

Hawai'i Youth Tobacco Survey

2019 Questionnaire

This survey is about tobacco and other drug use. This is NOT a test! It has been developed so that you can tell us what you do that may affect your health. It will help us develop better health education programs for young people like you.

DO NOT WRITE YOUR NAME ON THE SURVEY. Your answers will be kept private. **No one will know what you write.** Answer the questions based on what you really think or do.

Taking part in this survey is voluntary. Your grades will not be affected, and no one will ever know your answers. If you are not comfortable answering a question, just leave it blank.

The questions about your background will only be used to describe the types of students completing this survey. **The information will not be used to find out your name. No names will ever be reported.**

Make sure to read every question on the survey. Be as honest as you can with your answers. **Use the pencil provided to fill in the circles completely.** When you are finished, sit quietly and follow the instructions of the person giving you the survey.

Mahalo for your help.



1. How old are you?
 - 9 years old or younger
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older

2. What is your sex?
 - Female
 - Male

3. What grade are you in?
 - 6th
 - 7th
 - 8th
 - 9th
 - 10th
 - 11th
 - 12th
 - Ungraded or other grade

4. Which of the following best describes you?
 - Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure

5. 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

The following questions ask some background information about you.

6. Are you Hispanic or Latino?
 - No
 - Yes, I am Mexican, Mexican American, or Chicano
 - Yes, I am Puerto Rican
 - Yes, I am Cuban or Cuban American
 - Yes, I am some other Hispanic or Latino not listed here

7. What race or races do you consider yourself to be? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

The following questions are specific to Hawai'i.

8. How do you describe yourself? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
 - Black or African American
 - Caucasian/White
 - Chinese
 - Filipino
 - Hawaiian/Part Hawaiian
 - Hispanic or Latino
 - Japanese
 - Other Pacific Islander
 - Some other group

9. Which one of these groups best describes you? (**CHOOSE ONLY ONE ANSWER**)
 - Black or African American
 - Caucasian/White
 - Chinese
 - Filipino
 - Hawaiian/Part Hawaiian
 - Hispanic or Latino
 - Japanese
 - Other Pacific Islander
 - Some other group



10. What language do you speak mainly at home?

(CHOOSE ONLY ONE ANSWER)

- English
- Chinese (any dialect)
- Japanese
- Hawaiian
- Ilocano or Tagalog
- Spanish
- Other

11. Which answer best describes where you were born?

- I was born in Hawai'i
- I was born in the United States outside of Hawai'i
- I was born in another country
- I don't know

12. Which answer best describes where your mother was born?

- My mother was born in Hawai'i
- My mother was born in the United States outside of Hawai'i
- My mother was born in another country
- I don't know

13. Which answer best describes where your father was born?

- My father was born in Hawai'i
- My father was born in the United States outside of Hawai'i
- My father was born in another country
- I don't know

14. Do you live in...

- A stand-alone house
- Townhouse
- A multi-unit building like an apartment or condominium
- Other type of housing

15. During the **past 30 days**, about how much money did you have **each week** to spend any way you want to?

- None
- Less than \$1
- \$1 to \$5
- \$6 to \$10
- \$11 to \$20
- \$21 to \$50
- More than \$50

The following questions ask about your use of cigarettes.

16. Have you **ever tried** cigarette smoking, even one or two puffs?

- Yes
- No

17. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never smoked cigarettes, not even one or two puffs
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

18. Do you think that you will try a cigarette soon?

- I have already tried smoking cigarettes
- Yes
- No

19. Do you think you will smoke a cigarette in the next year?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

20. About how many cigarettes have you smoked in your **entire life**?

- I have never smoked cigarettes, not even one or two puffs
- 1 or more puffs but never a whole cigarette
- 1 cigarette
- 2 to 5 cigarettes
- 6 to 15 cigarettes (about ½ a pack total)
- 16 to 25 cigarettes (about 1 pack total)
- 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- 100 or more cigarettes (5 or more packs)

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21. During the **past 30 days**, on how many days did you smoke cigarettes?

