

## 2024 Rhode Island Student Survey

Thank you for agreeing to participate in this survey. The following questions are about your thoughts and feelings on a number of subjects about which we would like to know your opinions. Completing this survey is completely voluntary, which means you can stop at any time and you don't have to answer any questions that you don't want to. There is no right or wrong answers and everything you say is completely anonymous. That means that no one will ever know your individual responses. Please answer the survey as thoughtfully and honestly as possible. Thank you very much for being an important part of this project!

- Please answer all of the questions by marking one of the answer spaces. Select the answer that comes closest to how you feel.
- If you are not sure what a question means, please ask the survey administrator to explain.
- If any of the questions make you uncomfortable, you don't need to answer them.

### **First, we'd like to know a little about you....**

1. How old are you?
  - 10 or younger
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17
  - 18
  - 19+ years
2. What grade are you in?
  - 6<sup>th</sup>
  - 7<sup>th</sup>
  - 8<sup>th</sup>
  - 9<sup>th</sup>
  - 10<sup>th</sup>
  - 11<sup>th</sup>
  - 12<sup>th</sup>
3. What is your gender?
  - Male
  - Female
  - Non-binary
  - Gender non-conforming
  - Other
  - Prefer not to answer
4. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
  - No, I am not transgender
  - Yes, I am transgender
  - I am not sure if I am transgender
  - I do not know what this question is asking
5. Which of the following best describes you?
  - Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - Not sure
6. What is your zip code? (drop down menu with zip codes)
7. What is your race? (select all that apply)
  - American Indians/Alaska Native
  - Asian American
  - Blacks/African American
  - Native Hawaiians and other Pacific Islander
  - White
8. Are you Hispanic/Latino?
  - Yes
  - No

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### Your school...

9. Putting them all together, what were your grades like last year?
- Mostly F's
  - Mostly D's
  - Mostly C's
  - Mostly B's
  - Mostly A's
10. During the last 30 days, how many whole days have you missed school because you skipped or cut class?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 or more days
11. Please respond with how much you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe going to or from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school, students have lots of chances to decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Teacher(s) notice(s) 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 lots of chances at school for me to get involved in sports, clubs, and other school activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one on one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parent(s) know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rules are enforced fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students of all races and ethnic groups are treated equally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12. Think of your 4 best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have...

	0 friends	1 friend	2 friends	3 friends	4 friends
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a drink of any type of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana (marijuana is also called: weed, pot, dabs, shatter, or wax. It is usually smoked, either in cigarettes called a joint or in a pipe.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth) or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a gun (not including use of a gun for hunting or sport)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No risk	Slight Risk	Moderate Risk	Great Risk
Drink alcohol?	<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"/>
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use (smoke or vape) marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana edibles once or twice a week?	<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"/>
Use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use over the counter drugs for non-medical purposes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic vapor products, such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **Your neighborhood...**

- 14.

	Not at all likely	Not very likely	Somewhat likely	Very likely
If a kid smoked cigarettes in your neighborhood, or the area around where you live, how likely is it that he/she would be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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If a kid drank alcohol in your neighborhood or the area around where you live, how likely is it that he/she would 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, or the area around where you live, how likely is it that he/she would be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Your thoughts and behaviors...

15. During the past 30 days, on how many days did you...

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
carry a weapon, such as a gun, knife, or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carry a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carry a weapon, such as a gun, knife, or club onto school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. During the past 3 months, on how many days did you...

	Never	Less than once a month	1-2 times a month	Once a week	Daily
Spread mean rumors or lies about other kids at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used the internet (including Facebook, Tumblr, Instagram, Snapchat, IM, etc) to post pictures or texts that might embarrass or hurt another student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a cell phone to send text messages or pictures that might embarrass or hurt another student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made fun of other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had mean rumors or lies spread about you at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had pictures or texts that embarrassed or hurt you posted through the internet (including Facebook, Tumblr, Instagram, Snapchat, IM, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had text or picture cell phone messages sent about you that were embarrassing or hurtful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been made fun of?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been sent to the office for disciplinary reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in 'in-school' suspension or detention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next items ask about bullying. Bullying is when one or more students tease, threaten, spread mean rumors about, hit, shove, or hurt another student over and over again. It is NOT bullying when two students about the same strength or power argue, fight, or tease each other in a friendly way.

