

Please help us make students healthier and safer by taking this survey. Your answers will help us understand what we can do to help you do better.

**This is NOT a test. There are no right or wrong answers.
You don't have to take the survey if you don't want to.**



Helping all youth to be happy, healthy and resilient

Do not write your name anywhere.

No one will know how you answer.

Please be honest. You don't have to answer any question you don't want to. If an answer doesn't fit exactly, choose the one that's closest. If you don't know what a question means, it's okay to skip it.

How to fill in the bubbles:

Please mark the bubble you choose by filling it in completely with a pencil.
If you make a mistake, erase it completely and fill it in correctly.

Mark answers like this:



NOT like this:



Please tell us about yourself.

-
1. What's your grade?
 - A. 7th grade
 - B. 8th grade
 - C. 9th grade
 - D. 10th grade
 - E. 11th grade
 - F. 12th grade
 - G. Other grade

 2. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old
 - H. 19 years old or older

-
3. What is your race or ethnicity? **(Select one or more responses).**
- A. Hispanic or Latino/Latina/Latinx
 - B. Black or African American
 - C. American Indian/Native American
 - D. Alaska Native
 - E. Asian Indian
 - F. Chinese
 - G. Filipino/a/x
 - H. Japanese
 - I. Korean
 - J. Vietnamese
 - K. Other Asian
 - L. Native Hawaiian
 - M. Other Pacific Islander
 - N. Middle Eastern or North African
 - O. White
 - P. Something else **(Specify)** _____
 - Q. Don't know/Not sure

-
4. If you selected more than one race or ethnicity, which one **best** describes you?
- Q. Only one selected in previous question
 - R. Multi-racial/No single race best describes me
 - A. Hispanic or Latino/Latina/Latinx?
 - B. Black or African American
 - C. American Indian/Native American
 - D. Alaska Native
 - E. Asian Indian
 - F. Chinese
 - G. Filipino/a
 - H. Japanese
 - I. Korean
 - J. Vietnamese
 - K. Other Asian
 - L. Native Hawaiian
 - M. Other Pacific Islander
 - N. Middle Eastern or North African
 - O. White
 - P. Something else (**Specify**) _____
 - Q. Prefer not to say

-
5. Are you enrolled in any of the following tribes?
- A. I am not enrolled in a tribe
 - B. Burns Paiute Tribe
 - C. Coquille Indian Tribe
 - D. Cow Creek Band of Umpqua Tribe of Indians
 - E. Confederated Tribes of Grand Ronde
 - F. Klamath Tribes
 - G. Confederated Tribes of Umatilla Indian Reservation
 - H. Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians
 - I. Confederated Tribes of Siletz Indians
 - J. Confederated of Warm Springs
 - K. Something else (**Specify**) _____

6. What is the language you use most often at home?
- A. English
 - B. Spanish
 - C. Mandarin
 - D. Cantonese
 - E. Russian
 - F. Vietnamese
 - G. American Indian/Alaska Native tribal language
 - H. ASL, PSE, tactile interpreting, etc.
 - I. Another language (**Specify**) _____

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Example

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

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

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet. If you weigh less than 100 pounds, please write 0 (zero) in the first column and fill in the matching circle (0).

Example

Weight		
Pounds		
1	6	5
0	0	0
●	1	1
2	2	2
3	3	3
4	4	4
5	5	●
6	●	6
7	7	7
8	8	8
9	9	9

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

9. Please tell us your zip code where you live most of the time.

Directions: Write the 5 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number.

Zip code				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

-
10. What was your sex at birth?
- A. Female
 - B. Male
 - C. Intersex and/or my sex was unclear at birth
 - D. I do not know what this question is asking
-
11. How do you identify? **(Select one or more responses).**
- A. Female
 - B. Male
 - C. Transgender/Trans Female
 - D. Transgender/Trans Male
 - E. Gender nonconforming
 - F. Something else fits better **(Specify)** _____
 - G. I am not sure of my gender identity
 - H. I do not know what this question is asking
-
12. Do you think of yourself as...
- A. Lesbian or gay
 - B. Straight or heterosexual
 - C. Bisexual
 - D. Something else **(Specify)** _____
 - E. Don't know /Not sure

The next questions will help us look at differences in health based on social and economic factors.

13. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- A. Yes
 - B. No
-

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

- A. In my parent's or guardian's home
 - B. 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
 - C. In a shelter or emergency housing
 - D. In a motel or hotel
 - E. In a car, park, campground, or other public place
 - F. I do not have a usual place to sleep
 - G. Somewhere else
-

15. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- A. Yes
 - B. No
-

16. Do you receive free or reduced-price lunches at school?

- A. Yes
 - B. No
 - C. Don't Know
-

17. Have you ever spent time in foster care?

- A. Yes
 - B. No
 - C. Don't Know
-

The next questions are about health or learning conditions you may have.

-
18. Are you deaf or do you have serious difficulty hearing?
A. Yes
B. No
-
19. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
A. Yes
B. No
-
20. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
A. Yes
B. No
-
21. Do you have serious difficulty walking or climbing stairs?
A. Yes
B. No
-
22. Do you have difficulty dressing or bathing?
A. Yes
B. No

The next questions are about your health and health care.

-
23. Would you say that in general your **physical health** is...
- A. Excellent
 - B. Very good
 - C. Good
 - D. Fair
 - E. Poor
-
24. Would you say that in general your **emotional and mental health** is...
- A. Excellent
 - B. Very good
 - C. Good
 - D. Fair
 - E. Poor
-
25. When did you last go to a doctor or nurse practitioner for a check-up when you were not sick or injured?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
-
26. This past year, many youth and families in Oregon were affected by the Coronavirus (also known as COVID-19). Did you experience any of the following due to the coronavirus or coronavirus symptoms? **(Select one or more responses).**
- A. I was sick with the coronavirus or coronavirus symptoms
 - B. I had to go to the hospital because of the coronavirus or coronavirus symptoms
 - C. THIS SPACE INTENTIONALLY BLANK
 - D. One or more people living in my home lost their job
 - E. I had to move or change homes
 - F. I had to eat less food than I thought I should
 - G. I felt sad or hopeless almost every day for at least two weeks in a row
 - H. I felt anxious, nervous or on edge
 - I. I seriously considered attempting suicide
 - J. I had difficulty keeping up with school work because I didn't have access to a reliable computer or internet service
 - K. Something else **(Specify)** _____
 - L. None of these

-
27. During the past 12 months, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- A. Yes
 - B. No
-
28. Was this because you couldn't access a health care provider during the coronavirus?
- A. Yes
 - B. No
 - C. Don't know/Not sure
-
29. During the past 12 months, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- A. Yes
 - B. No
-
30. Was this because you couldn't access a health care provider during the coronavirus?
- A. Yes
 - B. No
 - C. Don't know/Not sure
-
31. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? (**Select one or more responses**).
- A. Yes – during school hours
 - B. Yes – during the summer
 - C. Yes – on the weekend or before/after school
 - D. No
 - E. Don't know/Not sure

-
32. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Don't know/Not sure
-
33. Have you ever had a cavity? **(Select one or more responses.)**
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. I have never had a cavity
 - E. Don't know/Not sure
-
34. During the past 12 months, did you miss one or more hours of school due to any of the following reasons? **(Select one or more responses.)**
- A. I had a toothache or painful tooth
 - B. My mouth was hurting
 - C. I had to go to the dentist because of tooth or mouth pain (Do **not** include regular check-up visits.)
 - D. I had to go to the hospital emergency room because of tooth or mouth pain
 - E. I had a mouth injury from playing a sport
 - F. I did not miss school for any of these reasons
-
35. If you had a physical or mental health care problem during the school day, who would you go to at your school for help? **(Select one or more responses).**
- A. School counselor
 - B. School-Based Health Center (SBHC)
 - C. School nurse
 - D. School secretary/office staff
 - E. Mental health therapist at your school
 - F. Principal or vice principal
 - G. Teacher
 - H. Other adult at school **(Specify)** _____
 - I. No one
 - J. I don't know

The next question is about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

36. In the past 12 months, have you used a School-Based Health Center (SBHC) **at your school?**
- A. Yes
 - B. No
 - C. Don't know

-
37. Why haven't you used the SBHC at your school? **(Select one or more responses).**

- N. My school does not have a SBHC
- A. I haven't used an SBHC in the past 12 months
- B. I haven't had any health care needs
- C. I get my health care somewhere else
- D. My parent/guardian wouldn't give me permission to go
- E. I didn't know it existed at the time
- F. I tried but couldn't get an appointment
- G. I've heard bad things about the SBHC
- H. I didn't want my parents to find out
- I. I didn't think the SBHC could help me
- J. I was worried about privacy
- K. I would be too embarrassed
- L. Other
- M. I don't know

The next questions ask about school and grades.