- 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

22. During the **past 30 days**, what brand of cigarettes did you usually smoke? (**CHOOSE ONLY ONE ANSWER**)

- I did not smoke cigarettes during the past 30 days
- I did not smoke a usual brand
- American Spirit
- Camel
- GPC, Basic, or Doral
- Kool
- Lucky Strike
- Marlboro
- Newport
- Parliament
- Virginia Slims
- Some other brand not listed here

23. Menthol cigarettes are cigarettes that taste like mint. During the **past 30 days**, were the cigarettes that you usually smoked menthol?

- I did not smoke cigarettes during the past 30 days
- Yes
- No
- Not sure

24. During the **past 30 days**, how did you get your own cigarettes? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not smoke cigarettes during the past 30 days
- I bought them myself
- I had someone else buy them for me
- I borrowed or bummed them
- Someone gave them to me without my asking
- I took them from a store or another person
- I got them some other way

25. During the **past 30 days**, where did you buy your own cigarettes? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not buy cigarettes during the past 30 days
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- Over the Internet
- Through the mail
- Some other place not listed here

26. During the **past 30 days**, did anyone **refuse** to sell you cigarettes because of your age?

- I did not try to buy cigarettes during the past 30 days
- Yes
- No

The following questions ask about your use of electronic vapor products or e-cigarettes.

27. Have you ever been curious about using an electronic vapor product?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

28. Have you **ever vaped** (used an electronic vapor product), even once or twice?

- Yes
- No

29. Do you think that you will try to vape (use an electronic vapor product) soon?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

30. Do you think you will vape (use an electronic vapor product) in the **next year**?

- Definitely yes
- Probably yes
- Probably not
- Definitely not



31. How old were you when you **first tried** vaping (using an electronic vapor product), even once or twice?

- I have never vaped or used an electronic vapor product
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

32. During the **past 30 days**, on how many days did you vape (use an electronic vapor product)?

- 0 days
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

33. What brands of electronic vapor products have you ever tried? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I have never tried a vapor product
- Volcano
- JUUL
- Blu
- Suorin
- SMOK
- Logic
- Phix
- Some other brand not listed here
- I do not know the brand name

34. Thinking about all types of electronic vapor products, have you used the rechargeable/refillable, the tank/mod, or the disposable kind?

- I have never vaped or tried an electronic vapor product
- Only the rechargeable/refillable kind
- Only the tank/mod kind
- Only the disposable kind
- Both the rechargeable/refillable and the tank/mod kind

35. Have you ever used an electronic vapor product with a substance besides nicotine? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Yes, I have used a vapor product with marijuana, THC or hash oil, or THC wax
- Yes, I have used a vapor product with another substance that is not marijuana, THC or hash oil, or THC wax
- No, I have only used a vapor product
- Don't know / Not sure

36. During the **past 30 days**, where did you get or buy the electronic vapor products that you have used? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I have never tried an electronic vapor product
- A gas station
- A convenience store
- On the Internet
- A mall or shopping center kiosk/stand
- A drug store
- A vape shop or other store that only sells vapor products
- Some other place not listed here
- From a family member
- From a friend
- From some other person that is not a family member or a friend

37. What are the reasons you have used electronic vapor products? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I have never tried vaping
- They are available in flavors, such as candy, fruit, mint, or chocolate
- They cost less than other tobacco products, such as cigarettes
- They are easier to get than other tobacco products, such as cigarettes
- Friend or family member used them
- Famous people on TV or in movies use them
- They are less harmful than other forms of tobacco, such as cigarettes
- To try to quit using other tobacco products, such as cigarettes
- They can be used in areas where other tobacco products, such as cigarettes, are not allowed
- I used them for some other reason



38. During the **past 30 days**, did anyone **refuse** to sell you electronic vapor products because of your age?
- I did not try to buy vapor products during the past 30 days
 - Yes
 - No

The following questions ask about your use of other tobacco products.