17. During the past 12 months, how many times...

	0	1	2 or 3	4 or 5	6 or 7	8 or 9	10 or 11	12 or more
have you been bullied on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has someone threatened or injured you with a weapon, such as a gun, knife, or club on school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this part, you will be asked about times when you were bullied or when you bullied others.

**REMEMBER:** Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over.

- Punching, shoving, and other acts that hurt people physically
- Spreading bad rumors about people
- Keeping certain people out of a “group”
- Teasing people in a mean way
- Getting certain people to “gang up” on others

18. Have you been bullied in school this year?

- a. Yes
- b. No

*Note, if you answered "No" to number 18, please skip ahead to question 20*

19. How often have you been bullied?

- a. One or more times a day
- b. One or more times a week
- c. One or more times a month

20. Did you bully anyone this school year?

- a. Yes
- b. No

*Note, if you answered "No" to number 20, please skip ahead to question 22*

21. How often did you bully this person (or people)?

- a. One or more times a day
- b. One or more times a week
- c. One or more times a month

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In this part, you will be asked about times when you were cyber bullied or when you cyber bullied others. REMEMBER: Cyber bullying is when someone repeatedly makes fun of another person online or repeatedly picks on another person through email, text message, or social media or when someone posts something online about another person that they do not like.

22. Have you been cyber bullied by another student who goes to your school this year?
- a. Yes
  - b. No

*Note, if you answered "No" to number 22, please skip ahead to question 24*

23. How often have you been cyber bullied by another student who goes to your school?
- a. One or more times a day
  - b. One or more times a week
  - c. One or more times a month

24. Have you cyber bullied anyone who goes to your school this year?
- a. Yes
  - b. No

*Note, if you answered "No" to number 24, please skip ahead to question 26*

25. How often did you cyber bully this person (or people)?
- a. One or more times a day
  - b. One or more times a week
  - c. One or more times a month

26. Have you been cyber bullied by someone who does not go to your school this year?
- a. Yes
  - b. No

*Note, if you answered "No" to number 26, please skip ahead to question 28*

27. How often have you been cyber bullied by someone who does not go to your school?
- a. One or more times a day
  - b. One or more times a week
  - c. One or more times a month

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28. Please respond with how strongly do you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I ignore rules that get in my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is alright to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do the opposite of what people tell me, just to get them mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it is ok to take something without asking, if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think sometimes it's ok to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. In the last 30 days, how often ...

	Never	Not very Often	Sometimes	Often	Always
were you very sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you grouchy, irritable, or in a bad mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel hopeless about the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you feel like not eating or eating more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you sleep a lot more or a lot less than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
did you have difficulty concentrating on your school work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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30. During the past 12 months, did you ever seriously consider attempting suicide?

- a. No
- b. Yes

*Note, if you answered "No" to number 30, please skip ahead to question 34*

31. During the past 12 months, did you make a plan about how you would attempt suicide?

- a. No
- b. Yes

32. During the past 12 months, how many times did you actually attempt suicide?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

33. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or a nurse?

- a. No
- b. Yes

34.

	Very Easy	Easy	Somewhat Difficult	Very Difficult
If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some E-cigs (such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and blu), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some alcohol (beer, wine, brandy, or mixed drinks), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some marijuana (joint or vape), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some marijuana edibles, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get any other illegal drugs, such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get prescription drugs that don't belong to you, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. How wrong do your friends feel it would be for you to:

	Not at all Wrong	A little bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic cigarettes or E-cigs such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (smoke or vape)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Use marijuana edibles?	<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"/>
Use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
- Neither approve or disapprove
  - Somewhat disapprove
  - Strongly disapprove
  - Don't know
37. During the past 2 months, how many times do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?
- 0 times
  - 1-2 times
  - 3-5 times
  - 6-9 times
  - 10-19 times
  - 20-39 times
  - 40 or more times
38. How old were you the first time you...

