

December 2024

Dear Administrator,

We would like to express our continued support of the Youth Risk Behavior Survey (YRBS) that has been conducted since the early 1990s by ND Health & Human Services (NDHHS) and the ND Department of Public Instruction (NDDPI). Again, in 2025, we will concurrently conduct the YRBS, and the Youth Tobacco Survey (YTS) based on instruments developed by the Centers for Disease Control and Prevention (CDC). Students in grades seven through 12 will be randomly selected from schools throughout North Dakota to participate in these important surveys.

The YRBS addresses major aspects of youth health, including intentional and unintentional injuries, tobacco, alcohol, and other drug use, sexual behaviors, dietary behaviors, and physical activity. The YRBS data is invaluable for use in program planning, grant writing, and school improvement planning. Schools that participate and meet the state guidelines regarding sample size will receive local reports in addition to state reports.

The YTS obtains data on the knowledge, behaviors, and attitudes toward tobacco and an assessment of other influences that might make youths susceptible to future tobacco use. The survey information is essential for measuring the effectiveness of tobacco prevention and education programs, including those programs initiated with the master tobacco settlement funding.

To minimize the impact on schools' instructional time, only a small number of classes will be randomly selected in each participating school. The anonymous survey should only take one class period to complete. In response to requests for fewer surveys that take students away from instructional time, the NDHHS and NDDPI have agreed that these are the only statewide youth health surveys that they will endorse to be administered biennially.

Winkelman Consulting is contracted to administer the surveys between **February 3-28, 2025**. The principal at each school will be notified by mail as to whether the school has been selected for the statewide sample.

Your support and endorsement of these surveys will expedite this extremely important effort. If you have any questions about survey administration, please contact Mark Winkelman of Winkelman Consulting by phone (701.799.0877) or by e-mail (mrwinkelman@gmail.com). For questions about the YRBS, please contact Matt Schmidt by phone (701.328.1384) or by e-mail (matschmidt@nd.gov) . For questions about the YTS, please contact Clint Boots by phone (701.328.4566) or e-mail (cboots@nd.gov).

Sincerely,



Nizar Wehbi, MD, MPH, MBA
State Health Officer



Kirsten Baesler
State Superintendent



December 1, 2024

To Whom It May Concern:

The Youth Risk Behavior Survey provides an important opportunity for school districts to assess the risk behavior of students within their care, and I am pleased to lend our association's support. Survey results can be compared across North Dakota and to schools throughout the nation. This survey is a good example of state agencies working together for the benefit of our youth.

Answering questions on this survey requires students to take a good look at their own behavior. It is my hope that taking the survey and learning about the results will contribute to students making good choices.

The statistical analysis of survey results enables educators to tailor and improve their prevention curriculum to address needs of students at the local level. Results of the survey will help educators identify, understand, and meet the many challenges associated with the complexities of being a teen in today's society.

Sincerely,

Amy L De Kok
Executive Director

You're Crucial to the Youth Risk Behavior Survey

Participating in the YRBS is easy and important: It helps schools and communities improve the health and wellbeing of our youth

Why is it valuable to collect health-related data about our youth?

- The YRBS collects data from students in grades 9 – 12 on key health behaviors that contribute to the leading causes of death and illness during both youth and adulthood.
- Results help monitor changes over time, identify emerging issues, and plan and evaluate programs to support the health of youth. YRBS data are used by health departments, educators, lawmakers, doctors, and community organizations to inform school and community programs, communications campaigns, and other efforts.
- These efforts ultimately help improve youth health both in the short term (reducing screen time, receiving mental health support) and in the future (reducing the risk of cancer, addiction, or sexually transmitted diseases). Healthy students are better learners and more likely to become healthy adults.

Why should districts and schools participate?

- Districts, schools, and students are randomly selected and cannot be replaced; each school's participation is critical to ensure results are representative of youth nationwide.
- The YRBS gives your students an opportunity to share their voice, anonymously and voluntarily.
- Participation brings students' experiences to light so that parents, districts, and schools can provide the most appropriate resources for any challenges students may face.

“There were minimal disruptions to my school day, classroom, and teachers' [day] due to clear communication and organized effort [of your team and data collector]. I don't know why I was so hesitant and didn't respond sooner.”

Texas Public
High School Principal

“Thank you...for working with me to survey our diverse population about their health behaviors. It's important we ask them [students] how they're doing.”

Indiana Public
High School Principal

“[YRBS] results are critical to understand the health status and needs of our youth ... [and] add great insight into the world of our youth and the environment in which our young people spend the majority of their time.”

Nathan R. Monell, CAE,
Executive Director, National PTA

The YRBS helps us understand many health-related topics affecting high school students, including mental health. National YRBS data tells us that during the past year...



Fact Sheet and Answers to Frequently Asked Questions about the 2025 Youth Risk Behavior Survey (YRBS) & 2025 Youth Tobacco Survey (YTS)

Q. What is the focus of the Youth Risk Behavior Survey (YRBS)?

A. The YRBS focuses on health-risk behaviors established during youth that contribute to the leading causes of death, disability, and social problems among youth and adults. These include behaviors that result in unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to sexually transmitted diseases (STDs) and unintended pregnancies; unhealthy dietary behaviors; and physical inactivity.

Q. Why is the YRBS being done?

A. The YRBS data is invaluable for use in program planning, grant writing, and school improvement planning. The YRBS monitors priority health-risk behaviors among youth to create school health programs to help reduce these behaviors.

Q. Why is the Youth Tobacco Survey (YTS) being done?

A. The Youth Tobacco Survey (YTS) is designed to enhance our state's capacity to design, implement, and evaluate the youth component of our Tobacco Prevention and Control Program. The YTS will provide data that was previously not available for students in grades 7-12 with respect to: (1) prevalence of tobacco use (cigarettes, smokeless tobacco, cigars, pipes, etc.), (2) exposure to environmental tobacco smoke (ETS), (3) minors' access and enforcement, (4) knowledge and attitudes, (5) media and advertising, (6) school curriculum, and (7) tobacco use cessation.

Q. We are doing the Youth Risk Behavior Survey (YRBS), which includes questions on smoking, why do we also need the data provided by the Youth Tobacco Survey (YTS)? Is this really necessary?

A. The major distinction between the YTS and the YRBS is the number and type of tobacco-related questions asked. The YTS includes 94 tobacco-related questions on the high school survey and 78 on the middle school survey; the YRBS has only 7 on the high school survey and 6 on the middle school survey. The additional questions in the YTS cover prevalence, media and advertising, cessation, knowledge and attitudes, environmental tobacco use, school curriculum, enforcement and minors' access. All of this information is needed for effective surveillance and evaluation of our Tobacco Prevention and Control program, including those programs initiated with master tobacco settlement.

Q. What does your school receive for participating in the YRBS and/or YTS?

A. Your school will receive a copy of the state survey results for the YRBS and YTS. A local YRBS report will be provided if your school meets the state guidelines for reporting (*participate in the "larger sample" and complete 10+ questionnaires per survey*). A regional YRBS report will be provided if your school does not meet the state reporting guidelines.

Q. Our school's priorities are activities related to the Every Student Succeeds Act (ESSA) and improving student success. Will participating in the YRBS help that as well?

A. YES! Study after study has shown that students who do not engage in the behaviors assessed by the YRBS have higher grades and test scores. In addition, the YRBS provides valuable data that are relevant to ESSA data collection requirements including data on the incidence and prevalence of illegal drug use and violence among youth, age of onset, and the prevalence of risk factors. The YRBS also provides data to assess school climate which the ND ESSA Committee has chosen as its non-academic indicator.

Q. Are sensitive questions asked on the YRBS?

A. Yes. Some questions are sensitive. To help solve health problems among our youth, we must ask questions about health-risk behaviors. Attempted suicide, tobacco use, alcohol and other drug use, weapon carrying and sexual behavior are sensitive issues. Questions are presented in a straightforward, yet sensitive manner.

Q. Are sensitive questions asked on the YTS?

A. No. All questions on the survey relate to student's attitudes, behaviors, and knowledge about tobacco use, intent to use, exposure to tobacco use, and exposure to tobacco marketing/advertising.

Q. Will student names be used or linked to the surveys?

A. No. The surveys have been designed to protect student privacy and anonymity (*we never know which students at a school did or did not take the survey*). For online surveys, students receive a code that allows a student to access the survey website (*the codes are distributed at random to students so we can never link a code to an individual student*), once a code has been used it cannot be used again to access the web survey, and CDC website/classroom protocols prevent others from seeing a student's answers while they are taking the survey. For paper surveys, students do not put their name on either survey, when students finish the survey they place it in a self-sealing envelope, and the sealed envelopes are then placed in a big box or envelope.

Q. Do students take the surveys more than once to see how their behaviors change?

A. No. A new sample of schools and students is drawn each time the surveys are administered. Students who take part cannot be tracked because their names are not on the survey and no identifying information is collected.

Q. What if school districts, schools or students do not choose to participate?

A. Participation in the YRBS and/or YTS is voluntary. However, to develop accurate state and national estimates of priority health-risk behaviors among adolescents, participation rates must be high. Selected schools and students cannot be replaced. The goal is to achieve 95 to 100 percent participation by selected schools and students.

Q. What grade levels are included?

A. The YRBS and YTS are administered to students in grades 7 and 8 (middle school) and grades 9 through 12 (high school). Both the YRBS and YTS use separate surveys for each grade level (middle school and high school).

Q. How many students are involved from each school?

A. Depending on the size of the school, both the YRBS and YTS sample one to five classes per selected school (depending on the number of students enrolled at your school). Approximately 10 to 100 students are selected from each school using a random, systematic process determined by CDC. For the YRBS, however, you also have the option to participate in the “larger sample” and survey more classes/students in order to receive statistically reliable data for your school.