39. How old were you when you **first tried** smoking a cigar, cigarillo, or little cigar, even one or two puffs?
- I have never smoked a cigar, cigarillo, or little cigar, not even one or two puffs
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older
40. During the **past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?
- 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

41. How old were you when you **used** chewing tobacco, snuff, or dip for the first time?
- I have never used chewing tobacco, snuff, or dip
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older
42. During the **past 30 days**, on how many days did you use chewing tobacco, snuff, or dip?
- 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
43. How old were you when you **first tried** smoking tobacco in a hookah or waterpipe, even one or two puffs?
- I have never smoked tobacco in a hookah or waterpipe
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older



44. During the **past 30 days**, on how many days did you smoke tobacco in a hookah or waterpipe?

- 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

45. Which of the following tobacco products have you ever tried, even just one time? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Roll-your-own cigarettes
- Flavored cigarettes, such as Camel Crush
- Clove cigars
- Flavored little cigars
- Smoking tobacco from a hookah or a waterpipe
- Snus, such as Camel or Marlboro Snus
- Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
- Electronic vapor products, such as Volcano, JUUL, or Suorin
- Some other new tobacco products not listed here
- I have not tried any of the products listed above or any new tobacco products

46. In the **past 30 days**, which of the following products have you used on at least one day? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Roll-your-own cigarettes
- Flavored cigarettes, such as Camel Crush
- Clove cigars
- Flavored little cigars
- Smoking tobacco from a hookah or a waterpipe
- Snus, such as Camel or Marlboro Snus
- Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
- Electronic vapor products, such as Volcano, JUUL, or Suorin
- Some other new tobacco products not listed here
- I have not tried any of the products listed above or any new tobacco products

The following questions are about your exposure to smoke from various tobacco products.

47. Does anyone who lives with you now...? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Smoke cigarettes
- Use chewing tobacco, snuff, or dip
- Use snus
- Smoke cigars, cigarillos, or little cigars
- Vape
- Smoke tobacco using a hookah or waterpipe
- Smoke tobacco out of a pipe other than a hookah or waterpipe
- Smoke bidis (small brown cigarettes wrapped in a leaf)
- Smoke kreteks (clove cigarettes)
- Use any other form of tobacco
- No one who lives with me now uses any form of tobacco

48. During the **past 7 days**, on how many days did someone smoke or vape tobacco products in your home while you were there?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

49. During the **past 7 days**, on how many days did you ride in a vehicle where someone was smoking or vaping a tobacco product?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days



50. During the **past 7 days**, on how many days did you breathe the smoke from someone who was smoking a tobacco product at your school, including school buildings, school grounds, and school parking lots?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

51. During the **past 7 days**, on how many days did you breathe the smoke or vapor from someone who was smoking tobacco products or using electronic vapor products in an indoor or outdoor public place? Examples of indoor public places are schools, buildings, stores, restaurants, and sports arenas. Examples of outdoor public places are school grounds, parking lots, stadiums, and parks.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

52. Not including the vapor from electronic vapor products, do you think that breathing smoke from other people's cigarettes or other tobacco products causes...?

- No harm
- Little harm
- Some harm
- A lot of harm

53. Do you think that breathing vapor from other people's electronic vapor products causes...?

- No harm
- Little harm
- Some harm
- A lot of harm

The following questions are about your exposure to tobacco advertising.

54. When you are using the Internet, how often do you see ads for tobacco products including electronic vapor products?

- I do not use the Internet
- Never
- Rarely
- Sometimes
- Most of the time
- Always

55. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for cigarettes and other tobacco products including electronic vapor products?

- I never go to a convenience store, supermarket, or gas station
- Never
- Rarely
- Sometimes
- Most of the time
- Always

56. When you watch TV or go to the movies, how often do you see actors and actresses using cigarettes or other tobacco products including electronic vapor products?

- I do not watch TV or go to the movies
- Never
- Rarely
- Sometimes
- Most of the time
- Always

57. During the **past 30 days**, how often did you see an ad for cigarettes, electronic vapor products, or smokeless tobacco that was outdoors or could be seen from outside a store?

- I did not see an ad for cigarettes, electronic vapor products, or smokeless tobacco during the past 30 days
- Never
- Rarely
- Sometimes
- Most of the time
- Always



58. When you are listening to the radio, how often do you hear ads or promotions for tobacco products including electronic vapor products?
- I do not listen to the radio
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
59. During the **past 30 days**, did you see or hear any anti-tobacco advertising on any of the following? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- I did not see or hear any anti-tobacco advertising in the past 30 days
 - Advertising on walls or on kiosks, shopping centers, or malls
 - TV ads
 - Radio ads
 - Aloha Stadium
 - A bus
 - Parking lots
 - On-screen ads in movie theaters
 - Print ads (e.g., Honolulu Weekly)
60. During the **past 30 days**, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of vaping (using electronic vapor products)?
- Not in the past 30 days
 - 1–3 times in the past 30 days
 - 1–3 times per week
 - Daily or almost daily
 - More than once a day
61. Do you believe that tobacco companies try to get young people under 18 to use tobacco products?
- Yes
 - No
62. During **this school year**, were you taught in any of your classes about why you should not use tobacco or electronic vapor products?
- Yes
 - No

The following questions are about your use of other drugs.