	Never	8 or younger	9	10	11	12	13	14	15	16	17 or older
smoked all or part of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana (smoked or vaped)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used marijuana edibles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used inhalants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used electronic vapor products, such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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used a performance enhancing drugs (Creatine, Anabolic steroids, Steroid precursors, Amphetamines, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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39. During the past 30 days did you:

	No	Yes
Smoke all or part of a cigarette?	<input type="radio"/>	<input type="radio"/>
Use chewing tobacco or snuff (dip)?	<input type="radio"/>	<input type="radio"/>
Smoke all or part of a cigar or cigarillo?	<input type="radio"/>	<input type="radio"/>
Use nicotine pouches (Zyn, Velo, Rouge, NIIN, Fre, etc.)	<input type="radio"/>	<input type="radio"/>
Drink one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>
Have 5 or more drinks on the same occasion? By "occasion" we mean at the same time or within a couple of hours of each other.	<input type="radio"/>	<input type="radio"/>
Smoke or vape marijuana (weed, pot, mary jane, grass)?	<input type="radio"/>	<input type="radio"/>
Use marijuana edibles?	<input type="radio"/>	<input type="radio"/>
Use synthetic marijuana (Spice, bath salts, K2, Delta-8)?	<input type="radio"/>	<input type="radio"/>
Use inhalants? (glue, paints, or sprays)	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>
Use heroin (junk, h, black tar, boy)?	<input type="radio"/>	<input type="radio"/>
Use over the counter medication for non-medical reasons?	<input type="radio"/>	<input type="radio"/>
Use electronic cigarettes or E-cigs such as Puff Bar, JUUL, PHIX, Suorin, NJOY	<input type="radio"/>	<input type="radio"/>

If yes to “Use electronic cigarettes or E-cigs such as Puff Bar, JUUL, PHIX, Suorin, NJOY or blu?” above, receive Q40-41

40. Please check all products you have used in your electronic vapor products, such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and blu in the past 30 days
- Flavor (such as mint, fruit, candy, or chocolate)
  - Nicotine
  - Marijuana
  - Marijuana (dabs)

41. How did you usually get your electronic vapor products, such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and blu? (You can choose more than one answer)
- a. A friend gave it to me for free
  - b. A family member gave it to me for free
  - c. I bought it from a friend
  - d. I bought it from a family member
  - e. I bought it from a store with a fake ID
  - f. A store sold it to me without an ID
  - g. I bought it on the Internet
  - h. I took it from someone
  - i. I took it from a store
  - j. Other \_\_\_\_\_

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If yes to "Use prescription drugs not prescribed to you?" above, receive Q42-45

42. During the past 30 days, did you use PAIN RELIEF PILLS (such as Percocet, Tylenol #3, Vicodin, Oxycodone, Hydrocodone, OxyContin, or Codeine) WITHOUT A PRESCRIPTION? (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)
- Yes
  - No
43. During the past 30 days, did you use SEDATIVES or TRANQUILIZERS (such as Valium, Ativan, Xanax, Klonopin, Diazepam, Lorazepam, Alprazolam, Clonazepam) WITHOUT A PRESCRIPTION?
- Yes
  - No
44. During the past 30 days, did you use ADHD medications (such as Ritalin, Concerta, Adderall, Dexedrine, Vyvanse, Daytrana, Metadate, Focalin) WITHOUT A PRESCRIPTION?
- Yes
  - No
45. During the past 30 days, did you use PERFORMANCE ENHANCING DRUGS (Such as Creatine, Anabolic steroids, Steroid precursors, Amphetamines)?
- Yes
  - No
46. During the past 30 days which of the following products have you tried:  
(You can choose more than one answer)
- I have not tried any tobacco products
  - Large cigars
  - Little cigars or cigarillos
  - Hookah or water pipe
  - Dissolvable tobacco products, such as Camel Orbs or Camel Sticks
  - Some other tobacco products not listed here
47. During the past 30 days, how did you usually get your own tobacco products? This includes cigarettes, cigars, hookah, chewing tobacco, snuff or Snus, dissolvable tobacco (dissolvables), bidis or other flavored tobacco products. (You can choose more than one answer)
- a. I have not used any of these tobacco products
  - b. A friend gave it to me for free
  - c. A family member gave it to me for free
  - d. I bought it from a friend
  - e. I bought it from a family member
  - f. I bought it from a store with a fake ID
  - g. A store sold it to me without an ID
  - h. I bought it on the Internet
  - i. I took it from someone
  - j. I took it from a store
  - k. Other \_\_\_\_\_
48. During the past 30 days, have you smoked all or part of a cigarette on school property?
- a. No
  - b. Yes
49. Have you ever tried to quit smoking cigarettes?