Q. How are schools selected to be in the survey?

A. CDC uses a stratified, random sample to select schools for the YRBS and YTS statewide samples. The probability of a school being selected is based on enrollment, community size, and the percentage of students receiving “free or reduced lunch”. For the YRBS, however, you have the option to survey classes/students even if your school was not selected for the CDC statewide sample.

Q. How long does it take to fill out the survey? Does the survey include a physical test?

A. One class period is needed to fill out the survey (either online or paper). The survey does not include a physical test or exam.

Q. Do students answer questions truthfully?

A. Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation. This is accomplished by implementing strict CDC protocols that protect student privacy (*for both the online and paper surveys*) and having an adult present during survey administration.

Q. When is the survey conducted? When are results available?

A. Data collection occurs during February and/or March on odd-numbered years. Results are published the following year. All participating states receive YRBS & YTS results. For the YRBS, a local report will be provided if your school meets the state guidelines for reporting (*participate in the “larger” sample and complete 10+ questionnaires per survey*). A regional report will be provided if your school does not meet the state reporting guideline. State, regional, and individual school results will be available later next fall.

Q. What kind of parent permission is needed?

A. In 1995, the North Dakota Department of Public Instruction began recommending that schools use passive parental permission forms, which means permission is given unless a parent or guardian instructs the school **not** to give the survey to their child. Samples of a parental consent form and a newsletter article are included with your survey materials.

Q. Where can additional information be obtained?

A. To obtain additional information about the YRBS and/or YTS, contact one of the following:

YRBS Coordinator:

Matt Schmidt
YRBS Program Coordinator
ND Department of Health and Human Services
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: 701.328.1384
Email: matschmidt@nd.gov

YTS Coordinator:

Clint Boots
Research Analyst
Health Statistics and Performance Division
ND Department of Health and Human Services
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: 701.328.4566
Email: cboots@nd.gov

YRBS & YTS Contractor:

Mark Winkelman, Owner
Winkelman Consulting
PO Box 11375
Fargo, ND 58106-1375
Phone: 701.799.0877
Email: mrwinkelman@gmail.com

Frequently Asked Questions: Administering the Youth Risk Behavior Survey (YRBS) and the Youth Tobacco Survey (YTS) while protecting student confidentiality

Q. What are the differences between passive and active parent permission?

A. See the chart below.

Passive & Active Parent Permission

| | Passive Parent Permission | Active Parent Permission |
|---|--|--|
| Parental notification... | ...informs parents about the survey and gives them the opportunity to decline their child's participation. | ...informs parents about the survey and gives them the opportunity to decide whether or not their child participates. |
| Parents are notified when... | ...a letter is sent to parents that describes the purpose, procedures, and the voluntary nature of the survey. | ...a letter is sent to parents that describes the purpose, procedures, and the voluntary nature of the survey. |
| In order for a child to participate in the survey... | ...parents do not have to return any forms. | ...parents return a permission form indicating whether they give permission for their child to participate. |
| If a form is not returned... | ...permission is assumed. | ...it is assumed that permission is not granted and the child may not participate. However, children with a signed permission form that indicates approval to participate in the survey will be asked to complete the survey. |

Q. Does my school/district need active parent permission in order to conduct the Youth Risk Behavior Survey (YRBS)/Youth Tobacco Survey (YTS)?

A. No. There are **no** new federal or state laws or regulations that require active permission for students who participate in the YRBS/YTS.

Q. What type of parental permission should our school/district use to conduct the Youth Risk Behavior Survey (YRBS)/Youth Tobacco Survey (YTS)?

A. Since 1995, the North Dakota Department of Public Instruction has recommended that schools use passive parental permission. The YRBS is administered in January, February, and/or March of odd numbered years. Copies of passive permission forms will be distributed along with YRBS participation forms and support materials at least one month prior to the survey administration start date.

Q. Does Family Educational Rights and Privacy Act (FERPA) apply to the YRBS/YTS?

A. No. FERPA applies to individual, identifiable educational records. The YRBS/YTS DO NOT contain any personally identifiable information on student participants. Both surveys are administered ANONIMOUSLY and results are not part of any student's permanent educational record.

Q. How does the Every Student Succeeds Act (ESSA) affect the YRBS/YTS?

- A.** ESSA **does not** change the way the YRBS/YTS has been conducted in North Dakota. ESSA will continue the requirement through the Protection of Pupil Rights Amendment (PPRA). The PPRA states that schools and contractors obtain written parental consent before minor students are **required** to participate in any Department of Education-funded survey, analysis, or evaluation that reveals information concerning any of the following eight protected areas described in the law. These eight areas include:
1. Political affiliation;
 2. Mental and psychological problems potentially embarrassing to the student and his/her family;
 3. Sex behavior and attitudes;
 4. Illegal, anti-social, self-incriminating, and demeaning behavior;
 5. Critical appraisals of other individuals with whom respondents have close family relationships;
 6. Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
 7. Religious practices, affiliations, or beliefs of the student or student's parent; or
 8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

The YRBS/YTS surveys do ask questions regarding some of these areas. However, they are **not required** and they are **not funded** in whole or in part by the Department of Education. Therefore, the PPRA requirement for active parental consent **does not apply to the YRBS/YTS**. The YRBS/YTS are conducted using funds from the Centers for Disease Control and Prevention.

ESSA will also continue to require schools that receive funds from the U.S. Department of Education develop and adopt local policies, in consultation with parents, to protect student privacy. This includes the right of parents to inspect the survey upon request if the survey contains any of the personal issues listed above. Allowing parents to review the YRBS/YTS questionnaires at the school is consistent with standard YRBS/YTS practice in North Dakota.

Q. Can the YRBS help my school fulfill its ESSA requirements?

- A.** Yes. As agreed by the ND ESSA Planning Committee, ND schools will need to collect data on school climate and student engagement as its non-academic indicator. Based on their work, YRBS stakeholders have added questions pertaining to school climate so that ND school districts can use this vital data as a needs assessment tool for the consolidated application process.

REFERENCES:

- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent School Health, (2002). Parental Permission: Conducting a Successful Youth Risk Behavior Survey (YRBS) with Active Parental Permission, Atlanta, GA.
- Forum Guide to Protecting the Privacy of Student Information
<http://www.nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2004330>

FOR MORE INFORMATION:

Matt Schmidt
YRBS Program Coordinator
ND Department of Health and Human Services
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: 701.328.1384
Email: matschmidt@nd.gov

The YRBS gives your child an opportunity to share their voice anonymously and voluntarily. Participation brings students' experiences to light so that

parents, districts, and schools can provide the most appropriate resources for any challenges students may face.

Q&A

▶ **Are sensitive questions asked?**

YES. Some questions may be considered sensitive. The questionnaire asks about attempted suicide, tobacco, alcohol and other drug use, and behaviors related to violence. Topics also include sexual intercourse and injection drug use, as these are among the behaviors known to increase the risk of HIV and other STDs. Questions are presented in a straightforward manner and the survey is anonymous, thus reducing any uneasiness about answering questions considered sensitive. If students are not comfortable answering a question, they may leave it blank.

▶ **Will student names be used or linked to the surveys?**

NO. The survey is anonymous. Teachers are not involved directly in the administration of the survey. Specially trained staff will administer the survey in each selected school. Students are not asked to provide their names when completing the survey.

▶ **Do students take the survey more than once to see how their behaviors change?**

NO. Each year a new random sample of states, schools, and students is selected. Students who take part one year cannot be tracked because their names are not recorded.

▶ **How was my child selected to be in the survey?**

About 25,000 students from approximately 315 schools were selected to take part across the country. One or two classes (about 25 to 50 students) in each of grades 9 through 12 were picked randomly to take part in each school.

“YRBS results are critical to understand the health status and needs of our youth. The results of this comprehensive survey add great insight into the world of our youth and the environment in which our young people spend the majority of their time.”

Nathan R. Monell, CAE,
Executive Director, National PTA



“CDC’s dedication to maintaining the YRBS system at all levels (local, state and national) is important in raising awareness of the kinds of risky behaviors in which adolescents engage, and the role of pediatricians and other health care providers in reducing these unhealthy and risky behaviors. The issues identified in the YRBS impact many facets of adolescents’ lives that can result in long-term consequences, ranging for example from unintended pregnancies, sexually transmitted infections, poorer school performance, and unhealthy lifestyle choices.”

Debra B. Waldron, MD, MPH, FAAP,
American Academy of Pediatrics



Form for Denial of Parental Permission

2025 Youth Risk Behavior Survey (YRBS) & 2025 Youth Tobacco Survey (YTS) High School (Grades 9-12) & Middle School (Grades 7-8)

To **grant permission**, do **nothing** and your child **will** be allowed to participate.

To **deny permission** to participate, you **must** (1) check the box below, (2) complete the entire section at the bottom of the form, **and** (3) return the completed form to the school office.

- My child may not take part in the YRBS and/or YTS survey.** If I do **not** (1) check this box, (2) complete the entire section at the bottom of the form, **and/or** (3) return the completed form to the school office, my child will be allowed to participate.

Our school is taking part in the 2025 North Dakota Youth Risk Behavior Survey (YRBS) and 2025 North Dakota Youth Tobacco Survey (YTS) sponsored by the North Dakota Department of Health & Human Services and the North Dakota Department of Public Instruction. The YRBS survey will ask about nutrition, physical activity, injuries, tobacco, alcohol, other drug use, sexual behavior, and school climate. The content of the YTS survey includes tobacco questions related to: prevalence (electronic vapor products, cigarettes, smokeless tobacco, cigars, and pipes); knowledge and attitudes; cessation; environmental tobacco smoke; media and advertising; minors' access; and school curriculum. Copies of the questionnaires are available in the school office for your review.

