's world
- Things change too quickly in today's world
- I think the times ahead for me will be tougher and less fun than things are now

6A03

Of all the time you spend with other people, about how much is spent with people over 30?

1="Very little" 2="Some" 3="About half" 4="Most" 5="Nearly all"

6A04

Would you like to spend more time, or less time, with people over 30 if you could?

1="Much less time" 2="Somewhat less time" 3="About the same as now" 4="Somewhat more time" 5="Much more time"

6A05

Would you like to spend more time, or less time, working with or helping younger children?

1="Much less time" 2="Somewhat less time" 3="About the same as now" 4="Somewhat more time" 5="Much more time"

6A06A-M

The next questions ask how satisfied or dissatisfied you are with several aspects of your life. For each question, select the circle that shows best how you feel. If you are neutral about something, or are just as satisfied as you are dissatisfied, select the middle answer. How satisfied are you with... (Select one circle for each line.)

7="Completely Satisfied" 6="Quite Satisfied" 5="Somewhat Satisfied" 4="Neutral" 3="Somewhat Dissatisfied" 2="Quite Dissatisfied" 1="Completely Dissatisfied"

- Your job? (If you have no job, leave blank.)
- The neighborhood where you live?
- Your personal safety in your neighborhood, on your job, and in your school—safety from being attacked and injured in some way?
- The safety of things you own from being stolen or destroyed in your neighborhood, at your job, and in your school?
- Your friends and other people you spend time with?
- The way you get along with your parents?



- Yourself?
- Your standard of living—the things you have like housing, car, furniture, recreation, etc.?
- The amount of time you have for doing things you want to do?
- The way you spend your leisure time—recreation, relaxation, and so on?
- Your life as a whole these days?
- The way our national government is operating?
- The amount of fun you are having?

ITEMS 6A07 – 6A11 SHOWN ONLY TO RANDOM_GROUP=2, 1=B

6A07A-N

How important is each of the following to you in your life?

1="Not Important" 2="Somewhat Important" 3="Quite Important" 4="Extremely Important"

- a. Being successful in my line of work
- b. Having a good family life
- c. Having lots of money
- d. Having plenty of time for recreation and hobbies
- e. Having strong friendships
- f. Being able to find steady work
- g. Making a contribution to society



- h. Being a leader in my community
- i. Being able to give my children better opportunities than I've had
- j. Living close to parents and relatives
- k. Getting away from this area of the country
- l. Working to correct social and economic inequalities
- m. Discovering new ways to experience things
- n. Finding purpose and meaning in my life

6A08

Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

3="Most people can be trusted" 2="Don't know, undecided" 1="Can't be too careful"

6A09

Would you say that most of the time people try to be helpful or that they are mostly just looking out for themselves?

3="Try to be helpful" 2="Don't know, undecided" 1="Just looking out for themselves"

6A10

Do you think most people would try to take advantage of you if they got a chance or would they try to be fair?

3="Would try to be fair" 2="Don't know, undecided" 1="Would try to take advantage of you"

6A11A-I

These next questions ask your opinions about a number of different topics. How much do you agree or disagree with each statement below?

1="Disagree" 2="Mostly Disagree" 3="Neither" 4="Mostly Agree" 5="Agree"

- a. I feel that you can't be a good citizen unless you always obey the law
- b. I feel good citizens should go along with whatever the government does even if they disagree with it
- c. I feel good citizens try to change the government policies they disagree with
- d. The way people vote has a major impact on how things are run in this country
- e. People who get together in citizen action groups to influence government policies can have a real effect



- f. Despite its many faults, our system of doing things is still the best in the world
- g. America needs growth to survive, and that is going to require some increase in pollution
- h. If we just leave things to God, they will turn out for the best
- i. Doing well in school is important for getting a good job

6A12A-L

The next questions ask for your opinions on the effects of using certain drugs and other substances. How much do you think people risk harming themselves (physically or in other ways) if they...

1="No Risk" 2="Slight Risk" 3="Moderate Risk" 4="Great Risk" 5="Can't Say, Drug Unfamiliar"

- Smoke one or more packs of cigarettes per day?
- Try marijuana once or twice?
- Use marijuana occasionally?
- Use marijuana regularly?



- Try one or two drinks of an alcoholic beverage (beer, wine, liquor)?
- Have one or two drinks nearly every day?
- Have four or five drinks nearly every day?
- Have five or more drinks once or twice each weekend?



- Try heroin once or twice without using a needle?
- Take heroin occasionally without using a needle?
- Vape an e-liquid with nicotine occasionally?
- Vape an e-liquid with nicotine regularly?

6A13A-E

To "vape" is to use a device such as a JUUL, vape-pen, e-hookah, e-cigarette, or e-vaporizer to inhale a vapor into the lungs. How difficult do you think it would be for you to get each of the following, if you wanted them?

1="Probably Impossible" 2="Very Difficult" 3="Fairly Difficult" 4="Fairly Easy" 5="Very Easy"

- Cigarettes
- Vaping device (JUUL, e-cigarette, e-pen, etc.)
- E-liquid with nicotine (for vaping)
- E-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango
- E-liquid for marijuana vaping

6B001

The following questions are about SMOKING CIGARETTES that contain tobacco.

Have you ever smoked cigarettes?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 6B001=1, GO TO 6B008

6B002

How frequently have you smoked cigarettes during the past 30 days?

1="Not at all" 2="Less than one cigarette per day" 3="One to five cigarettes per day" 4="About one-half pack per day" 5="About one pack per day" 6="About one and one-half packs per day" 7="Two packs or more per day"

6B003

To be more precise, during the past 30 days about how many cigarettes have you smoked per day?

01="None" 02="Less than 1 per day" 03="1 to 2" 04="3 to 7" 05="8 to 12" 06="13 to 17" 07="18 to 22" 08="23 to 27" 09="28 to 32" 10="33 to 37" 11="38 or more"

6B004

Have you ever tried to stop smoking cigarettes and found that you could not?

1="Yes" 2="No"

6B005

How many times (if any) have you tried to stop smoking cigarettes?

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10 or more times"

6B006

Do you want to stop smoking cigarettes now?

1="Yes" 2="No" 8="Don't smoke now"

6B007

What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. Select only one.)

