

2026 Indiana Youth Survey

7th – 12th Grade Instrument

Please choose your LANGUAGE:

English

Spanish

PLEASE READ:

We appreciate your participation in this survey.

The following questions seek your opinions on various aspects related to you, your friends, family, neighborhood, and community.

Your individual answers to the survey are anonymous, which means that no one will know how you answered. All of your answers will be kept strictly **confidential**. No IP addresses will be tracked. Student answers will be summarized in a report that will not include anyone's name or personally identifying information.

This survey is not a test, so there are no right or wrong answers. Your participation is completely **voluntary**. You can skip any questions that you do not want to answer. It is better to leave a question blank than to answer it randomly. If you do not want to participate in this survey, you don't have to enter the website.

Thank you for your cooperation!

Please enter the unique 8-digit school code and 4-digit passcode provided by your teacher.

8-digit School Code:

4-digit Passcode:

Please choose your GRADE:

6th grade

7-12th grade

The following questions ask about your PERSONAL AND FAMILY INFORMATION.

1. GRADE:

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

2. AGE:

- 10 years old or younger 11 years old 12 years old
 13 years old 14 years old 15 years old
 16 years old 17 years old 18 years or older

3. SEX:

- Male Female

4. Are you Hispanic or Latino?

- No Yes

5. RACE:

- White American Indian/Alaskan Native
 Black or African-American Race not known or other
 Asian More than one race
 Native Hawaiian/Pacific Islander

6. During any time in your life, has either of your parents or caregivers been sent to Iraq, Afghanistan, or other combat zone because they are in the military? (Military includes Army, Navy, Marines, Air Force, National Guard, and Reserves.)

- No Yes Not sure

7. During any time in your life, has either of your parents or caregivers served time in jail or prison?

- No Yes Not sure

The following questions ask about your **USE OF ALCOHOL AND OTHER DRUGS.**

8. How many times in the last month (30 days) have you used ... ?

	Never	1-5 times	6-19 times	20-39 times	40 times or more
Cigarettes	<input type="radio"/>				
Smokeless tobacco (pouches, chew, snuff, etc.)	<input type="radio"/>				
Cigars	<input type="radio"/>				
Pipe (tobacco used in pipe, water-pipe, hookah)	<input type="radio"/>				
Electronic vapor products (e-cigarettes, vaping pens, e-hookahs, etc.)	<input type="radio"/>				
<i>FOR STUDENTS WHO INDICATED VAPING DURING THE PAST MONTH ONLY:</i>					
How many times have you vaped the following substances in the past month (30 days)?					
Tobacco/Nicotine	<input type="radio"/>				
Marijuana/THC	<input type="radio"/>				
CBD/CBD oil	<input type="radio"/>				
Synthetic marijuana (K2, Spice, delta-8, etc.)	<input type="radio"/>				
Alcohol	<input type="radio"/>				
Flavoring only	<input type="radio"/>				
Other	<input type="radio"/>				
Alcohol (beer, wine, hard liquor, seltzer)	<input type="radio"/>				
Marijuana/Cannabis (smoked, vaped, ate, drank, dabbed, etc.)	<input type="radio"/>				
<i>FOR STUDENTS WHO INDICATED USING MARIJUANA DURING THE PAST MONTH ONLY:</i>					
How many times have you used marijuana/cannabis in the following ways in the past month (30 days)?					
Smoked it (in a joint, bong, blunt, pipe, etc.)	<input type="radio"/>				
Vaped it (in an e-cigarette-like vaporizer or another vaporizing device)	<input type="radio"/>				
Ate it (in brownies, cakes, cookies, gummies, etc.)	<input type="radio"/>				
Drank it (in tea, cola, alcohol, etc.)	<input type="radio"/>				
Dabbed it (using waxes, concentrates, etc.)	<input type="radio"/>				
Synthetic marijuana (K2, Spice, Katie)	<input type="radio"/>				
Cocaine/crack (coke, blow, snow, rock, girl)	<input type="radio"/>				
Inhalants (whip-its, huffing, puffs, aerosol spray can, etc.)	<input type="radio"/>				
Methamphetamines (meth, crystal, speed, ice, crank)	<input type="radio"/>				
Cabeniferol (Cabbies)	<input type="radio"/>				

Heroin (dope, smack, H, boy)	<input type="radio"/>				
Hallucinogens/Ecstasy (mushrooms, shrooms, Molly, X, E, LSD, MDMA, acid, rc's)	<input type="radio"/>				
Prescription painkillers (OxyContin, Vicodin, Codeine, etc.) not prescribed to you	<input type="radio"/>				
Prescription stimulants (Adderall, Ritalin, etc.) not prescribed to you	<input type="radio"/>				
Prescription sedatives (Xanax, Valium, etc.) not prescribed to you	<input type="radio"/>				
Over-the-counter drugs (like cough syrup, DXM, etc.) to get high	<input type="radio"/>				