Students in grades 7-12 will be asked to fill out a questionnaire that takes about 45 minutes to complete. Doing this survey will cause no risk to your child. The survey has been designed to protect your child's privacy. No student or class will ever be mentioned by name in a report of the results. Although there is no immediate benefit to your child taking part in this survey, the results will help establish trends over time.

We would like all selected students to take part in the survey, **but the survey is voluntary**. No action will be taken against the school, you, or your child, if your child does not take part. Students can skip any question they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

Our school has been asked to administer the surveys between February 17 & March 3, 2025 (*or as soon as we are able after those dates*). If you decide you do **not** want your child to take part in the survey, please sign the form below and return it to the office.

If your child's teacher or principal cannot answer your questions about the survey, please feel free to email or call Mark Winkelman, Owner of Winkelman Consulting, at mrwinkelman@gmail.com or 701.799.0877. Thank you.

| | |
|--|------------------------------|
| I have read this form and know what the survey is about. To <u>deny permission</u> for my child to participate, I understand that I <u>must</u> (1) check the box at the top of this form, (2) complete the entire section below, <u>and</u> (3) return the signed form to the school office. | |
| <u>Child's Name:</u> | <u>Child's Grade:</u> |
| <u>Parent's Phone Number:</u> | <u>Date:</u> |
| <u>Parent's Signature:</u> | |

**Sample - School Newsletter Articles:
2025 Youth Risk Behavior Survey (YRBS) & 2025 Youth Tobacco Survey (YTS)**

***High School (Grades 9-12) & Middle School (Grades 7-8):
YRBS & YTS Surveys***

Our school is taking part in the 2025 North Dakota Youth Risk Behavior Survey (YRBS) and the 2025 North Dakota Youth Tobacco Survey (YTS) sponsored by the North Dakota Department of Health & Human Services and the North Dakota Department of Public Instruction. The YRBS survey will ask about nutrition, physical activity, injuries, tobacco, alcohol, other drug use, sexual behavior and school climate. The content of the YTS survey includes tobacco questions related to: prevalence (electronic vapor products, cigarettes, smokeless tobacco, cigars, and pipes); knowledge and attitudes; cessation; environmental tobacco smoke; media and advertising; minors' access; and school curriculum.

Students in grades 7-12 will be asked to fill out a questionnaire that takes about 45 minutes to complete. Doing this survey will cause no risk to students. The survey has been designed to protect student privacy. No student or class will ever be mentioned by name in a report of the results. The results of the survey will help establish trends over time that can be utilized in school planning and curriculum development.

We would like all selected students to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or your child, if your child does not take part. Students can skip any question they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

Our school has been asked to administer the surveys between February 17 & March 7, 2025 (*or as soon as we are able after those dates*). The surveys will be available in the front office for you to preview if you desire. If you decide you do not want your child to take part in the survey, we will have you sign the appropriate form.

NOTE:

1. *If you would like to have an electronic Microsoft Word version of this document (or any other documents in this packet) emailed to you, please contact Mark Winkelman at mrwinkelman@gmail.com*
2. *If needed, feel free to change the survey administration date range in the last paragraph to better fit the date or dates on which your students will be completing their surveys.*

2025 North Dakota Youth Risk Behavior Survey

High School (Grades 9-12) Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do, experience, or think.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only 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. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

4. What is your race and/or ethnicity? **(Select one or more responses.)**
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Middle Eastern or North African
 - F. Native Hawaiian or Pacific Islander
 - G. White

5. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

| Height | |
|--------|--------|
| Feet | Inches |
| 5 | 7 |
| ③ | ⑩ |
| ④ | ① |
| ● | ② |
| ⑥ | ③ |
| ⑦ | ④ |
| | ⑤ |
| | ⑥ |
| | ● |
| | ⑧ |
| | ⑨ |
| | ⑩ |
| | ⑪ |

6. How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

| Weight | | |
|--------|---|---|
| Pounds | | |
| 1 | 5 | 2 |
| Ⓐ | Ⓐ | Ⓐ |
| ● | Ⓐ | Ⓐ |
| Ⓑ | Ⓑ | ● |
| Ⓒ | Ⓒ | Ⓒ |
| | Ⓓ | Ⓓ |
| | ● | Ⓔ |
| | Ⓚ | Ⓚ |
| | Ⓛ | Ⓛ |
| | Ⓜ | Ⓜ |
| | Ⓨ | Ⓨ |

7. How long have you lived in the United States?
A. Less than 1 year
B. 1 to 3 years
C. 4 to 6 years
D. More than 6 years but not my whole life
E. I have always lived in the United States

The next 9 questions ask about safety.

8. How often do you wear a seat belt when **riding** in a car driven by someone else?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
9. How often do you wear a seat belt when **driving** a car?
A. I do not drive a car
B. Never
C. Rarely
D. Sometimes
E. Most of the time
F. Always
10. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** (also called pot or weed)?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
A. I did not drive a car or other vehicle during the past 30 days
B. I drove a car or other vehicle, but not when I had been drinking alcohol
C. 1 time
D. 2 or 3 times
E. 4 or 5 times
F. 6 or more times
13. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot or weed)?
A. I did not drive a car or other vehicle during the past 30 days
B. I drove a car or other vehicle, but not when I had been using marijuana
C. 1 time
D. 2 or 3 times
E. 4 or 5 times
F. 6 or more times
14. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
A. I did not drive a car or other vehicle during the past 30 days
B. I drove a car or other vehicle, but did not text or e-mail while driving
C. 1 or 2 days
D. 3 to 5 days
E. 6 to 9 days
F. 10 to 19 days
G. 20 to 29 days
H. All 30 days

15. During the past 30 days, on how many days did you **talk on a cell phone** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

16. During the past 30 days, on how many days did you **use the Internet or apps on your cell phone** (such as YouTube, Instagram, or Facebook) while **driving** a car or other vehicle? (Do not count using your cell phone to get driving directions or to determine your location.)
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 4 questions ask about violence-related behaviors and experiences.

17. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

18. During the past 12 months, how many times did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

19. During the past 12 months, did you ever force **someone you were dating or going out with** to do sexual things that they did not want to do? (Count such things as kissing, touching, or physically forcing them to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. Yes
 - C. No

20. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
- A. Yes
 - B. No

The next 3 questions ask about experiences with parents or other adults in your home.

21. During your life, how often has a parent or other adult in your home insulted you or put you down?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
22. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

23. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next question asks about times that you felt you were treated badly or unfairly.

24. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 3 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

25. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
26. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No
27. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
- A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

28. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

29. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
 - B. No
30. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
31. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
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 you ask for help from someone such as a doctor, counselor, or hotline before your attempt?
- A. **I did not attempt suicide** during the past 12 months
 - B. Yes
 - C. No

The next 3 questions ask about cigarette smoking.

34. Have you ever smoked a cigarette, even one or two puffs?
A. Yes
B. No
35. During the past 30 days, on how many days did you smoke cigarettes?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days
36. During the past 12 months, did you ever try to **quit** smoking cigarettes?
A. I did not smoke during the past 12 months
B. Yes
C. No

The next 2 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

37. Have you ever used an electronic vapor product?
A. Yes
B. No
38. During the past 30 days, on how many days did you use an electronic vapor product?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

The next 2 questions ask about other tobacco products.

39. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches**, such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo? (Do **not** count any electronic vapor products.)
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days
40. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

41. How old were you when you had your first drink of alcohol other than a few sips?
A. I have never had a drink of alcohol other than a few sips
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older

42. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days
 - G. 100 or more days
43. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
44. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks
45. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

46. During the past 30 days, where did you **usually** drink alcohol? (Select only **one** response.)
- A. I did not drink alcohol during the past 30 days
 - B. At my home
 - C. At another person's home
 - D. While riding in or driving a car or other vehicle
 - E. At a restaurant, bar, or club
 - F. At a public place such as a park, beach, or parking lot
 - G. At a public event such as a concert or sporting event
 - H. On school property
47. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk

The next 4 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

48. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times
49. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

50. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

51. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)
- A. I did not use marijuana during the past 30 days
 - B. I smoked it in a joint, bong, pipe, or blunt
 - C. I ate it in food such as brownies, cakes, cookies, or candy
 - D. I drank it in tea, cola, alcohol, or other drinks
 - E. I vaporized it
 - F. I dabbled it using waxes or concentrates
 - G. I used it some other way

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

52. During your life, how many times have you used synthetic marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

53. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 2 questions ask about other drugs.

54. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
55. During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about body weight.

56. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

57. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

58. During the past 7 days, how many times did you eat **green salad**?
- I did not eat green salad during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
59. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
60. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
61. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
62. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
63. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop or 100% fruit juice.)
- I did not drink these sugar-sweetened beverages during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
64. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- I did not drink water during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
65. During the past 7 days, on how many days did you eat **breakfast**?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
- The next question asks about physical activity.**
66. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

67. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

68. How often do you use social media?
- A. I do not use social media
 - B. A few times a month
 - C. About once a week
 - D. A few times a week
 - E. About once a day
 - F. Several times a day
 - G. About once an hour
 - H. More than once an hour

The next 10 questions ask about other health-related topics.

69. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
70. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure

71. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
72. During the past 12 months, when you have felt sad, empty, hopeless, angry, or anxious, how often did you get the kind of help you needed?
- A. I did not need help with any of these emotions during the past 12 months
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
73. When something upsetting happens to you, how often can you manage your emotions?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
74. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours
75. During the past 12 months, where did you usually sleep?
- A. In my parent's or guardian's home
 - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 - C. In a shelter or emergency housing
 - D. In a motel or hotel
 - E. In a car, park, campground, or other public place
 - F. I do not have a usual place to sleep
 - G. Somewhere else

76. During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
77. During the past 12 months, how often did the food your family bought run out and they did not have money to buy more?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
78. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 3 questions ask about other experiences you may have had during your life.

79. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
- A. Yes
 - B. No
80. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?
- A. Yes
 - B. No
81. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- A. Yes
 - B. No

The next 3 questions ask about school experience and support.

82. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
- A. Yes
 - B. No
 - C. Not sure
83. Do you agree or disagree that your school has clear rules and consequences for behavior?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
84. How often do you feel safe and secure at school?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next question asks about your paying jobs, including work at a family business or farm, even if you were not paid directly. When answering these questions, do NOT include chores, yard work, or babysitting at your own home.

85. During the school year, how many hours per week do you usually work at all your paying jobs?
- A. I do not work at a paying job during the school year
 - B. 1 to 5 hours per week
 - C. 6 to 10 hours per week
 - D. 11 to 20 hours per week
 - E. 21 to 30 hours per week
 - F. 31 or more hours per week

The next 4 questions ask about HIV, STI, and Pregnancy Prevention.

86. During the past 12 months, have you been tested for a sexually transmitted infection (STI) including HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
 - B. No
 - C. Not sure
87. Have you ever had sex education in school?
- A. Yes
 - B. No
 - C. Not sure
88. During the past 12 months, from which source did you receive the most information about sexual health? (Select only **one** response.)
- A. I did not receive information about sexual health during the past 12 months
 - B. An online source, such as a website or social media
 - C. A friend
 - D. An adult at school, such as a teacher or school nurse
 - E. A parent, guardian, or other trusted adult outside of school
 - F. Some other source
89. From which source would you prefer to receive information about sexual health? (Select only **one** response.)
- A. I would prefer not to receive information about sexual health
 - B. I do not have a preferred source for sexual health information
 - C. An online source, such as a website or social media
 - D. A friend
 - E. An adult at school, such as a teacher or school nurse
 - F. A parent, guardian, or other trusted adult outside of school
 - G. Some other source

The next 2 questions ask about revealing or sexual photos.

90. During the past 30 days, have you received a text or an e-mail with a revealing or sexual photo of someone?
- A. Yes
 - B. No

91. During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?
- A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about sexual and gender identity.

92. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (questioning)
 - F. I do not know what this question is asking
93. 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?
- A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking

The next 5 questions ask about sexual behavior.

94. Have you ever had sexual intercourse?
- A. Yes
 - B. No
95. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
96. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No

97. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No

98. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse with an opposite-sex partner
 - B. No method was used to prevent pregnancy
 - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
 - D. Condoms
 - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method
 - H. Not sure

**This is the end of the survey.
Thank you very much for your help.**

2025 North Dakota Middle School Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do, experience, or think.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only 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. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 10 years old or younger
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old or older

2. What is your sex?
 - A. Female
 - B. Male
3. In what grade are you?
 - A. 6th grade
 - B. 7th grade
 - C. 8th grade
 - D. Ungraded or other grade
4. What is your race and/or ethnicity? (**Select one or more responses.**)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Middle Eastern or North African
 - F. Native Hawaiian or Pacific Islander
 - G. White
5. How long have you lived in the United States?
 - A. Less than 1 year
 - B. 1 to 3 years
 - C. 4 to 6 years
 - D. More than 6 years but not my whole life
 - E. I have always lived in the United States

The next 2 questions ask about safety.

6. How often do you wear a seat belt when **riding** in a car?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
7. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about violence-related behaviors and experiences.

8. During the past 12 months, did someone do sexual things to you that you did not want to do by pressuring you, lying to you, making promises about the future, threatening to end your relationship, or threatening to spread rumors about you?
- A. Yes
 - B. No
9. During the past 12 months, did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
- A. I did not date or go out with anyone during the past 12 months
 - B. Yes
 - C. No

The next question asks about times that you felt you were treated badly or unfairly.

10. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

11. Have you ever been bullied **on school property**?
- A. Yes
 - B. No

12. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next 4 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

13. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
 - B. No
14. Have you ever **seriously** thought about killing yourself?
- A. Yes
 - B. No
15. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
 - B. No
16. Have you ever **tried** to kill yourself?
- A. Yes
 - B. No

The next 2 questions ask about cigarette smoking.

17. Have you ever smoked a cigarette, even one or two puffs?
- A. Yes
 - B. No
18. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 2 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

19. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
20. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 2 questions ask about other tobacco products.

21. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches**, such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo? (Do **not** count any electronic vapor products.)
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
22. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

23. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No
24. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older
25. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
26. Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. Yes
 - B. No

The next 3 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

27. Have you ever used marijuana?
- A. Yes
 - B. No

28. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

29. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

30. Have you ever taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. Yes
 - B. No

The next question asks about other drugs.

31. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
 - B. No

The next question asks about body weight.

32. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight

The next 4 questions ask about food you ate or drank. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

33. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
34. During the past 7 days, how many times did you eat **vegetables**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
35. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- A. I did not drink water during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
36. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next question asks about physical activity.

37. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

38. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

39. How often do you use social media?
- A. I do not use social media
 - B. A few times a month
 - C. About once a week
 - D. A few times a week
 - E. About once a day
 - F. Several times a day
 - G. About once an hour
 - H. More than once an hour

The next 8 questions ask about other health-related topics.

40. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
41. During the past 12 months, when you have felt sad, empty, hopeless, angry, or anxious, how often did you get the kind of help you needed?
- A. I did not need help with any of these emotions during the past 12 months
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
42. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
- A. Yes
 - B. No
 - C. Not sure
43. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours

44. During the past 12 months, where did you usually sleep?
- A. In my parent's or guardian's home
 - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 - C. In a shelter or emergency housing
 - D. In a motel or hotel
 - E. In a car, park, campground, or other public place
 - F. I do not have a usual place to sleep
 - G. Somewhere else
45. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure

46. During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
47. During the past 12 months, how often did the food your family bought run out and they did not have money to buy more?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 2 questions ask about revealing or sexual photos.

48. During the past 30 days, have you received a text or an e-mail with a revealing or sexual photo of someone?
- A. Yes
 - B. No
49. During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?
- A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about gender and sexual identity.

50. 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?
- A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking
51. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (questioning)
 - F. I do not know what this question is asking

The next 3 questions ask about sexual behavior.

52. Have you ever had sexual intercourse?
- A. Yes
 - B. No
53. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
54. During the past 12 months, from which source did you receive the most information about sexual health? (Select only **one** response.)
- A. I did not receive information about sexual health during the past 12 months
 - B. An online source, such as a website or social media
 - C. A friend
 - D. An adult at school, such as a teacher or school nurse
 - E. A parent, guardian, or other trusted adult outside of school
 - F. Some other source

**This is the end of the survey.
Thank you very much for your help.**

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North Dakota High School (Grades 9-12)

2025 Youth Tobacco Survey (YTS)

- This survey is about tobacco. We would like to know about you and things you do that may affect your health. Your answers will be used for programs for young people like yourself.
- DO NOT write your name on this survey. The answers you give will be kept private.
- NO one will know what you write. Answer the questions based on what you really do and know.
- Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Try to answer all the questions. If you do not want to answer a question, just leave it blank. There are no wrong answers.
- The questions that ask 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.
- Please read every question. Try to answer all the questions. Circle the letter in front of your answer (or answers if more than one answer is allowed). When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help!

The first questions ask for some background information about you.

1. How old are you?
 - A. 13 years old or younger
 - B. 14 years old
 - C. 15 years old
 - D. 16 years old
 - E. 17 years old
 - F. 18 years old or older
2. What is your sex?
 - A. Female
 - B. Male

3. 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?
 - A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking
4. Which of the following best describes you?
 - A. Heterosexual (*straight*)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (*questioning*)
 - F. I do not know what this question is asking
5. What grade are you in?
 - A. 9th
 - B. 10th
 - C. 11th
 - D. 12th
 - E. Ungraded or other grade
6. What is your race and/or ethnicity? (**Select one or more answers.**)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Middle Eastern or North African
 - F. Native Hawaiian or Pacific Islander
 - G. White
7. During the past 12 months, have you had an episode of asthma or an asthma attack?
 - A. Yes
 - B. No

The next six sets of questions ask about your use of certain tobacco products.

Electronic vapor products

The next few questions are about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape-pens.

8. If one of your best friends were to offer you an electronic vapor product, would you use it?
 - A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not

9. Have you **ever** used an electronic vapor product, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 9 above (*Have you ever used an electronic vapor product, even one or two puffs?*), **then skip** to question 16, the first question in the “Cigarettes” Section.

10. What are the main reasons why you have used an electronic vapor product? (**Select one or more answers.**)
- A. I have never used an electronic vapor product
 - B. Friend or family member used them
 - C. To try to quit using tobacco products, such as cigarettes
 - D. They cost less than other tobacco products, such as cigarettes
 - E. Famous people on TV or in movies use them
 - F. They are less harmful than other forms of tobacco, such as cigarettes
 - G. They are available in flavors, such as mint, candy, fruit, or chocolate
 - H. They can be used in areas where other tobacco products, such as cigarettes, are not allowed
 - I. I saw an ad for them and they looked cool
 - J. They are easier to hide than other tobacco products
 - K. I used them for some other reason

11. Which of the following substances have you ever used in an electronic vapor product? (**Select one or more answers.**)
- A. I have never used an electronic vapor product
 - B. I have used nicotine in an electronic vapor product
 - C. I have used marijuana, THC or hash oil, or THC wax in an electronic vapor product
 - D. I have used another substance that is not nicotine, marijuana, THC or hash oil, or THC wax in an electronic vapor product
 - E. I am not sure what substance or substances were in the electronic vapor products I've used

12. During the **past 30 days**, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

NOTE: If you answered “0 days” to question 12 above (*During the past 30 days, on how many days did you use an electronic vapor product?*), **then skip** to question 16, the first question in the “Cigarettes” Section.