63. During **your life**, which of the following have you ever tried, even just one time? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- Alcohol
 - Marijuana
 - Stimulants (such as cocaine, methamphetamine, ice, speed)
 - Depressants or downers (such as Quaaludes, heroin, OxyContin)
 - Hallucinogens (such as LSD/PCP, mushrooms, acid)
 - Ecstasy or other club drugs (such as Molly, MDMA)
 - I have not tried any of the products listed above
64. During the **past 30 days**, which of the following have you ever tried, even just one time? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- Alcohol
 - Marijuana
 - Stimulants (such as cocaine, methamphetamine, ice, speed)
 - Depressants or downers (such as Quaaludes, heroin, OxyContin)
 - Hallucinogens (such as LSD/PCP, mushrooms, acid)
 - Ecstasy or other club drugs (such as Molly, MDMA)
 - I have not tried any of the products listed above
65. During the **past 30 days**, how many times did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times



66. **During your life**, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

67. During **your life**, have you ever injected any drug into your body?

- Yes
- No

68. During the **past 12 months**, how many times have you injected any drug into your body?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

69. During the **past 12 months**, has anyone offered, sold, or given you an illegal drug on school property?

- Yes
- No

The following questions are about if you have ever tried to quit smoking or using other drugs.

70. Do you want to stop smoking cigarettes (for good)?

- I do not smoke now
- Yes
- No

71. I plan to stop smoking cigarettes for good within the next... **(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)**

- I do not smoke now
- 7 days
- 30 days
- 6 months
- 1 year
- I do not plan to stop smoking cigarettes within the next year

72. During the **past 12 months**, how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?

- I did not smoke during the past 12 months
- I did not try to quit during the past 12 months
- 1 time
- 2 times
- 3-5 times
- 6-9 times
- 10 or more times

73. In the **past 12 months**, did you do any of the following to help you quit using tobacco of any kind, including electronic vapor products, for good? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not use tobacco of any kind during the past 12 months
- I did not try to quit during the past 12 months
- Attended a program at my school
- Attended a program in the community
- Called a telephone help line or telephone quit line
- Used nicotine gum
- Used nicotine patch
- Used any medicine to help quit
- Visited an Internet quit site
- Got help from family or friends
- Used another method such as hypnosis or acupuncture
- Tried to quit on my own or quit "cold turkey"

74. Do you want to give up drinking or using drugs?

- I do not drink alcohol or use drugs
- Yes
- No

75. Did you ever try to give up drinking or using drugs?

- I have never drunk alcohol or used drugs
- Yes
- No



The following questions are about your opinions about tobacco, drug use, and other topics.

76. How easy would it be for you to get tobacco products if you wanted some?
- Very easy
 - Somewhat easy
 - Not easy at all
77. How strongly do you agree with the statement "All tobacco products are dangerous"?
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
78. How strongly do you agree with the statement "All electronic vapor products are dangerous"?
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
79. Do you think young people who smoke cigarettes have more friends?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
80. Do you think it is wrong for someone your age to...? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- Take a handgun to school
 - Steal anything worth more than \$5
 - Pick a fight with someone
 - Attack someone with the idea of seriously hurting them
 - Stay away from school all day when your parent thinks you are at school
 - Drink alcohol regularly (once or twice a month)
 - Smoke cigarettes
 - Vape (use electronic vapor product)
 - Smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)
 - Use LSD, cocaine, methamphetamine, or other illegal drugs

81. Do you think that people risk harming themselves (physically or other ways) if they...? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)?
- Have four or more drinks of alcohol once or twice each weekend
 - Use marijuana occasionally
 - Use inhalants to get high occasionally
 - Use cocaine occasionally
 - Use methamphetamine occasionally
 - Use hallucinogens occasionally
 - Use ecstasy or other "club drugs" occasionally
 - Use prescription drugs occasionally

The following questions are about your BEST FRIENDS.

