

Draft

The following question asks you to think about how your 3 closest friends would describe themselves. If you are unsure, please answer with your best guess. For the question please select **TWO** statements total by selecting **ONE** statement that best describes your friends and **ONE** statement that 2nd best describes your friends.

7. Which of the following statements **BEST** describes your 3 closest friends?

	Best	2nd Best
They think it's important to learn and grow as people.	<input type="radio"/>	<input type="radio"/>
They enjoy a country way of life.	<input type="radio"/>	<input type="radio"/>
They want to be respected for their hustle.	<input type="radio"/>	<input type="radio"/>
They have a deep connection to the music and art in their lives.	<input type="radio"/>	<input type="radio"/>
They try to live life to the fullest and have fun.	<input type="radio"/>	<input type="radio"/>

Please double check that for EACH question in this section, you have selected only ONE answer for best describes, and only ONE answer for 2nd best describes for each question. Thank you!

# 2023 Virginia High School Youth Survey

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

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

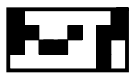
Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

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

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

*Thank you very much for your help.*





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**Directions**

Use a #2 pencil only.

Make dark marks.

Fill in a response like this: ●

If you change your answer, erase your old answer completely.

1. How old are you?

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older
- 

2. What is your sex?

- Female
- Male

3. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

4. Are you Hispanic or Latino?

- Yes
- No

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

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

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

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

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

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

4. Which of the following statements BEST describes you?

	Best	2nd Best
I like having friends who are exciting and outgoing.	<input type="radio"/>	<input type="radio"/>
I'm not afraid to stand up for causes I believe in, like the environment or LGBTQ rights.	<input type="radio"/>	<input type="radio"/>
I think it's important to give back to the community.	<input type="radio"/>	<input type="radio"/>
I focus on my grind to overcome the struggle.	<input type="radio"/>	<input type="radio"/>
I think it's important to know and defend my rights as an American.	<input type="radio"/>	<input type="radio"/>

5. Which of the following statements BEST describes you?

I'm someone who...

	Best	2nd Best
Will overcome the struggle, is confident and bold, and grinds for something better.	<input type="radio"/>	<input type="radio"/>
Tries to help others, follows the rules, and enjoys learning.	<input type="radio"/>	<input type="radio"/>
Stands up for causes I believe in, isn't afraid to be weird, and is creative.	<input type="radio"/>	<input type="radio"/>
Looks for fun and excitement, enjoys meeting new people, and lives life to the fullest.	<input type="radio"/>	<input type="radio"/>
Is proud to be American, is outdoorsy, and works hard and gets dirty.	<input type="radio"/>	<input type="radio"/>

6. Which of the following statements BEST describes you?

I'm someone who...

	Best	2nd Best
Is the life of the party, enjoys meeting new people, and looks for fun and excitement.	<input type="radio"/>	<input type="radio"/>
Is outdoorsy, proud to be American, and values my personal rights.	<input type="radio"/>	<input type="radio"/>
Is strong-minded, will overcome the struggle, and has my family's back.	<input type="radio"/>	<input type="radio"/>
Isn't afraid to be weird, stands up for causes I believe in, and goes against the norm.	<input type="radio"/>	<input type="radio"/>
Follows the rules, tries to help others, and is expected to achieve.	<input type="radio"/>	<input type="radio"/>



These questions ask you to think about how you would describe yourself. For each question please select TWO statements total by selecting ONE statement that best describes you and ONE statement that 2nd best describes you.

Example:

	Best	2nd Best
Option 1	<input checked="" type="radio"/>	<input type="radio"/>
Option 2	<input type="radio"/>	<input type="radio"/>
Option 3	<input type="radio"/>	<input checked="" type="radio"/>
Option 4	<input type="radio"/>	<input type="radio"/>
Option 5	<input type="radio"/>	<input type="radio"/>

1. Which of the following statements BEST describes you?

	Best	2nd Best
I care about standing up for those who do not have a voice.	<input type="radio"/>	<input type="radio"/>
I care about protecting my personal liberties and freedoms.	<input type="radio"/>	<input type="radio"/>
I know I will overcome the struggles I face.	<input type="radio"/>	<input type="radio"/>
I try to help others when I can.	<input type="radio"/>	<input type="radio"/>
I want to live a life full of fun and excitement,	<input type="radio"/>	<input type="radio"/>