13. Menthol electronic vapor products are electronic vapor products that taste like mint. During the **past 30 days**, were the electronic vapor products that you usually used menthol electronic vapor products?
- A. I did not use electronic vapor products during the past 30 days
 - B. Yes
 - C. No
 - D. Not sure

14. During the **past 30 days**, how did you get your own electronic vapor products? (**Select one or more answers.**)
- A. I did not use electronic vapor products during the past 30 days
 - B. I bought them myself from a store, gas station, or vending machine
 - C. I bought them myself on the Internet or by mail
 - D. I had someone else buy them for me
 - E. I borrowed or bummed them
 - F. Someone gave them to me without my asking
 - G. I took them from a store or another person
 - H. I got them some other way
15. I plan to stop using electronic vapor products **for good** within the next... (**Please chose the FIRST answer that fits**)
- A. I do not use electronic vapor products now
 - B. 7 days
 - C. 30 days
 - D. 6 months
 - E. 1 year
 - F. I do not plan to stop using electronic vapor products within the next year

Cigarettes

The next few questions are about cigarettes, which includes all types of cigarettes and flavored cigarettes.

NOTE: Do not include e-cigarettes and other electronic vapor products.

16. If one of your best friends were to offer you a cigarette, would you smoke it?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
17. Have you **ever** smoked a cigarette, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 17 above (*Have you ever smoked a cigarette, even one or two puffs?*), **then skip** to question 30, the first question in the “Cigars” Section.

18. How old were you when you **first** smoked a cigarette, even one or two puffs?
- I have never smoked a cigarette, 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 or older
19. When was the last time you smoked a cigarette, even one or two puffs? (**Please chose the FIRST answer that fits**)
- I have never smoked cigarettes, not even one or two puffs
 - Earlier today
 - Not today but sometime during the past 7 days
 - Not during the past 7 days but sometime during the past 30 days
 - Not during the past 30 days but sometime during the past 6 months
 - Not during the past 6 months but sometime during the past year
 - 1 to 4 years ago
 - 5 or more years ago
20. 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
- NOTE:** If you answered “0 days” to question 20 above (During the **past 30 days**, on how many days did you smoke cigarettes?), **then skip** to question 30, the first question in the “Cigars” Section.
21. During the **past 30 days**, on the days you smoked, how many cigarettes did you smoke per day?
- I did not smoke cigarettes during the past 30 days
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
22. How long can you go without smoking before you feel like you need a cigarette?
- I have never smoked cigarettes
 - I do not smoke cigarettes now
 - Less than an hour
 - 1 to 3 hours
 - More than 3 hours but less than a day
 - A whole day
 - Several days
 - A week or more
23. Menthol cigarettes are cigarettes that taste like mint. During the **past 30 days**, were the cigarettes that you usually smoked menthol cigarettes?
- I did not smoke cigarettes during the past 30 days
 - Yes
 - No
 - Not sure
24. Flavored cigarettes are cigarettes that taste like fruit flavors, chocolate or candy flavors, beverage flavors, or a combination of flavors. During the **past 30 days**, were the cigarettes that you usually smoked flavored cigarettes? (**Do not include menthol cigarettes**)
- I did not smoke cigarettes during the past 30 days
 - Yes
 - No
 - Not sure
25. During the **past 30 days**, how did you get your own cigarettes? (**Select one or more answers.**)
- I did not smoke cigarettes during the past 30 days
 - I bought them myself from a store, gas station, or vending machine
 - I bought them myself on the Internet or by mail
 - 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
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
27. I plan to stop smoking cigarettes **for good** within the next... (**Please chose the FIRST answer that fits**)
- I do not smoke cigarettes now
 - 7 days
 - 30 days
 - 6 months
 - 1 year
 - I do not plan to stop smoking cigarettes within the next year
28. 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 cigarettes during the past 12 months
 - I did not try to quit cigarettes during the past 12 months
 - 1 time
 - 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times

29. When you **last tried to quit** for good, how long did you stay off cigarettes? (*Please chose the **FIRST answer that fits***)
- A. I have never smoked cigarettes
 - B. I have never tried to quit cigarettes
 - C. Less than a day
 - D. 1 to 7 days
 - E. More than 7 days but less than 30 days
 - F. More than 30 days but less than 6 months
 - G. More than 6 months but less than 1 year
 - H. 1 year or more

Cigars

The next few questions are about cigars, which includes all types of cigars, cigarillos, little cigars, and little flavored cigars.

NOTE: Do not include e-cigars and other electronic vapor products.

30. Have you **ever** smoked a cigar, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 30 above (*Have you **ever** smoked cigars, even one or two puffs?*), then skip to question 34, the first question in the “**Smokeless Tobacco**” Section.

31. How old were you when you **first** smoked a cigar, even one or two puffs?
- A. I have never smoked a cigar, not even one or two puffs
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old
 - I. 15 years old
 - J. 16 years old
 - K. 17 years old or older

32. During the **past 30 days**, on how many days did you smoke cigars?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

NOTE: If you answered “0 days” to question 32 above (*During the **past 30 days**, on how many days did you smoke cigars?*), then skip to question 34, the first question in the “**Smokeless Tobacco**” Section.

33. During the **past 30 days**, how did you get your own cigars? (*Select one or more answers.*)
- A. I did not smoke cigars during the past 30 days
 - B. I bought them myself from a store, gas station, or vending machine
 - C. I bought them myself on the Internet or by mail
 - D. I had someone else buy them for me
 - E. I borrowed or bummed them
 - F. Someone gave them to me without my asking
 - G. I took them from a store or another person
 - H. I got them some other way

Smokeless Tobacco

The next few questions are about smokeless tobacco, which includes all types of chewing tobacco, snuff, or dip (*such as Copenhagen, Grizzly, Skoal, etc.*); snus (*such as Camel Snus, etc.*); or dissolvable tobacco products (*such as Camel Orbs, Sticks, or Strips, etc.*).

NOTE: Do not include electronic vapor products.

34. Have you **ever** used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, even just a small amount?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 34 above (*Have you **ever** used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, even just a small amount?*), then skip to question 39, the first question in the “**Tobacco Pipes**” Section.

35. How old were you when you **used** chewing tobacco, snuff, dip, snus, or dissolvable tobacco products for the **first** time?
- A. I have never used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old
 - I. 15 years old
 - J. 16 years old
 - K. 17 years old or older

36. During the **past 30 days**, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

NOTE: If you answered “0 days” to question 36 above (*During the **past 30 days**, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?*), then skip to question 39, the first question in the “**Tobacco Pipes**” Section.

37. During the **past 30 days**, how did you get your own chewing tobacco, snuff, dip, snus, or dissolvable tobacco products? **(Select one or more answers.)**
- A. I did not use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products during the past 30 days
 - B. I bought it myself from a store, gas station, or vending machine
 - C. I bought it myself on the Internet or by mail
 - D. I had someone else buy it for me
 - E. I borrowed or bummed it
 - F. Someone gave it to me without my asking
 - G. I took it from a store or another person
 - H. I got it some other way

38. During the **past 30 days**, did anyone **refuse** to sell you chewing tobacco, snuff, dip, snus, or dissolvable tobacco products because of your age?
- A. I did not try to buy chewing tobacco, snuff, dip, snus, or dissolvable tobacco products during the past 30 days
 - B. Yes
 - C. No

Tobacco Pipes

The next few questions are about tobacco pipes, which includes all types of pipes, hookahs, and waterpipes.

NOTE: Do not include e-hookahs, hookah-pens, and other electronic vapor products.

39. Have you **ever** smoked tobacco in a pipe, hookah, or waterpipe, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “**No**” to question 39 above (*Have you **ever** smoked tobacco in a pipe, hookah, or waterpipe, even one or two puffs?*), **then skip** to question 41, the first question in the “**Other Tobacco/Nicotine Products**” Section.

40. During the **past 30 days**, on how many days did you smoke tobacco in a pipe, hookah, or waterpipe?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

Other Tobacco/Nicotine Products

The next few questions are about other tobacco and nicotine products that were **not** already asked about earlier in this survey.

41. Which of the following tobacco or nicotine products have you **ever** tried, even just one time? **(Select one or more answers.)**
- A. Roll-your-own cigarettes
 - B. Clove cigars
 - C. Bidis or Beedis (*small brown cigarettes wrapped in a leaf*)
 - D. Kreteks (*clove cigarettes*)
 - E. Nicotine pouches (*e.g., Zyn, Velo, Volt, etc.*)
 - F. Some other tobacco or nicotine products not listed above or not asked about earlier in the survey
 - G. I have **never** tried any of the products listed above or any other tobacco or nicotine products not asked about earlier in the survey

NOTE: If you answered “I have **never** tried any of the products listed above or any other tobacco or nicotine products not asked about earlier in the survey” to question 41 above (*Which of the following tobacco or nicotine products have you ever tried, even just one time?*), **then skip** to question 43, the first question in the “**Quitting Tobacco Products**” Section.

42. In the **past 30 days**, which of the following tobacco or nicotine products have you used on **at least one day**? **(Select one or more answers.)**
- A. Roll-your-own cigarettes
 - B. Clove cigars
 - C. Bidis or Beedis (*small brown cigarettes wrapped in a leaf*)
 - D. Kreteks (*clove cigarettes*)
 - E. Nicotine pouches (*e.g., Zyn, Velo, Volt, etc.*)
 - F. Some other tobacco or nicotine products not listed above or not asked about earlier in the survey
 - G. I have not used any of the products listed above or any other tobacco or nicotine products not asked about earlier in the survey in the past 30 days

The next questions are about quitting **all** tobacco products. This includes quitting electronic vapor products, cigarettes, cigars, smokeless tobacco, tobacco pipes, or any other kind of tobacco product.