26="American Spirit" 1="Basic" 2="Benson & Hedges" 3="Black & Whites" 4="Cambridge" 5="Camel" 6="Capri"
7="Carlton" 8="Doral" 9="GPC" 10="Kent" 11="Kool" 12="Marlboro" 13="Merit" 14="Misty" 15="Monarch" 16="More"
17="Newport" 18="Pall Mall" 19="Parliament" 20="Salem" 22="Virginia Slims" 23="Winston" 24="Other [capture write
in]" 25="No usual brand"

OR What brand of cigarettes do you usually smoke? (Brands are in alphabetical order. Select only one.)

26="American Spirit" 1="Basic" 2="Benson & Hedges" 3="Black & Whites" 4="Cambridge" 5="Camel" 6="Capri"
7="Carlton" 8="Doral" 9="GPC" 10="Kent" 11="Kool" 12="Marlboro" 13="Merit" 14="Misty" 15="Monarch" 16="More"
17="Newport" 18="Pall Mall" 19="Parliament" 20="Salem" 22="Virginia Slims" 23="Winston" 24="Other" 25="No usual
brand"

6B008

Do you think you will be smoking cigarettes five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

6B009

If one of your best friends were to offer you a cigarette, would you smoke it?

1="Definitely yes" 2="Probably yes" 3="Probably not" 4="Definitely not"

The next major section of this form deals with alcohol and various other drugs. There is a lot of talk about these subjects, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank.

Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

6B010A-C

The next questions are about ALCOHOLIC BEVERAGES, including beer, wine, liquor, and any other beverage that contains alcohol.

On how many occasions (if any) have you had any alcoholic beverage to drink—more than just a few sips ...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B010B=1 AND 6B010C=1, GO TO 6B022A-C

IF 6B010C>1, THEN SHOW 6B011

6B011

On how many DAYS during the LAST 30 DAYS have you used alcohol?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

6B012A-K

When you used alcohol during the last year, how often did you use it in each of the following situations?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- a. When you were alone
- b. With just 1 or 2 other people
- c. At a party
- d. When your date or spouse/partner was present
- e. When people over age 30 were present
- f. During the daytime (before 4:00 p.m.)



- g. At your home (or apartment or dorm)
- h. At school
- i. In a car
- j. At a park or beach
- k. At a bar or restaurant

6B013A-O

What have been the most important reasons for your drinking alcoholic beverages? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- | | |
|-------------------------------------------|--------------------------------------------------------|
| To experiment—to see what it's like | Because of anger or frustration |
| To relax or relieve tension | To get through the day |
| To feel good or get high | To increase the effects of some other drug(s) |
| To seek deeper insights and understanding | To decrease (offset) the effects of some other drug(s) |
| To have a good time with my friends | To get to sleep |
| To fit in with a group I like | Because it tastes good |
| To get away from my problems or troubles | Because I am "hooked"—I feel I have to drink |
| Because of boredom, nothing else to do | |

6B014

When you drink alcoholic beverages, how drunk or high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high"

6B015

When you drink alcoholic beverages, how long do you usually stay drunk or high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B016

The following questions ask about how much you have to drink on the occasions when you drink alcoholic beverages.

For these questions, one "drink" means any of the following:

- 12 fl oz of regular beer
- 8-9 fl oz of malt liquor
- 5 fl oz of wine
- 1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

Think back over the LAST TWO WEEKS. How many times (if any) have you had four or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10 or more times"

6B017

During the last two weeks, how many times (if any) have you had five or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10 or more times"

6B018

During the last two weeks, how many times (if any) have you had 10 or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10 or more times"

6B19

During the last two weeks, how many times (if any) have you had 15 or more drinks in a row?

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10 or more times"

6B020

During the LAST TWO WEEKS, what was the largest number of drinks that you had in a row? (Give your best estimate.)

0="0" 1="1" 2="2" 3="3" 4="4" 5="5" 6="6" 7="7" 8="8" 9="9" 10="10" 11="11" 12="12" 13="13" 14="14" 15="15" 16="16" 17="17" 18="18" 19="19" 20="20 or more"

6B021

Have you ever tried to stop using alcoholic beverages and found that you couldn't stop?

1="Yes" 2="No"

6B022A-C

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40+"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

6B023A-C

On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B022B and 6B022C and 6B023B and 6B023C=1:"0 Occasions," GO TO QUESTION 6B035

6B024

On how many DAYS during the LAST 30 DAYS have you used marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

6B025A-K

When you used marijuana or hashish during the last year, how often did you use it in each of the following situations?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- When you were alone
- With just 1 or 2 other people
- At a party
- When your date or spouse/partner was present
- When people over age 30 were present
- During the daytime (before 4:00 p.m.)



- At your home (or apartment or dorm)
- Before school
- At school
- In a car
- At a park or beach

6B026

How many of the times when you used marijuana during the LAST 12 MONTHS did you use it along with each of the following drugs—that is, so that their effects overlapped?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

A. With alcohol

B. With nicotine (e.g. cigarettes, e-cigarettes, cigars, hookah)

IF 6B026B >1:"Not at all" SHOW 6B027-6B028

6B027

When you last used nicotine with marijuana, how did you use nicotine?

1="Smoked a cigarette" 2="Vaped nicotine" 3="Smoked a cigar" 4="Smoked marijuana wrapped in tobacco leaves (a "blunt")" 5="Other: [Capture Write In]"

6B028

When you last used nicotine with marijuana, how did you use marijuana?

1="Smoked marijuana" 2="Vaped marijuana" 3="Smoked marijuana wrapped in tobacco leaves (a "blunt")" 4="Edible" 5="Other: [Capture Write In]"

6B029A-J

Where did you get the marijuana or hashish you used during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Bought online

Took from a friend without asking

Took from a relative without asking

Given for free by a friend

Given for free by a relative

Bought from a friend

Bought from a relative

From my own "medical marijuana" prescription

Bought from a drug dealer/stranger

Other method [10% capture write in]

6B030

Did you get any of the marijuana or hashish you used during the last year from someone else's medical marijuana prescription?

1="Yes" 2="No"

6B031A-N

What have been the most important reasons for your using marijuana or hashish? (Select all that apply.)