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- a. Yes, and I quit
  - b. Yes, but I still smoke
  - c. No, I never tried to quit
  - d. Never tried cigarettes
50. During the past 30 days have you drank alcohol on school property?
- a. No
  - b. Yes
51. During the past 30 days, have you used marijuana on school property?
- a. No
  - b. Yes
52. If people were to offer you an alcoholic beverage to drink in the next year, would you drink it?
- a. Definitely Not
  - b. Probably Not
  - c. Probably Yes
  - d. Definitely Yes
53. On the days you drink alcohol, about how many drinks do you have on average?
- a. I don't drink alcohol
  - b. Less than one
  - c. One
  - d. Two
  - e. Three
  - f. Four
  - g. Five
  - h. Six or more

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54. How did you usually get your alcohol when you have used it in the past? (You can choose more than one answer)
- A friend gave it to me for free
  - A family member gave it to me for free
  - I bought it from a friend
  - I bought it from a family member
  - I bought it from a store with a fake ID
  - A store sold it to me without an ID
  - I asked someone to buy it for me
  - I bought it on the Internet
  - I bought it through social media (Snapchat, etc.)
  - I took it from someone
  - I took it from a store
  - Other \_\_\_\_\_
55. If people were to offer you marijuana during the next year, would you use it?
- Definitely Not
  - Probably Not
  - Probably Yes
  - Definitely Yes
56. How did you usually get your marijuana (joints or vapes) when you have used it in the past? (You can choose more than one answer)
- A friend gave it to me for free
  - A family member gave it to me for free
  - I bought it from a friend
  - I bought it from a family member
  - I bought it on the Internet
  - I bought it through social media (Snapchat, etc.)
  - I bought it from a dispensary
  - I got it from a medical marijuana cardholder for free
  - I bought it from a medical marijuana cardholder
  - I took it from someone
  - Other \_\_\_\_\_
57. How did you usually get your marijuana edibles when you have used it in the past? (You can choose more than one answer)
- A friend gave it to me for free
  - A family member gave it to me for free
  - I bought it from a friend
  - I bought it from a family member
  - I bought it on the Internet
  - I got it from a medical marijuana cardholder for free
  - I bought it from a medical marijuana cardholder
  - I took it from someone
  - I made my own
  - Other \_\_\_\_\_
58. Out of every 20 students your age, how many do you think have used marijuana at least once in the past 30 days?
- 0-4
  - 4-8

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- c. 9-12
  - d. 13-16
  - e. 17 or more
59. Out of every 20 students your age, how many do you think have used synthetic marijuana at least once in the past 30 days?
- a. 0-4
  - b. 4-8
  - c. 9-12
  - d. 13-16
  - e. 17 or more
60. How did you usually get your prescription drugs that are not prescribed to you that you have used in the past? (You can choose more than one answer)
- a. A friend gave it to me for free
  - b. A family member gave it to me for free
  - c. I bought it from a friend
  - d. I bought it from a family member
  - e. I bought it on the Internet
  - f. I took it from someone
  - g. I took it from a store
  - h. Other \_\_\_\_\_
61. Have you ever driven a vehicle after using any of the substances listed below? (If yes, please check that apply)
- Alcohol
  - Marijuana
  - Prescription medicine not prescribed to you
  - E-cigs
62. Have you ever been a passenger in a car driven by someone who had been using any of the substances listed below? (If yes, please check that apply)
- Alcohol
  - Marijuana
  - Prescription medicine not prescribed to you
  - E-cigs

### **Family...**

By "parents" we mean your biological, adoptive or step-parents or adult guardians.