43. I plan to stop using **all** tobacco products **for good** within the next... **(Please chose the FIRST answer that fits)**
- A. I do not use any tobacco products now
 - B. 7 days
 - C. 30 days
 - D. 6 months
 - E. 1 year
 - F. I do not plan to stop using all tobacco products within the next year

44. In the **past 12 months**, did you do any of the following to help you quit using tobacco products of any kind for good? **(Select one or more answers.)**
- I did not use tobacco products of any kind during the past 12 months
 - I did not try to quit any tobacco products during the past 12 months
 - Attended a program at my school
 - Attended a program in the community
 - Called NDQuits
 - Used nicotine gum
 - Used nicotine patch
 - Used any medicine to help quit
 - Visited an Internet quit site
 - Used a social media site such as Facebook
 - Used a mobile App
 - Got help from family or friends
 - Used another method such as hypnosis or acupuncture
 - Tried to quit on my own or quit "cold turkey"
45. Do you think you would be able to quit using all tobacco products now if you wanted to?
- I do not use tobacco products of any kind now
 - Yes
 - No

The next questions ask about your thoughts about getting electronic vapor products and if you think electronic vapor companies are trying to get young people to use electronic vapor products.

46. How easy would it be for you to get electronic vapor products if you wanted some?
- Very easy
 - Somewhat easy
 - Not easy at all
47. Do you believe that electronic vapor companies try to get young people under 18 to use electronic vapor products?
- Yes
 - No

The next questions ask about your thoughts about getting cigarettes and other tobacco products and if you think tobacco companies are trying to get young people to use cigarettes and other tobacco.

NOTE: Do not include electronic vapor products or electronic vapor product companies.

48. How easy would it be for you to get cigarettes or other tobacco products if you wanted some?
- Very easy
 - Somewhat easy
 - Not easy at all
49. Do you believe that tobacco companies try to get young people under 18 to use cigarettes or other tobacco products?
- Yes
 - No

The next questions ask about advertisements you have seen or heard for various tobacco products.

50. When you are using the Internet, how often do you see ads for electronic vapor products, cigarettes, or other tobacco products?
- I do not use the Internet
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
51. When you watch TV or movies, how often do you see actors and actresses using electronic vapor products, cigarettes, or other tobacco products?
- I do not watch TV or movies
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
52. When you play videogames, how often do you see ads or promotions for electronic vapor products, cigarettes, or other tobacco products?
- I do not play videogames
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
53. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for electronic vapor products, cigarettes, or other tobacco products?
- I do not go to convenience stores, supermarkets, or gas stations
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
54. During the **past 30 days**, how often did you see an ad for electronic vapor products, cigarettes, or other tobacco products that was outdoors on a billboard or could be seen from outside a store?
- I did not see billboards or outdoor ads during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

55. What is the name of the **electronic vapor product** brand of your favorite electronic vapor product ad? (**Select one or more answers.**)
- Blu
 - Suorin Drop
 - JUUL
 - Logic
 - NJOY
 - Puff Bar
 - ROLO Badge
 - SMOK
 - Vuse
 - Some other brand not listed here
 - I do not have a favorite electronic vapor product ad
 - Not Sure

The next questions ask about tobacco warning labels. A warning label tells you if a product is harmful to you and can be either a picture or words.

56. During the **past 30 days**, how often did you see a warning label on an electronic vapor product or liquid refill package?
- I did not see an electronic vapor product or liquid refill package during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
57. During the **past 30 days**, how often did you see a warning label on a cigarette pack?
- I did not see a cigarette pack during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
58. During the **past 30 days**, how often did you see a warning label on a smokeless tobacco product (*chewing tobacco, snuff, dip, snus, or dissolvable tobacco products*)?
- I did not see a smokeless tobacco product during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next questions are about questions and advice any doctor, dentist, nurse, or other health professional might have asked.

59. During the **past 12 months**, did any doctor, dentist, or nurse ask you if you use electronic vapor products, cigarettes, or any other kind of tobacco?
- I did not see a doctor, dentist, or nurse during the past 12 months
 - Yes
 - No

60. During the **past 12 months**, did any doctor, dentist, or nurse advise you not to use electronic vapor products, cigarettes, or any other kind of tobacco?
- I did not see a doctor, dentist, or nurse during the past 12 months
 - Yes
 - No

The next questions ask about your exposure to vapor from other people's electronic vapor products.

61. During the **past 7 days**, on how many days did someone use an electronic vapor product **in your home** while you were there?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
62. During the **past 7 days**, on how many days did you ride **in a vehicle** where someone was using an electronic vapor product?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
63. During the **past 7 days**, on how many days were you with or near someone who was using an electronic vapor 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
64. During the **past 7 days**, on how many days were you with or near someone who was using an electronic vapor product in the place **where you work**?
- I do not have a job
 - I have a job but did not work in the past 7 days
 - 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

65. During the **past 7 days**, on how many days were you with or near someone who was using an electronic vapor product **in an indoor or outdoor public place**?
(Examples of *indoor public places* are stores, restaurants, and sports arenas. Examples of *outdoor public places* are parking lots, stadiums, and parks.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next questions ask about your exposure to smoke from other people's cigarettes, cigars, pipes, or other tobacco products.

NOTE: Do not include electronic vapor products.

66. During the **past 7 days**, on how many days did someone smoke a cigarette or other tobacco product **in your home** while you were there?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
67. During the **past 7 days**, on how many days did you ride **in a vehicle** where someone was smoking a cigarette or other tobacco product?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
68. During the **past 7 days**, on how many days were you with or near someone who was smoking a cigarette or other tobacco product **at your school**, including school buildings, school grounds, and school parking lots?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

69. During the **past 7 days**, on how many days were you with or near someone who was smoking a cigarette or other tobacco product in the place **where you work**?
- A. I do not have a job
 - B. I have a job but did not work in the past 7 days
 - C. 0 days
 - D. 1 day
 - E. 2 days
 - F. 3 days
 - G. 4 days
 - H. 5 days
 - I. 6 days
 - J. 7 days

70. During the **past 7 days**, on how many days were you with or near someone who was smoking a cigarette or other tobacco product **in an indoor or outdoor public place**?
(Examples of *indoor public places* are stores, restaurants, and sports arenas. Examples of *outdoor public places* are parking lots, stadiums, and parks.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next questions ask about rules in your home and vehicle for using electronic vapor products.

71. **In your home** is the use of electronic vapor products...
- A. Always allowed
 - B. Allowed only at some times or in some places
 - C. Never allowed
72. **In vehicles** that you and your household members own or lease, is the use of electronic vapor products...
- A. Always allowed
 - B. Sometimes allowed
 - C. Never allowed

The next questions ask about rules in your home and vehicle for smoking cigarettes or other tobacco products.

NOTE: Do not include electronic vapor products.

73. **In your home** is smoking cigarettes or other tobacco products...
- A. Always allowed
 - B. Allowed only at some times or in some places
 - C. Never allowed
74. **In vehicles** that you and your household members own or lease, is smoking cigarettes or other tobacco products...
- A. Always allowed
 - B. Sometimes allowed
 - C. Never allowed

The next questions ask about use of tobacco or nicotine products by people who live with you, your friends, and other people your age.

75. Does anyone who lives with you now...
(**Select one or more answers.**)
- A. Use electronic vapor products
 - B. Smoke cigarettes or flavored cigarettes
 - C. Smoke cigars, cigarillos, little cigars, or flavored little cigars
 - D. Use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products
 - E. Smoke tobacco using a pipe, hookah, or waterpipe
 - F. Smoke bidis or beedis (*small brown cigarettes wrapped in a leaf*)
 - G. Smoke kreteks (*clove cigarettes*)
 - H. Nicotine pouches (*e.g., Zyn, Velo, Volt, etc.*)
 - I. Use some other kind of tobacco or nicotine product not listed here
 - J. No one who lives with me now uses any kind of tobacco or nicotine product

76. How many of your **four** closest friends use **electronic vapor products**?
- A. None
 - B. One
 - C. Two
 - D. Three
 - E. Four
 - F. Not sure

77. Out of every 100 North Dakota students at your grade level, how many do you think use **electronic vapor products**?
- A. 0 to 10
 - B. 11 to 20
 - C. 21 to 30
 - D. 31 to 40
 - E. 41 to 50
 - F. 51 or more

78. How many of your **four** closest friends **smoke cigarettes or other tobacco products**? (*Do not include electronic vapor products*)
- A. None
 - B. One
 - C. Two
 - D. Three
 - E. Four
 - F. Not sure

79. Out of every 100 North Dakota students at your grade level, how many do you think **smoke cigarettes or other tobacco products**? (*Do not include electronic vapor products*)
- A. 0 to 10
 - B. 11 to 20
 - C. 21 to 30
 - D. 31 to 40
 - E. 41 to 50
 - F. 51 or more

80. How many of your **four** closest friends use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**?
- A. None
 - B. One
 - C. Two
 - D. Three
 - E. Four
 - F. Not sure

81. Thinking about **electronic vapor product users**, which one would you prefer to date?
- A. I would not like to date anyone
 - B. A person who uses electronic vapor products
 - C. A person who does not use electronic vapor products
 - D. No preference
 - E. Not sure

82. Thinking about **tobacco smokers** (*cigarettes, cigars, pipes*), which one would you prefer to date?
- A. I would not like to date anyone
 - B. A person who smokes tobacco (*cigarettes, cigars, pipes*)
 - C. A person who does not smoke tobacco (*cigarettes, cigars, pipes*)
 - D. No preference
 - E. Not sure

83. Thinking about **smokeless tobacco users** (*chewing tobacco, snuff, dip, snus, or dissolvable tobacco products*), which one would you prefer to date? (*Do not include electronic vapor products*)
- A. I would not like to date anyone
 - B. A person who uses smokeless tobacco products
 - C. A person who does not use smokeless tobacco products
 - D. No preference
 - E. Not sure

The next questions ask about your thoughts about electronic vapor products.