82. If one of your best friends were to offer you a cigarette, would you smoke it?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
83. If one of your best friends were to offer you an electronic vapor product, would you use it?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
84. How many of your four closest friends smoke cigarettes?
- None
 - One
 - Two
 - Three
 - Four
 - Not sure
85. How many of your four closest friends vape (use electronic vapor products)?
- None
 - One
 - Two
 - Three
 - Four
 - Not sure



86. Would your best friends think it is wrong for YOU to...? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- Take a handgun to school
 - Steal anything worth more than \$5
 - Pick a fight with someone
 - Attack someone with the idea of seriously hurting them
 - Stay away from school all day when your parent thinks you are at school
 - Drink alcohol regularly (once or twice a month)
 - Smoke cigarettes
 - Vape
 - Smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)
 - Use LSD, cocaine, methamphetamine, or other illegal drugs

The following questions are about your PARENTS and other adults in your neighborhood.

87. Would your parents think it is wrong for YOU to...? (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- Take a handgun to school
 - Steal anything worth more than \$5
 - Pick a fight with someone
 - Attack someone with the idea of seriously hurting them
 - Stay away from school all day when your parent thinks you are at school
 - Drink alcohol regularly (once or twice a month)
 - Smoke cigarettes
 - Vape (use electronic vapor product)
 - Smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)
 - Use LSD, cocaine, methamphetamine, or other illegal drugs

88. Would adults in my neighborhood think it is wrong for kids my age to... (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- Take a handgun to school
 - Steal anything worth more than \$5
 - Pick a fight with someone
 - Attack someone with the idea of seriously hurting them
 - Stay away from school all day when your parent thinks you are at school
 - Drink alcohol regularly (once or twice a month)
 - Smoke cigarettes
 - Vape
 - Smoke marijuana (sometimes called pot, pakalolo, weed, grass, or hash)
 - Use LSD, cocaine, methamphetamine, or other illegal drugs

The following questions are about your feelings.

89. During the **past 30 days**, how often did you **hurt yourself (cut or scratch yourself, take pills)**?
- Not at all
 - Once or twice
 - Several times
 - Often
 - Most of the time
 - All of the time
90. During the **past 30 days**, how often did you **talk or think about death**?
- Not at all
 - Once or twice
 - Several times
 - Often
 - Most of the time
 - All of the time
91. During the **past 30 days**, how often did you **feel worthless or useless**?
- Not at all
 - Once or twice
 - Several times
 - Often
 - Most of the time
 - All of the time



92. During the **past 30 days**, how often did you **feel anxious or fearful**?

- Not at all
- Once or twice
- Several times
- Often
- Most of the time
- All of the time

93. During the **past 30 days**, how often did you **worry that something bad was going to happen**?

- Not at all
- Once or twice
- Several times
- Often
- Most of the time
- All of the time

94. During the **past 30 days**, how often did you **feel sad or depressed**?

- Not at all
- Once or twice
- Several times
- Often
- Most of the time
- All of the time

95. During the **past 30 days**, how often did you **have nightmares**?

- Not at all
- Once or twice
- Several times
- Often
- Most of the time
- All of the time

96. During the **past 30 days**, how often did you **have eating problems**?

- Not at all
- Once or twice
- Several times
- Often
- Most of the time
- All of the time

The following questions are about your ability to get help if needed.

97. During the **past 12 months**, did any doctor, dentist, or nurse **ask you** if you vape (use an electronic vapor product) or use tobacco of any kind?

- I did not see a doctor, dentist, or nurse during the past 12 months
- Yes
- No

98. During the **past 12 months**, did any doctor, dentist, or nurse **advise you** not to vape (use an electronic vapor product) or use tobacco of any kind?

- I did not see a doctor, dentist, or nurse during the past 12 months
- Yes
- No

99. In the **past 12 months**, have you EVER... (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Received help for alcohol or other drug use from a school program or at school
- Received help for alcohol or other drug use from some place other than school
- Received help when you were feeling down or depressed from a school program or at school
- Received help when you were feeling down or depressed from some other place other than school
- Thought you should get help for your alcohol or drug use but didn't
- Thought you should get help for feeling down or depressed but didn't
- I did not do any of the options listed above.

YOU ARE DONE.

MAHALO FOR TAKING THE SURVEY.