2. Which of the following statements BEST describes you?

	Best	2nd Best
Attending concerts and art events is important to me.	<input type="radio"/>	<input type="radio"/>
I focus on my grind because it'll help me reach the goals I have.	<input type="radio"/>	<input type="radio"/>
I try to be polite and kind to other people.	<input type="radio"/>	<input type="radio"/>
I prefer what some people might call a simple way of life.	<input type="radio"/>	<input type="radio"/>
People would describe me as energetic or outgoing.	<input type="radio"/>	<input type="radio"/>

3. Which of the following statements BEST describes you?

	Best	2nd Best
I usually try to follow the rules.	<input type="radio"/>	<input type="radio"/>
Being confident and bold is important to me.	<input type="radio"/>	<input type="radio"/>
I enjoy going out and getting to know new people.	<input type="radio"/>	<input type="radio"/>
Some people would describe the things I like as weird, but I don't care.	<input type="radio"/>	<input type="radio"/>
Having adventures outside, like hunting or fishing, is an important part of who I am.	<input type="radio"/>	<input type="radio"/>

The next 5 questions ask about safety.

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

9. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

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

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

- I did not drive a car or other vehicle during the past 30 days
- I drove a car or other vehicle, but not when I had been drinking alcohol
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

11. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called pot or weed)?

- I did not drive a car or other vehicle during the past 30 days
- I drove a car or other vehicle, but not when I had been using marijuana
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

12. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called pot or weed)?

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

The next 11 questions ask about violence-related behaviors and experiences.

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

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



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14. During the past 12 months, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

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

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

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

16. During the past 12 months, how many times has someone threatened or injured you with a **weapon** such as a gun, knife, or club **on school property**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times
- 

17. How long would it take you to get and be ready to fire a loaded gun **without a parent or other adult's permission**? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.

- I could not get a loaded gun
- Less than 10 minutes
- 10 or more minutes, but less than 1 hour
- 1 or more hours, but less than 4 hours
- 4 or more hours, but less than 24 hours
- 24 or more hours

18. During the past 12 months, how many times were you in a **physical fight**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

19. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No



**The next 6 questions ask about other experiences you may have had during your life.**

86. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

- Yes
- No

87. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

- Yes
- No

88. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No

89. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- 

90. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

91. During an average week, on how many days do you provide care for someone in your family or household who is chronically ill (lasts 3 months or more), elderly, or disabled or assist them with activities they would have difficulty doing on their own?

- There is no one in my family or home who is chronically ill, elderly, or disabled who needs care
- 0 days per week
- 1 or 2 days per week
- 3 to 5 days per week
- 6 or 7 days per week

**The next three pages ask about how you would describe yourself. This section is provided by Virginia Foundation for Healthy Youth.**

**Thank you very much for your help.**



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**The next 6 questions ask about other health-related topics.**

80. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?

- Yes
- No
- Not sure

81. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

82. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

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

83. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

84. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

85. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

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

20. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

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

21. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

22. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

23. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

- Yes
- No

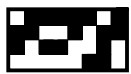
**The The next 3 questions ask about experiences with parents or other adults in your home.**

24. During your life, how often has a parent or other adult in your home insulted you or put you down?

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

25. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

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



26. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

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

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**The next 3 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

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

- Yes
- No

28. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- No

29. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?

- Yes
- No

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**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

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30. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- Yes
- No

31. During the past 12 months, did you ever **seriously** consider attempting suicide?

- Yes
- No

32. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

33. During the past 12 months, how many times did you actually attempt suicide?

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



75. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop or 100% fruit juice.)

- I did not drink these sugar-sweetened beverages during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

76. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)

- I did not drink water during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

77. During the past 7 days, on how many days did you eat **breakfast**?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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**The next 2 questions ask about physical activity.**

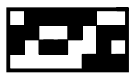
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78. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

79. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day



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The next question asks about body weight.

70. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight
- 

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

71. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

72. During the past 7 days, how many times did you eat green salad?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

73. During the past 7 days, how many times did you eat other vegetables, such as carrots, broccoli, or potatoes? (Do not count green salad.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

74. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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

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

The next 5 questions ask about cigarette smoking.