84. In your opinion, **in your home**, the use of electronic vapor products should...
- A. Always be allowed
 - B. Be allowed only at some times or in some places
 - C. Never be allowed

85. In your opinion, **in vehicles** that you and your household members own or lease, the use of electronic vapor products should...
- A. Always be allowed
 - B. Sometimes be allowed
 - C. Never be allowed

86. Do you think that breathing vapor from other people's electronic vapor products is...
- A. Very harmful to one's health
 - B. Somewhat harmful to one's health
 - C. Not very harmful to one's health
 - D. Not harmful at all to one's health

87. Do you think using electronic vapor products makes young people look cool or fit in?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
88. Do you think young people who use electronic vapor products have more friends?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
89. How strongly do you agree or disagree with the statement 'Electronic vapor products are dangerous'?
 A. Strongly agree
 B. Agree
 C. Disagree
 D. Strongly disagree
90. Do you think people can get addicted to using electronic vapor products just like they can get addicted to using cocaine or heroin?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
91. Do you think young people risk harming themselves if they use electronic vapor products from 1 to 5 times per day?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
92. Do you think it is safe to use electronic vapor products for only a year or two, as long as you quit after that?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
95. Do you think that breathing smoke from other people's cigarettes or other tobacco products is...
 A. Very harmful to one's health
 B. Somewhat harmful to one's health
 C. Not very harmful to one's health
 D. Not harmful at all to one's health
96. Do you think smoking cigarettes or other tobacco products makes young people look cool or fit in?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
97. Do you think young people who smoke cigarettes or other tobacco products have more friends?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
98. How strongly do you agree or disagree with the statement 'All cigarettes and other tobacco products are dangerous'?
 A. Strongly agree
 B. Agree
 C. Disagree
 D. Strongly disagree
99. Do you think people can get addicted to using cigarettes or other tobacco products just like they can get addicted to using cocaine or heroin?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not
100. Do you think young people risk harming themselves if they smoke from 1 to 5 cigarettes or other tobacco products per day?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not

The next questions ask about your thoughts about smoking cigarettes and other tobacco.

NOTE: Do not include electronic vapor products.

93. In your opinion, **in your home**, smoking cigarettes or other tobacco products should....
 A. Always be allowed
 B. Be allowed only at some times or in some places
 C. Never be allowed
94. In your opinion, **in vehicles** that you and your household members own or lease, smoking cigarettes or other tobacco products should...
 A. Always be allowed
 B. Sometimes be allowed
 C. Never be allowed

101. Do you think it is safe to smoke cigarettes or other tobacco products for only a year or two, as long as you quit after that?
 A. Definitely yes
 B. Probably yes
 C. Probably not
 D. Definitely not

END OF SURVEY

THANK YOU FOR COMPLETING THE YOUTH TOBACCO SURVEY!!

North Dakota Middle School (Grades 7-8)

2025 Youth Tobacco Survey (YTS)

- **This survey is about tobacco. We would like to know about you and things you do that may affect your health. Your answers will be used for programs for young people like yourself.**
- **DO NOT write your name on this survey. The answers you give will be kept private.**
- **NO one will know what you write. Answer the questions based on what you really do and know.**
- **Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Try to answer all the questions. If you do not want to answer a question, just leave it blank. There are no wrong answers.**
- **The questions that ask 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.**
- **Please read every question. Try to answer all the questions. Circle the letter in front of your answer (or answers if more than one answer is allowed). When you are finished, follow the instructions of the person giving you the survey.**

Thank you very much for your help!

The first questions ask for some background information about you.

1. How old are you?
 - A. 9 years old or younger
 - B. 10 years old
 - C. 11 years old
 - D. 12 years old
 - E. 13 years old
 - F. 14 years old or older
2. What is your sex?
 - A. Female
 - B. Male

3. 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?
 - A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking
4. Which of the following best describes you?
 - A. Heterosexual (*straight*)
 - B. Gay or lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (*questioning*)
 - F. I do not know what this question is asking
5. What grade are you in?
 - A. 7th
 - B. 8th
 - C. Ungraded or other grade
6. What is your race and/or ethnicity? (**Select one or more answers.**)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Middle Eastern or North African
 - F. Native Hawaiian or Pacific Islander
 - G. White
7. During the past 12 months, have you had an episode of asthma or an asthma attack?
 - A. Yes
 - B. No

The next six sets of questions ask about your use of certain tobacco products.

Electronic vapor products

The next few questions are about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape-pens.

8. If one of your best friends were to offer you an electronic vapor product, would you use it?
 - A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not

9. Have you **ever** used an electronic vapor product, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 9 above (*Have you ever used an electronic vapor product, even one or two puffs?*), **then skip** to question 16, the first question in the “Cigarettes” Section.

10. What are the main reasons why you have used an electronic vapor product? (**Select one or more answers.**)
- A. I have never used an electronic vapor product
 - B. Friend or family member used them
 - C. To try to quit using tobacco products, such as cigarettes
 - D. They cost less than other tobacco products, such as cigarettes
 - E. Famous people on TV or in movies use them
 - F. They are less harmful than other forms of tobacco, such as cigarettes
 - G. They are available in flavors, such as mint, candy, fruit, or chocolate
 - H. They can be used in areas where other tobacco products, such as cigarettes, are not allowed
 - I. I saw an ad for them and they looked cool
 - J. They are easier to hide than other tobacco products
 - K. I used them for some other reason

11. Which of the following substances have you ever used in an electronic vapor product? (**Select one or more answers.**)
- A. I have never used an electronic vapor product
 - B. I have used nicotine in an electronic vapor product
 - C. I have used marijuana, THC or hash oil, or THC wax in an electronic vapor product
 - D. I have used another substance that is not nicotine, marijuana, THC or hash oil, or THC wax in an electronic vapor product
 - E. I am not sure what substance or substances were in the electronic vapor products I've used

12. During the **past 30 days**, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

NOTE: If you answered “0 days” to question 12 above (*During the past 30 days, on how many days did you use an electronic vapor product?*), **then skip** to question 16, the first question in the “Cigarettes” Section.

13. Menthol electronic vapor products are electronic vapor products that taste like mint. During the **past 30 days**, were the electronic vapor products that you usually used menthol electronic vapor products?
- A. I did not use electronic vapor products during the past 30 days
 - B. Yes
 - C. No
 - D. Not sure

14. During the **past 30 days**, how did you get your own electronic vapor products? (**Select one or more answers.**)
- A. I did not use electronic vapor products during the past 30 days
 - B. I bought them myself from a store, gas station, or vending machine
 - C. I bought them myself on the Internet or by mail
 - D. I had someone else buy them for me
 - E. I borrowed or bummed them
 - F. Someone gave them to me without my asking
 - G. I took them from a store or another person
 - H. I got them some other way
15. I plan to stop using electronic vapor products **for good** within the next... (**Please chose the FIRST answer that fits**)
- A. I do not use electronic vapor products now
 - B. 7 days
 - C. 30 days
 - D. 6 months
 - E. 1 year
 - F. I do not plan to stop using electronic vapor products within the next year

Cigarettes

The next few questions are about cigarettes, which includes all types of cigarettes and flavored cigarettes.

NOTE: Do not include e-cigarettes and other electronic vapor products.

16. If one of your best friends were to offer you a cigarette, would you smoke it?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
17. Have you **ever** smoked a cigarette, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 17 above (*Have you ever smoked a cigarette, even one or two puffs?*), **then skip** to question 25, the first question in the “Cigars” Section.

18. How old were you when you **first** smoked a cigarette, even one or two puffs?
- A. I have never smoked a cigarette, not even one or two puffs
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old

- G. 13 years old
- H. 14 years old or older

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

NOTE: If you answered “0 days” to question 19 above (During the **past 30 days**, on how many days did you smoke cigarettes?), **then skip** to question 25, the first question in the “Cigars” Section.

20. During the **past 30 days, on the days you smoked**, how many cigarettes did you smoke per day?

- A. I did not smoke cigarettes during the past 30 days
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

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

- A. I did not smoke cigarettes during the past 30 days
- B. Yes
- C. No
- D. Not sure

22. Flavored cigarettes are cigarettes that taste like fruit flavors, chocolate or candy flavors, beverage flavors, or a combination of flavors. During the **past 30 days**, were the cigarettes that you usually smoked flavored cigarettes? (Do **not** include menthol cigarettes)

- A. I did not smoke cigarettes during the past 30 days
- B. Yes
- C. No
- D. Not sure

23. During the **past 30 days**, how did you get your own cigarettes? (**Select one or more answers.**)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them myself from a store, gas station, or vending machine
- C. I bought them myself on the Internet or by mail
- D. I had someone else buy them for me
- E. I borrowed or bummed them
- F. Someone gave them to me without my asking
- G. I took them from a store or another person
- H. I got them some other way

24. I plan to stop smoking cigarettes **for good** within the next... (**Please chose the FIRST answer that fits**)

- A. I do not smoke cigarettes now
- B. 7 days
- C. 30 days
- D. 6 months
- E. 1 year
- F. I do not plan to stop smoking cigarettes within the next year

Cigars

The next few questions are about cigars, which includes all types of cigars, cigarillos, little cigars, and little flavored cigars.

