

# SOUTH CAROLINA HIGH SCHOOL STUDENT PREVENTION POST SURVEY

Private Student Code

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 . . .	No Risk	Slight Risk	Moderate Risk	Great Risk
a) Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (e.g., mods, tanks, ends)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use marijuana ( <i>cannabis, weed, not CBD</i> ) once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Have five or more drinks of an alcoholic beverage in a row once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use prescription drugs without a doctor's prescription? ( <i>This does NOT include things like Advil, Tylenol, aspirin or cough syrup.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Use prescription pain pills (e.g., <i>OxyContin, Vicodin, etc.</i> ) not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use CBD ( <i>edibles, hemp oil</i> ) not marijuana, once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How wrong do you think it is for someone your age to...	Not at all wrong	A little bit wrong	Wrong	Very Wrong
a) Drink beer, wine or hard liquor (e.g., <i>vodka, whiskey or gin</i> )?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (e.g., <i>mods, tanks, ends</i> )?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use marijuana ( <i>cannabis, weed, not CBD</i> ) once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use prescription drugs without a doctor's prescription? ( <i>This does NOT include things like Advil, Tylenol, aspirin or cough syrup.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Use prescription pain pills (e.g., <i>OxyContin, Vicodin, etc.</i> ) not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use CBD ( <i>edibles, hemp oil</i> ) not marijuana, once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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3. How wrong do you think your parents feel it would be for YOU to...	Not at all wrong	A little bit wrong	Wrong	Very Wrong
a) Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (e.g., mods, tanks, ends)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use marijuana ( <i>cannabis, weed, not CBD</i> ) once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use prescription drugs without a doctor's prescription? ( <i>This does NOT include things like Advil, Tylenol, aspirin or cough syrup.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Use prescription pain pills (e.g., <i>OxyContin, Vicodin, etc.</i> ) not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use CBD ( <i>edibles, hemp oil</i> ) not marijuana, once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How wrong do your friends feel it would be for YOU to...	Not at all wrong	A little bit wrong	Wrong	Very Wrong
a) Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (e.g., mods, tanks, ends)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use marijuana ( <i>cannabis, weed, not CBD</i> ) once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Use prescription pain pills (e.g., <i>OxyContin, Vicodin, etc.</i> ) not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use CBD ( <i>edibles, hemp oil</i> ) not marijuana, once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please respond to the following questions and statements about decision-making.	Never	Sometimes, but not often	Often	All the time
a) How often do you stop to think about your options before you make a decision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) How often do you stop to think about how your decisions may affect others' feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) How often do you stop and think about all of the things that may happen as a result of your decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I make good decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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6. During the past 30 days, have you...	Yes	No
a) used chewing tobacco, snuff or dip?	<input type="radio"/>	<input type="radio"/>
b) smoked cigarettes?	<input type="radio"/>	<input type="radio"/>
c) used nicotine e-cigarettes or vaping pens with nicotine liquid daily (e.g., mods, tanks, ends)?	<input type="radio"/>	<input type="radio"/>
d) had alcoholic beverages (beer, wine, or hard liquor) - more than just a few sips?	<input type="radio"/>	<input type="radio"/>
e) used marijuana (cannabis, weed, not CBD) once or twice per week?	<input type="radio"/>	<input type="radio"/>
f) used prescription drugs without a doctor's prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)	<input type="radio"/>	<input type="radio"/>
g) used prescription pain pills (e.g., OxyContin, Vicodin, etc.) without a doctor's prescription?	<input type="radio"/>	<input type="radio"/>
h) used heroin or fentanyl?	<input type="radio"/>	<input type="radio"/>
i) used cocaine?	<input type="radio"/>	<input type="radio"/>
j) used other illegal drugs such as LSD (acid), amphetamines, methamphetamines, or Ecstasy (MDMA)?	<input type="radio"/>	<input type="radio"/>
k) used CBD (edibles, hemp oil) not marijuana, once or twice per week?	<input type="radio"/>	<input type="radio"/>

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?

Yes  No

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.

Yes  No

**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?  Yes  No

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

White	Black/ African American	American Indian or Alaska Native	Native Hawaiian Other Pacific Islander	Asian	Two or More Races	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