38. During the past 12 months, how many days of school did you miss for any reason?
- A. None
 - B. 1-2 days
 - C. 3-5 days
 - D. 6-10 days
 - E. 11-15 days
 - F. 16 or more days
-
39. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

For these statements, mark how true you feel each is for you.

-
40. I can do most things if I try.
- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true

-
41. There is at least one teacher or other adult in my school that really cares about me.
- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true

-
42. I volunteer to help others in my community.
- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true

-
43. I can work out my problems.
- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true

**How strongly do you agree or disagree with the following statements about this school?
(Mark only one response).**

-
44. If I am absent, there is a teacher or another adult at school that will notice my absence.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
45. At this school, students work on listening to others to understand what they are trying to say.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
46. I am happy to be at this school.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
47. In my classes I am often distracted from doing schoolwork because other students are misbehaving, for example, talking or fighting.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
48. Adults in my school respect people from different backgrounds (for example, people of different races, ethnicities, cultures, religions, genders, sexual orientation or disabilities).
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

49. At this school, there is conflict or tension based on race, ethnicity, culture, religion, gender, sexual orientation or disability.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

The following question asks about personal safety.

-
50. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
-
51. Outside of school hours, there is a safe place or person I can go to if I need help.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
52. Students at this school carry guns or knives to school.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

The next questions ask about bullying.

If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet for details.

-
53. During the past 30 days, have you been bullied by another student using any kind of **technology**, such as texting, using the Internet or apps (messaging, social media, games, livestreaming, etc.)?
- A. Yes
 - B. No
-
54. During the past 30 days, have you ever been bullied **AT SCHOOL** (including any school events, or on the way to or from school) in relation to any of the following issues? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.). **(Select one or more responses.)**
- A. I have not been bullied at school
 - B. Bullied about Your race or ethnic origin
 - C. Unwanted sexual comments or attention
 - D. Bullied because Someone thought you were gay, lesbian, bisexual, or transgender
 - E. Bullied about Your weight, clothes, acne, or other physical characteristics
 - F. Bullied about Your group of friends
 - G. Bullied about a physical, mental or emotional disability
 - H. Bullied for other reasons
-
55. During the past 12 months, have you ever bullied someone in person or through any kind of technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.).
- A. Yes
 - B. No

The next questions ask about sad feelings, self-harm 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.

If you or someone you know is in crisis and needs help:

- Call 24/7: **800-273-8255**
- Text: **273TALK to 839863**

Please see the Support Resource Sheet for more free, confidential and anonymous help.

-
56. During the past 30 days, how often have you been bothered by feeling nervous, anxious or on edge?
- Not at all
 - Several days
 - More than half the days
 - Nearly every day
-
57. 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
-
58. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
-
59. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
 - No
-
60. 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
-

We care about you and your safety.

Suicide affects us all. More people die by suicide than car accidents each year, and firearms are the most common way that people take their own lives. The next question will help us learn more about safety and gun access.

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61. How long would it take you to get and be ready to fire a loaded gun? 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.
- A. I could not get a loaded gun
 - B. Less than 10 minutes
 - C. 10 or more minutes, but less than 1 hour
 - D. 1 or more hours, but less than 4 hours
 - E. 4 or more hours, but less than 24 hours
 - F. 24 or more hours

Health and wellness can be affected by difficult life experiences. These questions might be hard to answer and may bring up difficult feelings and emotions. Please remember, you don't have to answer any question you don't want to. A resource sheet is available for you if you or someone you know needs help.

62. Have you ever had to wear dirty clothes?

- A. Yes
- B. No

63. Have you ever experienced not having enough to eat?

- A. Yes
- B. No

64. Have you ever had a household member who was mentally ill or depressed?

- A. Yes
- B. No

65. Have you ever lived with someone who had a problem with drinking or using drugs?

- A. Yes
- B. No

66. Have you ever had a household member go to jail/prison or be deported?

- A. Yes
- B. No

67. Have you ever experienced the death of a very close friend or family member?

- A. Yes
- B. No

68. Have you ever felt that you had no one to protect you?

- A. Yes
- B. No

The next section asks 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.

69. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
70. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
71. During the past 7 days, how many times did you eat **vegetables**?
- A. I did not eat vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

-
72. During the past 7 days how many times did you drink **soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop)
- A. 0 times in past 7 days
 - B. 1 to 3 times in past 7 days
 - C. 4 to 6 times in past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
73. During the past 7 days, how many times did you drink other sugar-sweetened beverages such as Kool Aid and lemonade, sweet tea, flavored milk, and sports or energy drinks such as Gatorade and Red Bull? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks?
- A. 0 times in past 7 days
 - B. 1 to 3 times in past 7 days
 - C. 4 to 6 times in past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
74. During the past 7 days, did you visit a convenience store such as 7-Eleven, Plaid Pantry, Circle K, a mini-mart, or a gas station store?
- A. Yes
 - B. No

The next questions are about physical activity.

75. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
-
76. Why don't you walk or bike to/from school? (**Select one or more responses**).
- A. Does not apply (I **do** walk or bike to/from school)
 - B. Distance (the school is too far away)
 - C. Streets or sidewalks are unsafe for walking or biking
 - D. Worry about being harassed or bothered by other people
 - E. Coordination with other students' schedules
 - F. Extracurricular activities
 - G. Parent/guardian work schedule
 - H. Don't own a bicycle
 - I. Physical limitations
 - J. Something else (**Specify**) _____

The next questions ask about sexual health. Remember that the answers you give will be kept private. There are no right or wrong answers. If you are not comfortable answering a question, you can leave it blank.

77. Have you ever had sex?

- A. Yes
- B. No

78. How old were you when you had sex-for the **first time**?

- A. I have never had sex
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

79. During your life, with how many people have you had sex?

- A. I have never had sex
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

80. The **last time** you had sex, did you or your partner use a condom?

- A. I have never had sex
- B. Yes
- C. No

-
81. The **last time** you had sex, what method(s) did you or your partner use to **prevent pregnancy?** (Select one or more responses.)
- A. I have never had sex
 - B. IUD (intrauterine device such as Mirena or Paragard)
 - C. Contraceptive implant (Implanon or Nexplanon)
 - D. Depo-Provera (injectable birth control)
 - E. Birth control pills
 - F. Contraceptive patch
 - G. Contraceptive ring
 - H. Condoms
 - I. Withdrawal
 - J. Emergency contraception (morning after pill)
 - K. Some other method SEXBCOTHER
 - L. No method was used to prevent pregnancy
 - M. Not sure
-
82. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?
- A. Yes
 - B. No
 - C. Not sure
-
83. Have you ever been taught in school about how to use birth control methods or where to get birth control?
- A. Yes
 - B. No
 - C. Not sure
-
84. Have you ever been taught in school about healthy and respectful relationships?
- A. Yes
 - B. No
 - C. Not sure
-

The next section asks about gambling.

85. Gambling involves betting anything of value (money, a watch, a soda, etc.) on a game or event. Please choose ALL the types of gambling that you have bet on during the last 30 days.
- A. I did not gamble in the last 30 days
 - B. Sporting events where I was not playing including fantasy sports
 - C. Skill games where I was playing (sports, cards, dares, dice, video games, etc.)
 - D. Lottery games (scratch offs, PowerBall®, Megabucks™, etc.)
 - E. Internet/online gambling activities (e-sports, casino games, sports betting, etc.)
 - F. Other activities where I bet or gambled
-
86. During the last 12 months, have you ... **(You can choose more than one answer)**
- A. I did not gamble or bet in the past 12 months
 - B. Felt bad about the amount of money you bet, or what happens when you gamble or bet
 - C. Gone back another day to try to win back money you lost gambling
 - D. Thought about or planned your gambling or betting activities
 - E. Borrowed money from someone to gamble and not paid it back
 - F. Had any problems, such as arguments with family and friends, or problems at school or work due to your gambling

The next questions ask about drinking alcohol. This includes drinking beer, wine, flavored beverages such as Mike’s Hard Lemonade, and liquor “shots” such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

87. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old
 - I. 15 years old
 - J. 16 years old
 - K. 17 years old or older
-
88. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
-
89. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more day
-

-
90. During the past 30 days, from which of the following sources did you usually get the alcohol you drank? **Select one or more responses.**
- A. I did not drink alcohol in the past 30 days
 - B. Friends under 21
 - C. Friends 21 or older
 - D. A parent or guardian, **with** their permission
 - E. A parent or guardian, **without** their permission
 - F. A store, gas station, restaurant or bar
 - G. A public event such as a concert or sporting event
 - H. I got it some other way
-
91. During the past 30 days, how many times did you ride in a car or other vehicle driven by a teenager who had been drinking alcohol?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next questions ask about tobacco use.