0="UNMARKED" 1="MARKED"

To experiment—to see what it's like

To relax or relieve tension

To feel good or get high

To seek deeper insights and understanding

To have a good time with my friends

To fit in with a group I like

To get away from my problems or troubles

Because of boredom, nothing else to do

Because of anger or frustration

To get through the day

To increase the effects of some other drug(s)

To decrease (offset) the effects of some other drug(s)

Because I am "hooked"—I have to have it

To get to sleep

6B032

When you use marijuana or hashish how high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high"

6B033

When you use marijuana or hashish how long do you usually stay high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B034A-I

What methods have you used for using marijuana or hashish during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Smoking a joint

Eating in food

Smoking a blunt

Drink in a beverage

Smoking in a bong/water pipe

Use a concentrate (such as "wax," "honey oil,"

Smoking in another type of pipe

"budder," or "shatter")

Vaping

Other [10% capture write in]

6B035

Have you ever tried to stop using marijuana or hashish and found that you couldn't stop?

1="Yes" 2="No"

6B036

Thinking back over your whole life, has there ever been a period when you used marijuana or hashish on a daily, or almost daily, basis for at least a month?

1="No" 2="Yes"

IF 6B036=1:"NO", GO TO 6B040

6B037

How old were you when you first used marijuana or hashish that frequently?

1="Grade 6 or earlier" 2="Grade 7 or 8" 3="Grade 9 (Freshman)" 4="Grade 10 (Sophomore)" 5="Grade 11 (Junior)"

6="Grade 12 (Senior)"

6B038

How recently did you use marijuana or hashish on a daily, or almost daily, basis for at least a month?

1="During the past month" 2="2 months ago" 3="3 to 9 months ago" 4="About 1 year ago" 5="About 2 years ago" 6="3 or more years ago"

6B039

Over your whole lifetime, during how many months have you used marijuana or hashish on a daily or near-daily basis?

1="Less than 3 months" 2="3 to 9 months" 3="About 1 year" 4="About 1 and 1/2 years" 5="About 2 years" 6="About 3 to 5 years" 7="6 to 9 years" 8="10 or more years"

6B040

Do you think you will be using marijuana or hashish five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

6B041

If one of your best friends were to offer you some marijuana, would you use it?

1="Definitely yes" 2="Probably yes" 3="Probably not" 4="Definitely not"

6B042A-D

About how often have you seen or heard advertisements for marijuana...

1="Not at all" 2="Less than once a month" 3="1-3 times per month" 4="1-3 times per week" 5="Daily or almost daily"

6="More than once a day"

a. ...on storefronts?

b. ...on billboards?

c. ...on any screen (TV, smart phone, tablet, computer)?

d. ...on the radio?

The next question is about LSD, the hallucinogenic drug which is sometimes called "acid".

6B043A-C

On how many occasions (if any) have you taken LSD ...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

6B044A-C

The next questions are about HALLUCINOGENS OTHER THAN LSD. This group would include the following drugs: Mescaline, Peyote, "Shrooms" or Psilocybin, PCP

On how many occasions (if any) have you taken hallucinogens other than LSD ...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B044B AND 6B044C=1:"0 OCCASIONS", GO TO QUESTION 6B049

6B045

When you take hallucinogens other than LSD how high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high"

6B046

When you take hallucinogens other than LSD how long do you usually stay high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B047A-G

What hallucinogens other than LSD have you taken during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Mescaline

Peyote

"Shrooms" or psilocybin

PCP

Concentrated THC

Other [10% capture write in]

Don't know the names of some I have used

6B048

What have been the most important reasons for your taking hallucinogens? (Select all that apply.)

To experiment—to see what it's like

To relax or relieve tension

To feel good or get high

To seek deeper insights and understanding

To have a good time with my friends

To fit in with a group I like

To get away from my problems or troubles

0="UNMARKED" 1="MARKED"

Because of boredom, nothing else to do

Because of anger or frustration

To get through the day

To increase the effects of some other drug(s)

To decrease (offset) the effects of some other drug(s)

Because I am "hooked"—I feel I have to have them

6B049A-C

The next questions are about some non-prescription drugs. Some types of diet pills (also called appetite suppressants) can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These "over-the-counter" drugs include Dexatrim, Hydroxycut, and others. On how many occasions (if any) have you taken such nonprescription diet pills...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

6B050A-C

Some stay-awake pills can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These nonprescription or "over-the-counter" drugs include NoDoz, Vivarin, and others. On how many occasions (if any) have you taken such nonprescription stay-awake pills...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

6B051

The next questions are about AMPHETAMINES and OTHER STIMULANT DRUGS, which are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. Drugstores are not supposed to sell them without a prescription from a doctor. They are sometimes called: Uppers, Ups, Speed, Dexies, Pep Pills, Diet Pills, Meth or Crystal Meth. They include the following drugs: Dexedrine, Ritalin, Adderall, Concerta, Vyvanse, Methamphetamine. IN YOUR ANSWERS ABOUT AMPHETAMINES AND OTHER STIMULANT DRUGS, DO NOT INCLUDE ANY NONPRESCRIPTION OR OVER-THE-COUNTER DRUGS.

Have you ever taken amphetamines or other stimulant drugs because a doctor told you to use them?

1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

6B052A-C

On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B052B AND 6B052C=1:"0 OCCASIONS", GO TO QUESTION 6B061

6B053A-I

When you used amphetamines or other stimulant drugs during the last year, how often did you use them in each of the following situations?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- a. When you were alone
- b. With just 1 or 2 other people
- c. At a party
- d. When your date or spouse/partner was present
- e. When people over age 30 were present



- f. During the daytime (before 4:00 p.m.)
- g. At your home (or apartment or dorm)
- h. At school
- i. In a car

6B054A-J

Where did you get the amphetamines or other stimulant drugs you used without a doctor's orders during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- | | |
|-------------------------------------|------------------------------------|
| Bought online | Bought from a friend |
| Took from a friend without asking | Bought from a relative |
| Took from a relative without asking | From a prescription I had |
| Given for free by a friend | Bought from a drug dealer/stranger |
| Given for free by a relative | Other method [capture write in] |

6B055A-R

What have been the most important reasons for your taking amphetamines or other stimulant drugs without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

- | | |
|-------------------------------------------|--------------------------------------------------------|
| To experiment—to see what it's like | To get through the day |
| To relax or relieve tension | To increase the effects of some other drug(s) |
| To feel good or get high | To decrease (offset) the effects of some other drug(s) |
| To seek deeper insights and understanding | To stay awake |
| To have a good time with my friends | To get more energy |
| To fit in with a group I like | To help me study |
| To get away from my problems or troubles | To help me at my job |
| Because of boredom, nothing else to do | To help me lose weight |
| Because of anger or frustration | Because I am "hooked"—I feel I have to have them |

6B056

When you take amphetamines or other stimulant drugs, how high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high" 5="I don't take them to get high."