35. How old were you when you first smoked a cigarette, even one or two puffs?

- I have never smoked a cigarette, not even one or two puffs
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

36. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

37. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

38. During the past 30 days, what brand of cigarettes did you smoke most often? (Select only one response.)

- I did not smoke cigarettes during the past 30 days
- American Spirit
- Camel
- Kool
- Marlboro
- Newport
- Some other brand
- Not sure

39. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?

- I did not smoke cigarettes during the past 30 days
- Yes
- No
- Not sure



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The next 4 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

40. During the past 30 days, on how many days did you use an electronic vapor product?

- 0 days
1 or 2 days
3 to 5 days
6 to 9 days
10 to 19 days
20 to 29 days
All 30 days

41. During the past 30 days, how did you usually get your electronic vapor products? (Select only one response.)

- I did not use any electronic vapor products during the past 30 days
I got or bought them from a friend, family member, or someone else
I bought them myself in a vape shop or tobacco shop
I bought them myself in a convenience store, supermarket, discount store, or gas station
I bought them myself at a mall or shopping center kiosk or stand
I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
I took them from a store or another person
I got them some other way

42. What is the main reason you have used electronic vapor products? (Select only one response.)

- I have never used an electronic vapor product
Friend or family member used them
To get a high or buzz from nicotine
I was feeling anxious, stressed, or depressed
I was curious about them
They are less harmful than other forms of tobacco
They are available in flavors, such as mint, candy, fruit, or chocolate
I used them for some other reason

43. During the past 12 months, did you ever try to quit using electronic vapor products?

- I did not use electronic vapor products during the past 12 months
Yes
No



64. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
Yes
No

65. The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
Yes
No

66. The last time you had sexual intercourse with an opposite-sex partner, what one method did you or your partner use to prevent pregnancy? (Select only one response.)

- I have never had sexual intercourse with an opposite-sex partner
No method was used to prevent pregnancy
Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
Condoms
An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
Withdrawal or some other method
Not sure

67. During your life, with whom have you had sexual contact?

- I have never had sexual contact
Females
Males
Females and males

The next 2 questions ask about sexual and gender identity.

68. Which of the following best describes you?

- Heterosexual (straight)
Gay or lesbian
Bisexual
I describe my sexual identity some other way
I am not sure about my sexual identity (questioning)
I do not know what this question is asking

69. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- No, I am not transgender
Yes, I am transgender
I am not sure if I am transgender
I do not know what this question is asking





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58. During the past 30 days, how many times did you use fentanyl (also called Apache, dance fever, Goodfellas, jackpot, murder 8, Tango & Cash, TNT)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

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

- I did not use fentanyl during the past 30 days
- I got or bought it from a friend
- I got or bought it from a family member
- I got or bought it from someone else
- I gave someone else money to buy it for me
- I took it from another person
- I got it in some other way

**The next 8 questions ask about sexual behavior.**

60. Have you ever had sexual intercourse?

- Yes
- No

61. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

62. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

63. During the past 3 months, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

**The next 2 questions ask about other tobacco products.**

44. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do **not** count any electronic vapor products.)

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

45. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**The next question asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.**

46. During the past 12 months, did you ever try to quit using **all** tobacco products?

- I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
- Yes
- No

**The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

47. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older



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48. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

49. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

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**The next 5 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.**

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50. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

51. How old were you when you tried marijuana for the first time?

- I have never tried marijuana
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

52. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- 

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

- I did not use marijuana during the past 30 days
- I smoked it in a joint, bong, pipe, or blunt
- I ate it in food such as brownies, cakes, cookies, or candy
- I drank it in tea, cola, alcohol, or other drinks
- I vaporized it
- I dabbled it using waxes or concentrates
- I used it some other way

54. During the past 30 days, on how many days did you use an electronic vapor product to **vape marijuana** (also called pot or weed), including THC, THC concentrates, hash oil, or waxes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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**The next 5 questions ask about other drugs.**

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55. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

56. During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

57. During your life, how many times have you used fentanyl (also called Apache, dance fever, goodfellas, jackpot, murder 8, Tango & Cash, and TNT)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times