

# SOUTH CAROLINA HIGH SCHOOL STUDENT PREVENTION PRE SURVEY

Private Student Code

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	○	○	○	○	○	○
2	○	○	○	○	○	○
3	○	○	○	○	○	○
4	○	○	○	○	○	○
5	○	○	○	○	○	○
6	○	○	○	○	○	○
7	○	○	○	○	○	○
8	○	○	○	○	○	○
9	○	○	○	○	○	○
0	○	○	○	○	○	○

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?	○	○	○	○
b) Use e-cigarettes or vaping pens daily (e.g., JUULs)?	○	○	○	○
c) Use marijuana once or twice per week?	○	○	○	○
d) Have five or more drinks of an alcoholic beverage within a short period once or twice a week?	○	○	○	○
e) Use prescription drugs without a doctor's prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)	○	○	○	○
f) Use prescription <b>pain pills</b> (e.g., OxyContin, Vicodin, etc.) not prescribed to them?	○	○	○	○

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., vodka, whiskey or gin)?	○	○	○	○
b) Smoke cigarettes?	○	○	○	○
c) Smoke e-cigarettes or vaping pens (e.g. JUULs)?	○	○	○	○
d) Use marijuana?	○	○	○	○
e) Use prescription drugs without a doctor's prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)	○	○	○	○
f) Use prescription <b>pain pills</b> (e.g., OxyContin, Vicodin, etc.) not prescribed to them?	○	○	○	○



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<b>3. How wrong do you think your <u>parents</u> feel it would be for YOU to...</b>	<b>Not at all wrong</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very Wrong</b>
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 e-cigarettes or vaping pens (e.g. JUULs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use 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"/>	<input type="radio"/>	<input type="radio"/>
f) Use prescription <b>pain pills</b> (e.g., OxyContin, Vicodin, etc.) not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>4. How wrong do your <u>friends</u> feel it would be for YOU to...</b>	<b>Not at all wrong</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very Wrong</b>
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 e-cigarettes or vaping pens (e.g. JUULs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Use marijuana?	<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 <b>pain pills</b> (e.g., OxyContin, Vicodin, etc.) not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>5. Please respond to the following questions and statements about decision-making.</b>	<b>Never</b>	<b>Sometimes, but not often</b>	<b>Often</b>	<b>All the time</b>
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) smoked e-cigarettes or vapes (e.g. JUULs) ?	<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 (weed, pot), edibles, or hashish (hash, hash oil)?	<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"/>

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	Multiethnic	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