6B057

When you take amphetamines or other stimulant drugs how long do you usually stay high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B058A-I

What amphetamines or other stimulant drugs have you taken during the last year without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Dexedrine

Ritalin (Methylphenidate)

Adderall

Concerta (Methylphenidate)

Vyvanse

Methamphetamine

Crystal meth

Other [10% capture write in]

Don't know the names of some amphetamines or other stimulant drugs I have used

6B059A-D

What methods have you used for taking amphetamines or other stimulant drugs during the past year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

By mouth

Smoking

Injection

Sniffing or snorting

Other [capture write in]

6B060

Have you ever tried to stop using amphetamines or other stimulant drugs and found that you couldn't stop?

1="Yes" 2="No"

6B061

The next questions are about SEDATIVES, including BARBITURATES, which doctors sometimes prescribe to help people relax or get to sleep. Drugstores are not supposed to sell them without a prescription. Sedatives are sometimes called Downs, or Downers. They include the following drugs: Phenobarbital, Ambien, Seconal, Lunesta, Dalmane, Sonata, Restoril, Intermezzo, Halcion, Zolpimist.

Have you ever taken sedatives because a doctor told you to use them?

1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

6B062A-C

On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

a. ...in your lifetime?

b. ...during the last 12 months?

c. ...during the last 30 days?

IF 6B062B AND 6B062C=1:"0 OCCASIONS" GO TO QUESTION 6B064

6B063A-L

What sedatives have you taken during the last year without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Phenobarbital

Seconal

Ambien

Lunesta

Sonata

Dalmane

Halcion

Restoril

Intermezzo

Zolpimist

Other [capture write in]

Don't know the names of some sedatives I have used

6B064

The next questions are about TRANQUILIZERS, which doctors sometimes prescribe to calm people down, quiet their nerves, or relax their muscles. They include Librium, Valium, Xanax, Soma, Serax, Ativan, Klonopin.

Have you ever taken tranquilizers because a doctor told you to use them?

1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

6B065A-C

On how many occasions (if any) have you taken tranquilizers on your own — that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions" 7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B065B AND 6B065C=1:"0 OCCASIONS", GO TO QUESTION 6B073

6B066A-I

When you used tranquilizers during the last year, how often did you use them in each of the following situations?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- When you were alone
- With just 1 or 2 other people
- At a party
- When your date or spouse/partner was present
- When people over age 30 were present



- During the daytime (before 4:00 p.m.)
- At your home (or apartment or dorm)
- At school
- In a car

6B067A-J

Where did you get the tranquilizers you used without a doctor's orders during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Bought online

Took from a friend without asking

Took from a relative without asking

Given for free by a friend

Given for free by a relative

Bought from a friend

Bought from a relative

From a prescription I had

Bought from drug dealer/stranger

Other method [capture write in]

6B068A-O

What have been the most important reasons for your taking tranquilizers without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

To experiment—to see what it's like

To relax or relieve tension

To feel good or get high

To seek deeper insights and understanding

To have a good time with my friends

To fit in with a group I like

To get away from my problems or troubles

Because of boredom, nothing else to do

Because of anger or frustration

To get through the day

To increase the effects of some other drug(s)

To decrease (offset) the effects of some other drug(s)

To get to sleep

To relieve physical pain

Because I am "hooked"—I feel I have to have them

6B069

When you take tranquilizers how high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high" 5="I don't take them to get high."

6B070

When you take tranquilizers how long do you usually stay high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B071A-I

What tranquilizers have you taken during the last year without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Librium

Ativan

Valium

Klonopin

Xanax

Other [10% capture write in]

Soma

Don't know the names of some tranquilizers I have used

Serax

6B072

Have you ever tried to stop using tranquilizers and found that you couldn't stop?

1="Yes" 2="No"

6B073

The next questions are about the use of different forms of cocaine, such as "crack", powder, freebase, or coca paste.

Have you ever used cocaine in "crack" form or in any other freebase form—that is, where you inhaled the fumes from smoking, heating, or burning it?

1="No" 2="Yes"

IF 6B073=1:"NO", GO TO 6B075

6B074A-C

On how many occasions (if any) have you used "crack" (cocaine in chunk or rock form)...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"

7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

6B075A-C

On how many occasions (if any) have you used cocaine in any other form...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"

7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B074B AND 6B074C AND 6B075B AND 6B075C=1:"0 OCCASIONS", GO TO QUESTION 6B083

6B076A-I

When you used cocaine during the last year, how often did you use it in each of the following situations?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- When you were alone
- With just 1 or 2 other people
- At a party
- When your date or spouse/partner was present
- When people over age 30 were present



- f. During the daytime (before 4:00 p.m.)
- g. At your home (or apartment or dorm)
- h. At school
- i. In a car

6B077A-G

How many of the times when you used cocaine during the last year did you use it along with each of the following drugs—that is, so that their effects overlapped?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- a. With alcohol
- b. With marijuana
- c. With LSD
- d. With hallucinogens other than LSD
- e. With amphetamines
- f. With barbiturates
- g. With tranquilizers

6B078

When you take cocaine how high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high" 5="I don't take it to get high"

6B079

When you take cocaine how long do you usually stay high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B080

Have you ever tried to stop using cocaine and found that you couldn't stop?

