

The following questions seek information about your behavior in your lifetime, in the past year, and in the past thirty days.

8. During your lifetime, on how many occasions did you...

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
a. use energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour energy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use over-the-counter drugs or medications (such as cough syrup, caffeine pills, or sleep aids) in order to get high or drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use smokeless tobacco (dip, chew, snuff, or dissolvable tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. vape tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. vape something else that did not get you high (CBD, flavoring, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. drink one or more drinks of an alcoholic beverage (beer, wine, or hard liquor- for example, vodka, rum, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. drink alcoholic beverages (beer, wine, or hard liquor- for example, vodka, rum, whiskey, or gin) regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. drink 5 or more drinks of an alcoholic beverage at one time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. become drunk or very high from drinking alcohol (beer, wine, or hard liquor- for example, vodka, rum, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During your lifetime, on how many occasions did you...

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
k. smoke marijuana or cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. vape marijuana, cannabis, or THC concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. eat marijuana or cannabis in candies, treats, or other foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. vape another drug (besides tobacco or marijuana) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. use prescription pain relievers (such as OxyContin, Percocet, or Vicodin) not prescribed to you or differently from prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. use prescription stimulants (such as Ritalin, Adderall, or Concerta) not prescribed to you or differently from prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. use prescription tranquilizers (anti-anxiety medication, such as Xanax, Valium, or Ativan) not prescribed to you or differently from prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. use methamphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. use cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. use synthetic marijuana (K2 or Spice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. use inhalants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. use steroids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. use Ecstasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. During the past year, on how many occasions did you...

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
a. use energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour energy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use over-the-counter drugs or medications (such as cough syrup, caffeine pills, or sleep aids) in order to get high or drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use smokeless tobacco (dip, chew, snuff, or dissolvable tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. vape tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. vape something else that did not get you high (CBD, flavoring, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. drink one or more drinks of an alcoholic beverage (beer, wine, or hard liquor- for example, vodka, rum, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. drink alcoholic beverages (beer, wine or hard liquor- for example, vodka, rum, whiskey, or gin) regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. drink 5 or more drinks of an alcoholic beverage at one time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. become drunk or very high from drinking alcohol (beer, wine, or hard liquor- for example, vodka, rum whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year, on how many occasions did you...

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
k. smoke marijuana or cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. vape marijuana, cannabis, or THC concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. eat marijuana or cannabis in candies, treats, or other foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. vape another drug (besides tobacco or marijuana) to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. use prescription pain relievers (such as OxyContin, Percocet, or Vicodin) not prescribed to you or differently from prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. use prescription stimulants (such as Ritalin, Adderall, or Concerta) not prescribed to you or differently from prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. use prescription tranquilizers (anti-anxiety medication, such as Xanax, Valium, or Ativan) not prescribed to you or differently from prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. use methamphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. use cocaine or crack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. use synthetic marijuana (K2 or Spice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. If you used marijuana or cannabis during the past 30 days, did you use any other drugs or medications at the same time?

No
 Yes, some of the time
 Yes, but rarely
 Yes, most of the time
 I have not used marijuana or cannabis

a. tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. prescription pain relievers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. other prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. over the counter drugs (not requiring a prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. If you stopped using marijuana entirely, do you think you would use more, less or the same amount of any of the following to get drunk or high?

Don't know
 Use the same amount
 Use Less
 Use more
 I wouldn't use anything else
 I do not use marijuana or cannabis

a. tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. prescription pain relievers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. other prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. over the counter drugs (not requiring a prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. If you use marijuana or cannabis (weed, pot, hash, THC, oil, shatter, wax, dabs), how long do you usually stay high?

I don't use marijuana or cannabis
 I don't usually get high
 1-2 hours
 3-4 hours
 5-6 hours
 7-8 hours
 9 or more hours

18. During the past 30 days, have you seen an advertisement for marijuana or cannabis (weed, pot, hash, THC, oil, shatter, wax, dabs) products, or stores?

Yes
 No
 Not sure
 Don't know

a. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. On a billboard, poster or flyer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. On TV or radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. On a website, email or text message?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. On social media (Facebook, YouTube, Twitter, Snapchat, Instagram, TikTok)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. At a concert, festival, or sporting event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Outside stores (like signs or people wearing or waving signs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the past 30 days, did you ride in a car or other vehicle driven by a person who was using or had used marijuana within three hours?

Yes No

This next question asks about different types of gambling.

20. During the past year, on how many occasions (if any) have you...

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

a. played bingo, pull tabs, bell jars, or participated in raffles to win something of value?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. played cards (such as poker) to win money or something else of value?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. bet on bowling, pool, basketball, darts, or another game of skill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. gambled on fantasy sports teams or sporting events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. played the lottery, LOTTO, or scratch-off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. played dice games or bet on a coin toss to win something of value?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. played "the numbers" or Bolita?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. gambled on an arcade or video game?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. gambled on slot machines, poker machines, or other gaming machines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. bet on horses, dogs, or other animals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. gambled at a casino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. gambled over the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions ask about getting, buying, and using alcohol and other drugs.

21. If you wanted to, how easy would it be for you to get...

Very easy Sort of easy Sort of hard Very hard Don't know/Can't get

a. tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. beer, wine or hard liquor (for example, vodka, rum, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. a vaping pen or other device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. marijuana or cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. other drugs like cocaine, LSD, or amphetamines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. involved in gambling (betting money or something else of value on sports, cards, dice, lottery, internet gambling, bingo, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	A little bit wrong Not wrong at all	Wrong	Very wrong
a. smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. vape tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. use smokeless tobacco (dip, chew, snuff, or dissolvable tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. vape something that does not get you high (CBD, flavoring, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. drink alcoholic beverages - beer, wine, or hard liquor (for example, vodka, rum, whiskey, or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. be drunk or very high from drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. use marijuana or cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use prescription drugs not prescribed to you or other than prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use LSD, cocaine, amphetamines, or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No risk	Moderate risk	Slight risk	Great risk
a. smoke part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. vape tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use smokeless tobacco (dip, chew, snuff, or dissolvable tobacco)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. vape something that did not get them high (CBD, flavoring, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. drink one or two alcoholic beverages - beer, wine, or hard liquor (for example, vodka, rum whiskey, or gin) regularly (at least once or twice a month)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. get drunk or very high from drinking alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. smoke marijuana or cannabis once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. vape marijuana or cannabis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. eat marijuana or cannabis in candies, treats, or other foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. use prescription drugs that are not prescribed to them or other than prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. use LSD, cocaine, amphetamines or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions ask about conversations you may have had.

30. Do your parents (or guardians) talk with you about the problems of...

	Never	Sometimes	Often	A lot
a. tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. marijuana or cannabis use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. other drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Do your teachers talk with you about the problems of...

	Never	Sometimes	Often	A lot
a. tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. marijuana or cannabis use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. other drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. gambling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask you about how you have been feeling in the past year.

32a. 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

32b. During the past 12 months did you ever seriously consider attempting suicide?

Yes No

32c. During the past 12 months how many times did you actually attempt suicide?

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

32d. Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Yes No