9. How old were you when you first used ...?

	Never used	10 or younger	11	12	13	14	15	16	17 or older
Cigarettes	<input type="radio"/>								
Electronic vapor products (e-cigarettes, vaping pens, etc.)	<input type="radio"/>								
Alcohol (beer, wine, hard liquor, seltzer)	<input type="radio"/>								
Marijuana/Cannabis (smoked, vaped, ate, drank, dabbed, etc.)	<input type="radio"/>								
Inhalants (whip-its, huffing, puffs, aerosol spray can, etc.)	<input type="radio"/>								
Cabenerferol (Cabbies)	<input type="radio"/>								
Prescription drugs (like OxyContin, Xanax, Vicodin, Adderall, etc.) not prescribed to you	<input type="radio"/>								

10. Think back over the LAST TWO WEEKS. How many times have you had 5 or more alcoholic drinks in a row? (One drink is defined as a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)

- 0 times Once Twice
 3 to 5 times 6 to 9 times 10 or more times

11. During the past year, how did you get your alcohol? CHECK ALL THAT APPLY.

- I did not drink alcohol during the past year.
 I got it at a party.
 My parent/caregiver gave it to me.
 Some other family member gave it to me.
 I gave someone money to buy it for me.
 A person 21 years old or older gave it to me.
 A person under 21 years old gave it to me.
 I took it from home, someone else's house, or a store (without them knowing).

- I bought it at a store.
- I bought it at a restaurant, bar, or club.
- I bought it at a public event (concert, sporting event).
- I got it some other way.

12. During the past year, where did you get or buy electronic vapor products? CHECK ALL THAT APPLY.

- I did not use electronic vapor products during the past year.
- A gas station or convenience store
- A grocery store
- A drugstore
- A mall or shopping center kiosk/stand
- On the Internet
- A vape shop or other store that only sells e-cigarettes
- From a family member
- From a friend
- From some other person that is not a family member or a friend
- At a party
- Some other place not listed here

13. During the past year, how did you get your marijuana/cannabis? CHECK ALL THAT APPLY.

- I did not use marijuana/cannabis during the past year.
- I got it at a party.
- I got it from friends.
- I got it from an older brother or sister.
- I bought it from a store.
- I stole it from a store.
- I gave money to someone to get it for me.
- I took it from home without my parents/caregivers' permission.
- I got it at home with my parents/caregivers' permission.
- I bought it on the internet.
- I got it some other way.

14. During the past year, how did you get your prescription drugs that were used to get high? CHECK ALL THAT APPLY.

- I did not use prescription drugs to get high during the past year.
- They were prescribed to me.
- My parents/caregivers gave them to me.
- Someone other than my parents/caregivers gave them to me (friend, relative, friend's parent/caregiver, etc.).
- I took them from home without the knowledge of my parents/caregivers.
- I got it at a party.
- I bought them from someone (friend, relative, stranger, etc.).

- I bought them on the internet.
- I took them from someone else without their knowledge.
- I got them some other way.

15. Please answer the following questions:

	Never used alcohol or drugs	No	Yes
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever use alcohol or drugs while you are by yourself, or alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever forget things you did while using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

- No Yes

17. How many times have you experienced the following due to your drinking or drug use during the past year?

	Never	Once	Twice	3-5 times	6-10 times	11 times or more
Performed poorly on a test or project	<input type="radio"/>					
Missed class	<input type="radio"/>					

	Never	Occasionally	Frequently
Not sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/parent issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt guilty or bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your GAMBLING.

18. During the past 12 months, how often have you gambled (bet money or valuables on an uncertain outcome) in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
Casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lottery, including scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse track betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card games (not at a casino)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pools (e.g. March Madness Brackets, Super Bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video game in app purchases (e.g. loot boxes, mystery boxes, Loot Crates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sports betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online gambling games (e.g., poker, casino-style games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online sports betting (e.g. FanDuel, DraftKings, BetMGM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive video gaming (Esports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable gambling (raffle tickets, bingo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. When you gamble, what is your **most common reason** for gambling?

- I do not gamble.
- A source of entertainment or fun
- A source of excitement or challenge
- A way to socialize with friends
- A way to get rich
- A source of money to use for paying bills
- A source of money to support charities
- A hobby
- An escape or distraction from everyday problems
- Other

20. How often have you experienced the following consequences due to your gambling?

	Never	Occasionally	Frequently
Not sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/parent issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt guilty or bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about what you THINK OR FEEL.