1="Yes" 2="No"

6B081A-D

What forms of cocaine have you used? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Cocaine powder

"Crack" or "rock"

"Freebase" or "base"

Coca paste

6B082A-F

What methods have you used for taking cocaine? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Sniffing or "snorting"

Smoking

Injection

Inhaling fumes

By mouth

Other [capture write in]

6B083A-C

The next questions are about HEROIN. On how many occasions (if any) have you taken heroin...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

6B084

The next questions are about NARCOTICS OTHER THAN HEROIN, which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription.

These include: Methadone, Codeine, OxyContin, Percodan, Opium, Demerol, Percocet, Ultram, Morphine, Oxycodone, Tylox, Tramadol, Vicodin, Hydrocodone (Lortab, Lorcet, Norco), MS Contin, Suboxone.

Have you ever taken any narcotics other than heroin because a doctor told you to use them?

1="No" 2="Yes, but I had already tried them on my own." 3="Yes, and it was the first time I took any."

6B085A-C

On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...

1="0 Occasions" 2="1-2 Occasions" 3="3-5 Occasions" 4="6-9 Occasions" 5="10-19 Occasions" 6="20-39 Occasions"
7="40 or More"

- ...in your lifetime?
- ...during the last 12 months?
- ...during the last 30 days?

IF 6B085B AND 6B085C=1:"0 OCCASIONS", GO TO QUESTION 6B095

6B086A-I

When you used narcotics other than heroin during the last year, how often did you use them in each of the following situations?

1="Not at all" 2="A few of the times" 3="Some of the times" 4="Most of the times" 5="Every time"

- When you were alone
- With just 1 or 2 other people
- At a party
- When your date or spouse/partner was present
- When people over age 30 were present



- During the daytime (before 4:00 p.m.)
- At your home (or apartment or dorm)
- At school
- In a car

6B087A-J

Where did you get the prescription-type narcotics other than heroin you used without a doctor's orders during the last year? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Bought online

Took from a friend without asking

Took from a relative without asking

Given for free by a friend

Given for free by a relative

Bought from a friend

Bought from a relative

From a prescription I had

Bought from a drug dealer/stranger

Other method [capture write in]

6B088A-D

If you took a narcotic drug without a doctor's orders — one for which you had a prescription in your name — from whom did you get this prescription? (Select all that apply.)

0="UNMARKED" 1="MARKED"

A dentist

An emergency room doctor

Another doctor

I didn't use any narcotics from a prescription of mine without a doctor's orders

6B089A-Q

What have been the most important reasons for your using narcotics other than heroin without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

To experiment—to see what it's like

To relax or relieve tension

To feel good or get high

To seek deeper insights and understanding

To have a good time with my friends

To fit in with a group I like

To get away from my problems or troubles

Because of boredom, nothing else to do

Because of anger or frustration

To get through the day

To increase the effects of some other drug(s)

To decrease (offset) the effects of some other drug(s)

To get to sleep

As a substitute for heroin

To relieve physical pain

To control coughing

Because I am "hooked"—I have to have them

6B090

When you take narcotics other than heroin how high do you usually get?

1="Not at all high" 2="A little high" 3="Moderately high" 4="Very high" 5="I don't take them to get high"

6B091

When you take narcotics other than heroin how long do you usually stay high?

1="Usually don't get high" 2="One to two hours" 3="Three to six hours" 4="Seven to 24 hours" 5="More than 24 hours"

6B092A-R

What narcotics other than heroin have you taken during the last year without a doctor's orders? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Methadone

Opium

Morphine

Codeine

Demerol

Vicodin

OxyContin

Percocet

Percodan

Ultram

Tramadol

MS Contin

Suboxone

Oxycodone

Tylox

Hydrocodone (Lortab, Lorcet, Norco)

Other [G12F1_V16120.TEXT 10% capture write in]

Don't know the names of some I have used

6B093

Have you ever tried to stop using narcotics other than heroin and found that you couldn't stop?

1="Yes" 2="No"

6B094A-E

What methods have you used for taking any of these narcotics other than heroin? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Sniffing or "snorting"

Smoking

Injection

By mouth

Other [10% capture write in]

6B095

Have you ever attended a treatment program for alcohol or drug abuse where you stayed overnight?

1="No, never" 2="Yes, but not in the past 12 months" 3="Yes, sometime in the past 12 months"

6B096

Have you ever received any other kind of professional counseling, treatment, or therapy because of your use of alcohol or drugs?

1="No, never" 2="Yes, but not in the past 12 months" 3="Yes, sometime in the past 12 months"

6B097

To "vape" is to use a device such as a JUUL, vape-pen, e-cigarette, e-hookah, or e-vaporizer to inhale a vapor into the lungs.

Have you ever vaped?

0="No" 1="Yes"

IF 6B097=0, GO TO 6B112

6B098A

In your LIFETIME how often have you vaped nicotine?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 6B098A=1, GO TO 6B100A

6B098B

During the LAST 12 MONTHS have you vaped nicotine?

1="Yes" 2="No"

IF 6B098B=2, GO TO 6B100A

6B098C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF 6B098C>1 OR (6B098A AND 6B098B AND 6B098C NOT ANSWERED), THEN SHOW 6B099

6B099

Did you first start vaping nicotine in the LAST 30 DAYS?

1="Yes" 2="No"

6B100A

In your LIFETIME how often have you vaped marijuana?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 6B100A=1, GO TO 6B101A

6B100B

During the LAST 12 MONTHS have you vaped marijuana?

1="Yes" 2="No"

IF 6B100B=2, GO TO 6B101A

6B100C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29" 7="30 Days"

6B101A

In your LIFETIME how often have you vaped just flavoring?

1="Never" 2="Once or twice" 3="Occasionally but not regularly" 4="Regularly in the past" 5="Regularly now"

IF 6B101A>1, SHOW 6B101B

6B101B

During the LAST 12 MONTHS have you vaped just flavoring?

1="Yes" 2="No"

IF 6B101B=1, SHOW 6B101C

6B101C

On how many DAYS (if any) during the LAST 30 DAYS have you vaped just flavoring?