63. If you used alcohol or drugs, how likely is it you would be caught by your parents?
- a. Not at all likely
  - b. Not very likely
  - c. Somewhat likely
  - d. Very likely
64. During the past 12 months, have you talked with at least one of your parents about the dangers of alcohol, tobacco, or drug use?
- a. No
  - b. Yes
  - c. Don't know/can't say
65. During the past 12 months, has school staff, principal, social worker, teacher- referred you for professional services or other kind of help (program) because of your use of alcohol, tobacco, or marijuana?
- a. No
  - b. Yes

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c. Not applicable to me

66. Have you tried to access any private counseling/therapy during the pandemic?  
 a. No  
 b. Yes

*Note: If no, skip to Q67*

67. Were successful in obtaining an appointment?  
 a. No  
 b. Yes

68. Did you feel that you were struggling with mental health issues during the pandemic?  
 a. No  
 b. Yes

*Note: If no, skip to Q70*

69. Did you talk with a school counselor either in person or on zoom?  
 a. No  
 b. Yes

*Note: If yes, skip to Q71*

70. Why did you not try to access a school counselor/psychologist? (open ended)  
 a. \_\_\_\_\_

71. How wrong do your parents feel it would be for you to:

	Not at all Wrong	A little bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke (or vape) marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana edibles?	<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"/>
Use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic vapor products, such as Puff Bar, JUUL, Phix, Suorin, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defend yourself in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72.

	Strongly Disagree	Disagree	Agree	Strongly Agree
My parents 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"/>
My parents 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"/>

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My parents tell me that they are proud of me for something I have done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a personal problem, I could ask my parent or guardian for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents ask me if I've gotten all my homework done.	<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"/>

### **Gambling/Electronic**

73. Have you ever gambled? (This includes online gambling, buying a scratch ticket, gambling in a casino, or using your own money for fantasy sports or other games)

- a. No
- b. Yes

*If yes, ask if they are 18 (some seniors are 18 years old) and continue*

*If no, skip to Q77*

74. Which of the following have you done in the last year... *(please check all that apply)*

- Bought an instant scratch ticket
- Received and scratched a scratch ticket you received as a gift
- Bought a lottery ticket such as Tattsлото, Powerball, or Keno
- Bought raffle or fundraising tickets
- Bet on horse races, trots or dog races
- Bet on sports like football, baseball, basketball, MMA/UFC, or boxing
- Bet on online fantasy sports such as DraftKings, FanDuel, or UnderDog
- Bet in a casino

75. During the past 12 months, have you become restless irritable or anxious when trying to stop/cut down on gambling?

- No
- Yes

76. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

- No
- Yes

77. On average, how much time do you think you spend on your phone each day (in hours)?

78. Please let us know how much you agree or disagree with each statement:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I have missed work or school because I am on my phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time concentrating in class, while doing assignments, or while working because I am on my phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pain in the wrists or back of my neck while using my phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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I do not think I could function without my phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel impatient and nervous when I am not holding my phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about my phone when I am not on it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will never give up my phone even when my daily life is already greatly affected by it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I constantly check my phone so not to miss anything on social media (SnapChat, TikTok, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are times when I use my phone for longer periods of time than I plan to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People around me tell me I use my phone too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Campaigns

79. Are you familiar with *Above the Influence* (ATI) in your school?

- c. Yes
- d. No

80. Have you seen or heard any substance misuse prevention campaigns (in school, on social media, or in the community)?

- e. No
- f. Yes

*If yes, follow up question where they can check all that apply:*

81. Where have you seen these advertisements (please check all that apply)

- in school (posters, on the TV's, etc.)
- on social media
- on billboards
- at the movies