During the past 30 days, on how many days did you ...	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
92. Smoke cigarettes?	A	B	C	D	E	F	G
93. Use e-cigarettes or other vaping products, such as Juul?	A	B	C	D	E	F	G
94. Use chewing tobacco, snus, snuff, or dip, such as Skoal or Copenhagen?	A	B	C	D	E	F	G
95. Use little cigars or cigarillos, hookahs, or large cigars?	A	B	C	D	E	F	G

96. During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana. ^{SMKFLAV}
- A. Yes
 - B. No

97. The very first time you used **any tobacco or vaping** product (including e-cigarettes), which type of product did you use?
- A. I have never used any tobacco or vaping product
 - B. Cigarette
 - C. Chewing tobacco
 - D. Cigarillo or small cigar
 - E. Large cigar
 - F. Hookah
 - G. E-cigarette or other vaping product
 - H. Another type of product

98. During the past 30 days, from which of the following sources did you get tobacco or vaping products? **(Select one or more responses.)**
- A. I did not get tobacco or vaping products during the past 30 days
 - B. A store or gas station
 - C. Friends or family members 21 or older
 - D. Friends or family members under 21
 - E. The Internet
 - F. Some other source

The next section asks about marijuana (also called pot, weed or cannabis).

99. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old
 - I. 15 years old
 - J. 16 years old
 - K. 17 years old or older
-
100. During the past 30 days, on how many days did you use marijuana?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 or more days
-
101. During the past 30 days, if you used marijuana, how did you use it? **(Select one or more responses.)**
- A. I did not use marijuana during the past 30 days
 - B. Smoked it (in a joint, bong, pipe, blunt)
 - C. Vaped it (e.g., vape pen)
 - D. Ate it (in brownies, cakes, cookies, candy)
 - E. Drank it (tea, cola, alcohol)
 - F. Dabbed it
 - G. Used in some other way
-
102. During the past 30 days, have you seen an advertisement for marijuana products or stores on billboards, on a storefront, on the sidewalk (like signs or people wearing or waving signs), or online? ADMJX
- A. Yes
 - B. No
 - C. Don't know/Not sure
-

The next questions ask about the use of other drugs.

103. During the past 30 days, on how many days have you taken prescription medicine without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
-
104. If you took prescription medicine without a doctor's prescription or differently than how a doctor told you to use it, were any of them opioids, such as oxycodone/OxyContin, Percocet, Vicodin/hydrocodone or codeine?
- A. I did not take prescription medications without a doctor's prescription or differently than how a doctor told me to use it
 - B. Yes (they were opioids)
 - C. No (they were not opioids)
 - D. Don't know/Not sure if they were opioids
-
105. During the past 30 days, have you used any drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?
- A. Yes
 - B. No

The following questions ask about what you, your parents, and your friends think about alcohol, tobacco, and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
106. Have five or more drinks of an alcoholic beverage once or twice a week?	A	B	C	D
107. Smoke one or more packs of cigarettes per day?	A	B	C	D
108. Use marijuana regularly (once or twice a week)	A	B	C	D
109. Use prescription drugs that are not prescribed to them?	A	B	C	D

If you wanted to get some, how easy would it be for you to get ...	Very easy	Sort of easy	Sort of hard	Very hard
110. Beer, wine or hard liquor (for example, vodka, whiskey or gin)?	A	B	C	D
111. Cigarettes?	A	B	C	D
112. E-cigarettes or other vaping products, such as Juul?	A	B	C	D
113. Marijuana?	A	B	C	D
114. Prescription drugs not prescribed to you?	A	B	C	D

How wrong do your parents feel it would be for you to ...		Not wrong at all	A little bit wrong	Wrong	Very wrong
115.	Have one or two drinks of an alcoholic beverage nearly every day?	A	B	C	D
116.	Smoke cigarettes?	A	B	C	D
117.	Use marijuana?	A	B	C	D
118.	Use prescription drugs not prescribed to you?	A	B	C	D

How wrong do your friends feel it would be for you to ...		Not wrong at all	A little bit wrong	Wrong	Very wrong
119.	Have one or two drinks of an alcoholic beverage nearly every day?	A	B	C	D
120.	Smoke cigarettes?	A	B	C	D
121.	Use marijuana?	A	B	C	D
122.	Use prescription drugs not prescribed to you?	A	B	C	D

That's the end of the survey.

Thank you for your participation.

You can get this document in other languages, large print, braille or a format you prefer. Contact Renee Boyd at 971-673-1145 or email renee.k.boyd@state.or.us. We accept all relay calls or you can dial 711.