1="0 Days" 2="1-2 Days" 3="3-5 Days" 4="6-9 Days" 5="10-19 Days" 6="20-29 Days" 7="30 Days"

IF 6B098A>1 OR 6B098B=1 OR 6B098C>1, THEN SHOW 6B102A – K

6B102A-K

What have been the most important reasons for you to vape nicotine? 0="UNMARKED" 1="MARKED"

To help me quit regular cigarettes

To have a good time with my friends

Because it is more convenient than smoking cigarettes

Because of boredom, nothing else to do

Because regular cigarette use is not permitted

Because it tastes good

To experiment—to see what it's like

Because I am "hooked"—I have to have it

To relax or relieve tension

To avoid getting caught smoking

To feel good or get high

To lose or control my weight

Because it looks cool

IF 6B098A>1 OR 6B098B=1 OR 6B098C>1 OR (6B098A AND 6B098B AND 6B098C NOT ANSWERED), THEN SHOW 6B103-105

6B103

Have you ever tried to stop vaping nicotine and found that you could not?

1="Yes" 2="No"

6B104

How many times, if any, have you tried to stop vaping nicotine?

1="None" 2="Once" 3="Twice" 4="3 to 5 times" 5="6 to 9 times" 6="10 or more times"

6B105

Do you want to stop vaping nicotine now?

1="Yes" 2="No" 8="Don't vape nicotine now"

IF 6B098C>1 OR 6B100C>1 OR 6B101C>1 OR (IF 6B098A AND 6B100A AND 6B101A NOT ANSWERED), THEN SHOW 6B106-107

6B106

What is the brand name of the vaping device you use most often?

7="Breeze" 1="JUUL" 8="Puff Bar" 2="SMOK" 4="Vuse" 6="Other [capture write in]"

IF 6B098A>1 OR 6B098B=1 OR 6B098C >1 OR (6B098A AND 6B098B AND 6B098C NOT ANSWERED), THEN SHOW 6B107

6B107

When you vape nicotine, which type of flavor do you use most often? (Select one flavor that is the best fit.)?

1="Sweet (Chocolate, Crème, etc.)" 2="Fruit (Mango, Strawberry, etc.)" 7="Ice-fruit combinations (Blueberry Ice, Banana Ice, etc.)" 3="Tobacco" 4="Mint" 5="Menthol" 6="Unflavored"

IF 6B098C>1 OR 6B100C>1 OR 6B101C>1 OR (IF 6B098A AND 6B100A AND 6B101A NOT ANSWERED), THEN SHOW 6B108

6B108

Have you ever vaped something other than nicotine, marijuana, or just flavoring?

1="Yes" 2="No"

IF 6B108=YES

What have you vaped other than nicotine, marijuana, or just flavoring? [Capture write in]

6B109

The last time you used a vaping device how did you get it?

0="Took from a relative without asking" 1="Given for free by a friend" 2="Given for free by a relative " 3="Bought from a friend" 4="Bought from a relative " 5="At a convenience store (such as 7-Eleven) or a gas station" 6="At a "vape" store" 7="Over the internet " 8="From a person who is known to sell vaping devices to kids (a dealer)" 9="Other" [Capture write in]

6B110

During the last 30 days have you vaped nicotine on school grounds during school hours?

1="Yes" 2="No"

6B111

Do you think you will be vaping nicotine five years from now?

1="I definitely will" 2="I probably will" 3="I probably will not" 4="I definitely will not"

6B112A-P

When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.

8="Never" 1="Grade 6 or below" 2="Grade 7" 3="Grade 8" 4="Grade 9" 5="Grade 10" 6="Grade 11" 7="Grade 12"

- a. Smoke cigarettes on a daily basis
- b. Try an alcoholic beverage—more than just a few sips
- c. Try marijuana or hashish
- d. Try LSD
- e. Try any hallucinogen other than LSD
- f. Try amphetamines



- g. Try sedatives including barbiturates
- h. Try tranquilizers (Librium, Valium, and Xanax, etc.)
- i. Try cocaine
- j. Try heroin
- k. Try any narcotic other than heroin
- l. Smoke your first cigarette



- m. Vape an e-liquid with nicotine (JUUL, e-cigarette, e-pen, etc.)
- n. Drink enough to feel drunk or very high
- o. Try "crack" cocaine
- p. Try MDMA ("Molly," "ecstasy")

6B113A-G

How many of your friends would you estimate...

1="None" 2="A Few" 3="Some" 4="Most" 5="All"

- Smoke cigarettes?
- Use marijuana (pot, weed) or hashish?
- Take "crack" cocaine?
- Take cocaine powder?
- Drink alcoholic beverages (liquor, beer, wine)?
- Get drunk at least once a week?
- Vape nicotine (using a JUUL, e-cigarette, e-pen, etc.)?

These next questions ask for some background information about yourself.

6C01

In what year were you born?

1="Before '02" 2="2002" 3="2003" 4="2004" 5="2005" 6="2006" 7="2007" 8="After 2007"

6C02

In what month were you born?

1="January" 2="February" 3="March" 4="April" 5="May" 6="June" 7="July" 8="August" 9="September" 10="October"
11="November" 12="December"

6C03

What is your sex?

1="Male" 2="Female" 3="Other" 4="Prefer not to answer"

6C04A-I

How do you describe yourself? (Select one or more responses.)

0="UNMARKED" 1="MARKED"

Black or African American

Mexican American or Chicano

Cuban American

Puerto Rican

Other Hispanic or Latino

Asian American

White

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Middle Eastern

6C05

Where did you grow up mostly?

1="On a farm" 2="In the country, not on a farm" 3="In a small city or town (under 50,000 people)" 4="In a medium-sized city (50,000-100,000)" 5="In a suburb of a medium-sized city" 6="In a large city (100,000-500,000)" 7="In a suburb of a large city" 8="In a very large city (over 500,000)" 9="In a suburb of a very large city" 0="Can't say; mixed"

6C06

What is your present marital status?

1="Married" 2="Engaged" 3="Separated/divorced" 4="Single"

6C07A-B

How many brothers and sisters do you have? (Include stepbrothers and sisters and half-brothers and sisters.)

0="None" 1="One" 2="Two" 3="Three" 4="Four" 5="Five" 6="Six or more"

- Older brothers and sisters
- Younger brothers and sisters

6C07CA-J

Which of the following people live in the same household with you? (Select all that apply.)