21. Please answer the following questions:

	No	Yes
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?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

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

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try marijuana once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana once or twice per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcoholic beverage once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How wrong do you think it is for SOMEONE YOUR AGE to ... ?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Drink beer, wine or hard liquor (for example vodka, 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"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use LSD, cocaine, amphetamines or another illegal drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Smoke tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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25. What are the chances you would be seen as cool if you ... ?

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
Smoked cigarettes	<input type="radio"/>				
Began drinking alcoholic beverages regularly, that is, at least once or twice a month	<input type="radio"/>				
Used marijuana	<input type="radio"/>				
Carried a handgun	<input type="radio"/>				

26. How wrong do your parents/caregivers feel it would be for you to ...?

	Very wrong	Wrong	A little bit wrong	Not at all wrong
Have one or two drinks of an alcoholic beverage nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, wine or hard liquor (for example vodka, whiskey, or gin) regularly (at least once or twice a month)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steal something worth more than \$5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick a fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your SCHOOL EXPERIENCES.

INSTRUCTION:

Choose the big **YES!!** if you think the statement is DEFINITELY TRUE for you.

Choose the little **yes** if you think the statement is MOSTLY TRUE for you.

Choose the little **no** if you think the statement is MOSTLY NOT TRUE for you.

Choose the big **NO!!** if you think the statement is DEFINITELY NOT TRUE for you.

27. Please answer the following questions:

	YES!	yes	no	NO!
In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How often do you feel that the schoolwork you are assigned is meaningful and important?

- Almost always
- Often
- Sometimes
- Seldom
- Never

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

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

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.

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

- Yes No

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

- Yes No

The following questions ask about your FAMILY AND FRIENDS.

36. Please answer the following questions:

	YES!	yes	no	NO!
The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/caregivers ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not at home, one of my parents/caregivers knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/caregivers ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Please answer the following questions:

	YES!	yes	no	NO!
If I had a personal problem, I could ask my parents/caregivers for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/caregivers give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your parents/caregivers know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drank some beer or wine or hard liquor (for example, vodka, whiskey, or gin) without your parents/caregivers' permission, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you carried a handgun without your parents/caregivers' permission, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you skipped school, would you be caught by your parents/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your mother/caregiver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you enjoy spending time with your father/caregiver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Please answer the following questions:

	All the time	Often	Sometimes	Never or almost never
My parents/caregivers notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your parents/caregivers tell you they're proud of you for something you've done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	None	1	2	3	4
Participated in clubs, organizations, or activities at school	<input type="radio"/>				
Made a commitment to stay drug-free	<input type="radio"/>				
Liked school	<input type="radio"/>				
Regularly attended religious services	<input type="radio"/>				
Tried to do well in school	<input type="radio"/>				

40. How easy would it be for you to get ... ?

	Very hard	Sort of hard	Sort of easy	Very easy
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, wine or hard liquor (for example, vodka, whiskey or gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A drug like cocaine, LSD or amphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. In the past month (30 days), approximately WHAT PERCENTAGE of students in your school do you think used...

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Alcohol	<input type="radio"/>										
Cigarettes	<input type="radio"/>										
Marijuana	<input type="radio"/>										
Prescription drugs	<input type="radio"/>										

The following questions ask about your NEIGHBORHOOD AND COMMUNITY.

42. These questions ask about the neighborhood and community where you live.

	YES!	yes	no	NO!
If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid used marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a kid smoked a cigarette in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Please answer the following questions:

	YES!	yes	no	NO!
My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very wrong	Wrong	A little bit wrong	Not at all wrong
To use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. During the past 12 months, have you seen any "What's Your Side Effect" messages in your school?

- No
 Yes
 Not sure

46. The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

How often do you use social media?

- I do not use social media
- A few times a month
- About once a week
- A few times a week
- About once a day
- Several times a day
- About once an hour
- More than once an hour

47. How truthfully have you answered these questions?

- Not truthfully at all
- Somewhat truthfully
- Completely truthfully

ADDITIONAL QUESTIONS

If your teacher gives you additional questions, please answer them using the spaces below.

	A	B	C	D	E	F	G	H
1.	<input type="radio"/>							
2.	<input type="radio"/>							
3.	<input type="radio"/>							
4.	<input type="radio"/>							
5.	<input type="radio"/>							
6.	<input type="radio"/>							
7.	<input type="radio"/>							
8.	<input type="radio"/>							
9.	<input type="radio"/>							
10.	<input type="radio"/>							
11.	<input type="radio"/>							
12.	<input type="radio"/>							
13.	<input type="radio"/>							
14.	<input type="radio"/>							
15.	<input type="radio"/>							

Thank you for your participation!