Your responses are very important to us, and we would like your opinion on these issues. All your responses will be strictly confidential.

RIGHT NOW, please put the private code you were given here AND put it on the other pages of this survey.

1. How much do you think people risk harming themselves physically and in other ways when they . . .

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Smoke one or more packs of cigarettes per day?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b) Use e-cigarettes or vaping pens daily (e.g., JUULs)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c) Use marijuana once or twice per week?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d) Have five or more drinks of an alcoholic beverage within a short period once or twice a week?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e) Use prescription drugs without a doctor’s prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f) Use prescription pain pills (e.g., OxyContin, Vicodin, etc.) not prescribed to them?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

2. How wrong do you think it is for someone your age to...

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all wrong</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Drink beer, wine or hard liquor (e.g., vodka, whiskey or gin)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b) Smoke cigarettes?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c) Smoke e-cigarettes or vaping pens (e.g. JUULs)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d) Use marijuana?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e) Use prescription drugs without a doctor’s prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f) Use prescription pain pills (e.g., OxyContin, Vicodin, etc.) not prescribed to them?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
3. How wrong do you think your parents feel it would be for YOU to...

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all wrong</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Have one or two drinks of an alcoholic beverage nearly every day?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b) Smoke cigarettes?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c) Use e-cigarettes or vaping pens (e.g. JUULs)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d) Use marijuana?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e) Use prescription drugs without a doctor's prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f) Use prescription pain pills (e.g., OxyContin, Vicodin, etc.) not prescribed to you?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

4. How wrong do your friends feel it would be for YOU to...

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all wrong</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very Wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Have one or two drinks of an alcoholic beverage nearly every day?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b) Smoke cigarettes?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c) Use e-cigarettes or vaping pens (e.g. JUULs)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d) Use marijuana?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e) Use prescription drugs not prescribed to you?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f) Use prescription pain pills (e.g., OxyContin, Vicodin, etc.) not prescribed to you?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

5. Please respond to the following questions and statements about decision-making.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Sometimes, but not often</th>
<th>Often</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) How often do you stop to think about your options before you make a decision?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b) How often do you stop to think about how your decisions may affect others’ feelings?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c) How often do you stop and think about all of the things that may happen as a result of your decisions?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d) I make good decisions.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
6. During the past 30 days, have you...

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) used chewing tobacco, snuff or dip?</td>
<td>[ ]</td>
</tr>
<tr>
<td>b) smoked cigarettes?</td>
<td>[ ]</td>
</tr>
<tr>
<td>c) smoked e-cigarettes or vapes (e.g. JUULs)?</td>
<td>[ ]</td>
</tr>
<tr>
<td>d) had alcoholic beverages (beer, wine, or hard liquor) - more than just a few sips?</td>
<td>[ ]</td>
</tr>
<tr>
<td>e) used marijuana (weed, pot), edibles, or hashish (hash, hash oil)?</td>
<td>[ ]</td>
</tr>
<tr>
<td>f) used prescription drugs without a doctor’s prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)</td>
<td>[ ]</td>
</tr>
<tr>
<td>g) used prescription pain pills (e.g., OxyContin, Vicodin, etc.) without a doctor’s prescription?</td>
<td>[ ]</td>
</tr>
<tr>
<td>h) used heroin or fentanyl?</td>
<td>[ ]</td>
</tr>
<tr>
<td>i) used cocaine?</td>
<td>[ ]</td>
</tr>
<tr>
<td>j) used other illegal drugs such as LSD (acid), amphetamines, methamphetamines, or Ecstasy (MDMA)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

7. Think back over the last two weeks. Have you had 5 or more alcoholic drinks in a row within a short period of time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

8. Have you talked to at least one of your parents about the dangers of alcohol, tobacco, or other drugs? By parents, we mean either your biological parents, adoptive parents, step parents, or adult guardians - whether or not they live with you.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Please answer the following questions about yourself. (Remember, this survey is confidential.)

9. What grade are you in?  
- 9th Grade  
- 10th grade  
- 11th grade  
- 12th grade

10. What is your gender?  
- Male  
- Female  
- Prefer not to answer

11. Are you Hispanic or Latino?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

12. Which of the following describes you? (please choose ONE)

<table>
<thead>
<tr>
<th>White</th>
<th>Black/</th>
<th>American</th>
<th>American</th>
<th>Native Hawaiian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>African</td>
<td>Indian or</td>
<td>Other Pacific</td>
<td>Islander</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>Multiethnic</td>
<td>Other Pacific</td>
<td>Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

THE END