0="UNMARKED" 1="MARKED"

I live alone

My husband/wife

Father (or male guardian)

My child(ren)

Mother (or female guardian)

Other relative(s)

Brother(s) and/or sister(s)

Non-relative(s)

Grandparent(s)

Other

The next two questions ask about your parents. If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a biological father, answer for the one that was most important in raising you.

6C08

What is the highest level of schooling your father completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

6C09

What is the highest level of schooling your mother completed?

1="Completed grade school or less" 2="Some high school" 3="Completed high school" 4="Some college" 5="Completed college" 6="Graduate or professional school after college" 7="Don't know, or does not apply"

6C10

How would you describe your political preference?

1="Strongly Republican" 2="Mildly Republican" 3="Mildly Democrat" 4="Strongly Democrat" 5="Independent" 6="No preference" 7="Other" 8="Don't know, haven't decided"

6C11

How would you describe your political beliefs?

1="Very conservative" 2="Conservative" 3="Moderate" 4="Liberal" 5="Very liberal" 6="Radical" 8="None of the above, or don't know"

The next three questions are about religion.

6C12A

What is your religious preference?

(Unnumbered) 1="Baptist" 2="Methodist" 3="Lutheran" 4="Presbyterian" 5="Episcopal" 6="United Church of Christ" 7="Churches of Christ" 8="Disciples of Christ" 9="Catholic" 10="Eastern Orthodox" 11="Latter-day Saints" 12="Other Christian" 13="Unitarian Universalist" 14="Jewish" 15="Muslim" 16="Buddhist" 19="Hindu" 17="Other Religion" 18="None"

6C12B

How often do you attend religious services?

1="Never" 2="Rarely" 3="Once or twice a month" 4="About once a week or more"

6C12C

How important is religion in your life?

1="Not important" 2="A little important" 3="Pretty important" 4="Very important"

6C13

When are you most likely to graduate from high school?

1="By this June" 2="July to January" 3="After next January" 6="Don't expect to graduate"

6C14

Which of the following best describes your present high school program?

1="Academic or college prep" 2="General" 3="Vocational, technical, or commercial" 4="Other, or don't know"

6C15

Compared with others your age throughout the country, how do you rate yourself on school ability?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"

6="Above Average" 7="Far Above Average"

6C16

How intelligent do you think you are compared with others your age?

1="Far Below Average" 2="Below Average" 3="Slightly Below Average" 4="Average" 5="Slightly Above Average"

6="Above Average" 7="Far Above Average"

6C17A-C

During the LAST FOUR WEEKS, how many whole days of school have you missed...

1="None" 2="1 Day" 3="2 Days" 4="3 Days" 5="4-5 Days" 6="6-10 Days" 7="11 or More"

- a. Because of illness
- b. Because you skipped or "cut"
- c. For other reasons

6C18

During the LAST FOUR WEEKS, how often have you gone to school, but skipped a class when you weren't supposed to?

1="Not at all" 2="1 or 2 times" 3="3-5 times" 4="6-10 times" 5="11-20 times" 6="More than 20 times"

6C19

Which one of the following best describes your average grades in this school year?

9="A (93-100)" 8="A- (90-92)" 7="B+ (87-89)" 6="B (83-86)" 5="B- (80-82)" 4="C+ (77-79)" 3="C (73-76)" 2="C- (70-72)"

1="D (69 or below)"

6C20A-E

How likely is it that you will do each of the following things after high school?

1="Definitely Won't" 2="Probably Won't" 3="Probably Will" 4="Definitely Will"

- a. Attend a technical or vocational school
- b. Serve in the military (armed forces)
- c. Graduate from a two-year college program
- d. Graduate from college (four-year program)
- e. Attend graduate or professional school after college

6C21A-F

Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do? (Select all that apply.)

0="UNMARKED" 1="MARKED"

Attend a technical or vocational school

Serve in the military (armed forces)

Graduate from a two-year college program

Graduate from college (four-year program)

Attend graduate or professional school after college

None of the above

6C22

On the average over the school year, how many hours per week do you work in a paid or unpaid job?

1="None" 2="5 or less hours" 3="6 to 10 hours" 4="11 to 15 hours" 5="16 to 20 hours" 6="21 to 25 hours" 7="26 to 30 hours" 8="More than 30 hours"

6C23A-B

During an average week, how much money do you get from...

01="None" 02="\$1-5" 03="\$6-10" 04="\$11-20" 05="\$21-35" 06="\$36-50" 07="\$51-75" 08="\$76-125" 09="\$126-175"
10="\$176+"

- a. A job or other work
- b. Other sources (allowances, etc.)

6C24

During a typical week, on how many evenings do you go out for fun and recreation?

1="Less than one" 2="One" 3="Two" 4="Three" 5="Four or Five" 6="Six or Seven"

6C25

On the average, how often do you go out with a date (or your spouse/partner)?

1="Never" 2="Once a month or less" 3="2 or 3 times a month" 4="Once a week" 5="2 or 3 times a week" 6="Over 3 times a week"

6C26

During an average week, how much do you usually drive a car, truck, or motorcycle?

1="Not at all" 2="1 to 10 miles" 3="11 to 50 miles" 4="51 to 100 miles" 5="101 to 200 miles" 6="More than 200 miles"

6C27

Within the LAST 12 MONTHS, how many times, if any, have you received a ticket (OR been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?

0="None" 1="Once" 2="Twice" 3="Three times" 4="Four or more times"

IF "NONE", GO TO 6C30

6C28A-C

How many of these tickets or warnings occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- a. Drinking alcoholic beverages?
- b. Using marijuana or hashish?
- c. Using other illegal drugs?

6C29

We are interested in any accidents which occurred while you were driving a car, truck, or motorcycle. ("Accidents" means a collision involving property damage or personal injury—not bumps or scratches in parking lots.) During the LAST 12 MONTHS, how many accidents have you had while you were driving (whether or not you were responsible)?

0="None" 1="Once" 2="Two" 3="Three" 4="Four or more"

IF "NONE", GO TO 6C32A

6C30A-C

How many of these accidents occurred after you were...

0="None" 1="One" 2="Two" 3="Three" 4="Four or more"

- a. Drinking alcoholic beverages?
- b. Using marijuana or hashish?
- c. Using other illegal drugs?

6C31A

Have you entered or do you expect to enter military service?

1=YES 2=NO

IF "NO", GO TO 6C34

6C31

What is, or will be, your branch of service?

1="Army" 2="Navy" 3="Marine Corps" 4="Air Force" 5="Coast Guard" 6="Uncertain"

6C32

Do you expect to be an officer?

1="No" 2="Uncertain" 3="Yes"

6C33

Do you expect to have a career in the Armed Forces?

1="No" 2="Uncertain" 3="Yes"

6D01

The next questions are about your experiences in school.

Some people like school very much. Others don't. How do you feel about going to school?

5="I like school very much" 4="I like school quite a lot" 3="I like school some" 2="I don't like school very much" 1="I don't like school at all"

6D02

How often do you feel that the school work you are assigned is meaningful and important?

5="Almost always" 4="Often" 3="Sometimes" 2="Seldom" 1="Never"

6D03

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

5="Very important" 4="Quite important" 3="Fairly important" 2="Slightly important" 1="Not at all important"

6D04A-M

Think back over the past year in school.

1=Never, 2= Rarely, 3=Sometimes, 4=Often, 5=Always or almost always

I enjoy being in school.

I hate being in school.

I complete my work on time.

I follow the rules at school.

I get in trouble at school.

When I am in class, I just act as if I am working.

I pay attention in class.

I feel excited by my work at school.

I am interested in the work at school.

I feel happy in school.

I feel bored in school.

I check my schoolwork for mistakes.

I study at home even when I don't have a test.

6D05

How much competition for grades is there among students at your school?

1="None" 2="A little" 3="Some" 4="Quite a bit" 5="A great deal"

6D06

Have you ever been in a work-study program—that is, a program where you work on a job as part of your schooling?

1="No, not ever" 2="Yes, for a half year or less" 3="Yes, for about a year" 4="Yes, for about two years" 5="Yes, for more than two years"

6D07A-N

These next questions concern your health.

During the LAST 30 DAYS, on how many days (if any) did you have the following problems or symptoms?

1="None" 2="One day" 3="Two days" 4="3 to 5 days" 5="6 to 9 days" 6="10 to 19 days" 7="20 + days"

- a. Headache
- b. Sore throat or hoarse voice
- c. Trouble with sinus congestion, runny nose, or sneezing
- d. Coughing spells
- e. Chest colds
- f. Coughing up phlegm or blood
- g. Shortness of breath when you were not exercising



- h. Wheezing or gasping
- i. Trouble remembering things
- j. Difficulty thinking or concentrating
- k. Trouble learning new things
- l. Trouble sleeping
- m. Trouble getting started in the morning
- n. Stayed home most or all of a day because you were not feeling well

6D08A-E

In the LAST 12 MONTHS, how many times (if any) have you seen a doctor or other professional for each of the following?

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10+ times"

- a. For a routine physical check-up
- b. For an injury suffered in a fight or assault
- c. For any other injury including auto accidents
- d. For some physical illness or symptom
- e. For some emotional or psychological problem or symptom

6D09A-B

In the LAST 12 MONTHS, how many times (if any) have you spent one or more nights in the hospital...

1="None" 2="Once" 3="Twice" 4="3-5 times" 5="6-9 times" 6="10+ times"

- a. ...because of an injury
- b. ...because of some physical illness

6D10

Overall, relative to other people your age, do you think your physical health over the past year has been...

1="Much poorer than average" 2="Somewhat poorer than average" 3="About average" 4="Somewhat better than average" 5="Much better than average"

6D11

What is your current height (in feet and inches) without shoes?

01="4'5 or less" 02="4'6" 03="4'7" 04="4'8" 05="4'9" 06="4'10" 07="4'11" 08="5'0" 09="5'1" 10="5'2" 11="5'3" 12="5'4"
13="5'5" 14="5'6" 15="5'7" 16="5'8" 17="5'9" 18="5'10" 19="5'11" 20="6'0" 21="6'1" 22="6'2" 23="6'3" 24="6'4"
25="6'5" 26="6'6" 27="6'7 or more"

6D12

What is your current weight (in pounds) without shoes or clothing?

01='80 lbs or less' 02='81-85' 03='86-90' 04='91-95' 05='96-100' 06='101-105' 07='106-110' 08='111-115' 09='116-120'
10='121-125' 11='126-130' 12='131-135' 13='136-140' 14='141-150' 15='151-160' 16='161-170' 17='171-180' 18='181-
190' 19='191-200' 20='201-210' 21='211-220' 22='221-230' 23='231-240' 24='241-250' 25='251-260' 26='261 lbs or more'

6D13A-P

Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following?

1="Don't Disapprove" 2="Disapprove" 3="Strongly Disapprove"

- a. Smoking one or more packs of cigarettes per day
- b. Trying marijuana once or twice
- c. Using marijuana occasionally
- d. Using marijuana regularly
- e. Trying cocaine in powder form once or twice
- f. Taking cocaine powder occasionally



- g. Taking cocaine powder regularly
- h. Trying "crack" cocaine once or twice
- i. Taking "crack" cocaine occasionally
- j. Taking "crack" cocaine regularly
- k. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)
- l. Having one or two drinks nearly every day



- m. Having four or five drinks nearly every day
- n. Having five or more drinks once or twice each weekend
- o. Vaping an e-liquid with nicotine occasionally
- p. Vape e-liquid with nicotine regularly

Before we begin, are you completing this survey in the school building?

1="Yes" 2="No"



Willing to take this survey in a year? And get paid for it?



Sign up



Earn money



Make a Difference

We need you!

In one year, we will choose a group to take the survey again. The only difference is that you will be paid!

Sign up now! To be a part of this continuing survey, submit the form below. It's easy!

First Name		
Middle Name		
Last Name		
Non-school Email		
Street Address		
Apt/Unit/Lot #		
City	State	Zip
Cell Phone	May we text you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Phone		

SUBMIT

Funded and safeguarded by:



National Institute
on Drug Abuse



- The survey information you just provided is never linked with your name and contact information.
- Your name and address are used ONLY for sending you the study summary and contacting you, they are never shared with anyone else, and are always stored separately from your answers.
- A special Grant of Confidentiality from the US Department of Justice protects all information gathered in this study.



UNIVERSITY OF MICHIGAN
Survey Research Center