NOTE: Do **not** include e-cigars and other electronic vapor products.

25. Have you **ever** smoked a cigar, even one or two puffs?

- A. Yes
- B. No

NOTE: If you answered “No” to question 25 above (Have you **ever** smoked cigars, even one or two puffs?), **then skip** to question 29, the first question in the “Smokeless Tobacco” Section.

26. How old were you when you **first** smoked a cigar, even one or two puffs?

- A. I have never smoked a cigar, not even one or two puffs
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old
- H. 14 years old or older

27. During the **past 30 days**, on how many days did you smoke cigars?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

NOTE: If you answered “0 days” to question 27 above (During the **past 30 days**, on how many days did you smoke cigars?), **then skip** to question 29, the first question in the “Smokeless Tobacco” Section.

28. During the **past 30 days**, how did you get your own cigars? (**Select one or more answers.**)

- A. I did not smoke cigars during the past 30 days
- B. I bought them myself from a store, gas station, or vending machine
- C. I bought them myself on the Internet or by mail
- D. I had someone else buy them for me
- E. I borrowed or bummed them
- F. Someone gave them to me without my asking
- G. I took them from a store or another person
- H. I got them some other way

Smokeless Tobacco

The next few questions are about smokeless tobacco, which includes all types of chewing tobacco, snuff, or dip (such as Copenhagen, Grizzly, Skoal, etc.); snus (such as Camel Snus, etc.); or dissolvable tobacco products (such as Camel Orbs, Sticks, or Strips, etc.).

NOTE: Do not include electronic vapor products.

29. Have you **ever** used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, even just a small amount?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 29 above (Have you **ever** used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, even just a small amount?), **then skip** to question 33, the first question in the “**Tobacco Pipes**” Section.

30. How old were you when you **used** chewing tobacco, snuff, dip, snus, or dissolvable tobacco products for the **first** time?
- A. I have never used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old or older
31. During the **past 30 days**, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

NOTE: If you answered “0 days” to question 31 above (During the **past 30 days**, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?), **then skip** to question 33, the first question in the “**Tobacco Pipes**” Section.

32. During the **past 30 days**, how did you get your own chewing tobacco, snuff, dip, snus, or dissolvable tobacco products? (**Select one or more answers.**)
- A. I did not use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products during the past 30 days
 - B. I bought it myself from a store, gas station, or vending machine
 - C. I bought it myself on the Internet or by mail
 - D. I had someone else buy it for me
 - E. I borrowed or bummed it
 - F. Someone gave it to me without my asking
 - G. I took it from a store or another person
 - H. I got it some other way

Tobacco Pipes

The next few questions are about tobacco pipes, which includes all types of pipes, hookahs, and waterpipes.

NOTE: Do not include e-hookahs, hookah-pens, and other electronic vapor products.

33. Have you **ever** smoked tobacco in a pipe, hookah, or waterpipe, even one or two puffs?
- A. Yes
 - B. No

NOTE: If you answered “No” to question 33 above (Have you **ever** smoked tobacco in a pipe, hookah, or waterpipe, even one or two puffs?), **then skip** to question 35, the first question in the “**Other Tobacco Products**” Section.

34. During the **past 30 days**, on how many days did you smoke tobacco in a pipe, hookah, or waterpipe?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

Other Tobacco/Nicotine Products

The next few questions are about other tobacco and nicotine products that were not already asked about earlier in this survey.

35. Which of the following tobacco or nicotine products have you **ever** tried, even just one time? (**Select one or more answers.**)
- A. Roll-your-own cigarettes
 - B. Clove cigars
 - C. Bidis or Beedis (small brown cigarettes wrapped in a leaf)
 - D. Kreteks (clove cigarettes)
 - E. Nicotine pouches (e.g., Zyn, Velo, Volt, etc.)
 - F. Some other tobacco or nicotine products not listed above or not asked about earlier in the survey
 - G. I have never tried any of the products listed above or any other tobacco or nicotine products not asked about earlier in the survey

NOTE: If you answered “I have never tried any of the products listed above or any other tobacco or nicotine products not asked about earlier in the survey” to question 35 above (Which of the following tobacco or nicotine products have you ever tried, even just one time?), **then skip** to question 37, the first question in the “**Quitting Tobacco Products**” Section.

36. In the **past 30 days**, which of the following tobacco or nicotine products have you used on **at least one day**? (**Select one or more answers.**)
- A. Roll-your-own cigarettes
 - B. Clove cigars
 - C. Bidis or Beedis (*small brown cigarettes wrapped in a leaf*)
 - D. Kreteks (*clove cigarettes*)
 - E. Nicotine pouches (*e.g., Zyn, Velo, Volt, etc.*)
 - F. Some other tobacco or nicotine products not listed above or not asked about earlier in the survey
 - G. I have not used any of the products listed above or any other tobacco or nicotine products not asked about earlier in the survey in the past 30 days

The next questions are about quitting all tobacco products. This includes quitting electronic vapor products, cigarettes, cigars, smokeless tobacco, tobacco pipes, or any other kind of tobacco product.

37. I plan to stop using all tobacco products **for good** within the next... (**Please chose the FIRST answer that fits**)
- A. I do not use any tobacco products now
 - B. 7 days
 - C. 30 days
 - D. 6 months
 - E. 1 year
 - F. I do not plan to stop using all tobacco products within the next year
38. Do you think you would be able to quit using all tobacco products now if you wanted to?
- A. I do not use tobacco products of any kind now
 - B. Yes
 - C. No

The next questions ask about your thoughts about getting electronic vapor products and if you think electronic vapor companies are trying to get young people to use electronic vapor products.

39. How easy would it be for you to get electronic vapor products if you wanted some?
- A. Very easy
 - B. Somewhat easy
 - C. Not easy at all
40. Do you believe that electronic vapor companies try to get young people under 18 to use electronic vapor products?
- A. Yes
 - B. No

The next questions ask about your thoughts about getting cigarettes and other tobacco products and if you think tobacco companies are trying to get young people to use cigarettes and other tobacco.

NOTE: Do not include electronic vapor products or electronic vapor product companies.

41. How easy would it be for you to get cigarettes or other tobacco products if you wanted some?
- A. Very easy
 - B. Somewhat easy
 - C. Not easy at all
42. Do you believe that tobacco companies try to get young people under 18 to use cigarettes or other tobacco products?
- A. Yes
 - B. No

The next questions ask about advertisements you have seen or heard for various tobacco products.

43. When you are using the Internet, how often do you see ads for electronic vapor products, cigarettes, or other tobacco products?
- A. I do not use the Internet
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
44. When you watch TV or movies, how often do you see actors and actresses using electronic vapor products, cigarettes, or other tobacco products?
- A. I do not watch TV or movies
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
45. When you play videogames, how often do you see ads or promotions for electronic vapor products, cigarettes, or other tobacco products?
- A. I do not play videogames
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
46. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for electronic vapor products, cigarettes, or other tobacco products?
- A. I do not go to convenience stores, supermarkets, or gas stations
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always

47. During the **past 30 days**, how often did you see an ad for electronic vapor products, cigarettes, or other tobacco products that was outdoors on a billboard or could be seen from outside a store?
- A. I did not see billboards or outdoor ads during the past 30 days
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always

48. What is the name of the **electronic vapor product** brand of your favorite electronic vapor product ad? (**Select one or more answers.**)
- A. Blu
 - B. Suorin Drop
 - C. JUUL
 - D. Logic
 - E. NJOY
 - F. Puff Bar
 - G. ROLO Badge
 - H. SMOK
 - I. Vuse
 - J. Some other brand not listed here
 - K. I do not have a favorite electronic vapor product ad
 - L. Not Sure

The next questions are about questions and advice any doctor, dentist, nurse, or other health professional might have asked.

49. During the **past 12 months**, did any doctor, dentist, or nurse ask you if you use electronic vapor products, cigarettes, or any other kind of tobacco?
- A. I did not see a doctor, dentist, or nurse during the past 12 months
 - B. Yes
 - C. No
50. During the **past 12 months**, did any doctor, dentist, or nurse advise you not to use electronic vapor products, cigarettes, or any other kind of tobacco?
- A. I did not see a doctor, dentist, or nurse during the past 12 months
 - B. Yes
 - C. No

The next questions ask about your exposure to vapor from other people's electronic vapor products.

51. During the **past 7 days**, on how many days did someone use an electronic vapor product **in your home** while you were there?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

52. During the **past 7 days**, on how many days did you ride **in a vehicle** where someone was using an electronic vapor product?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

53. During the **past 7 days**, on how many days were you with or near someone who was using an electronic vapor product **at your school**, including school buildings, school grounds, and school parking lots?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

54. During the **past 7 days**, on how many days were you with or near someone who was using an electronic vapor product **in an indoor or outdoor public place?** (*Examples of indoor public places are stores, restaurants, and sports arenas. Examples of outdoor public places are parking lots, stadiums, and parks.*)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next questions ask about your exposure to smoke from other people's cigarettes, cigars, pipes, or other tobacco products.

NOTE: Do not include electronic vapor products.

55. During the **past 7 days**, on how many days did someone smoke a cigarette or other tobacco product **in your home** while you were there?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

56. During the **past 7 days**, on how many days did you ride in a **vehicle** where someone was smoking a cigarette or other tobacco product?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

57. During the **past 7 days**, on how many days were you with or near someone who was smoking a cigarette or other tobacco product **at your school**, including school buildings, school grounds, and school parking lots?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

58. During the **past 7 days**, on how many days were you with or near someone who was smoking a cigarette or other tobacco product **in an indoor or outdoor public place?** (Examples of *indoor public places* are stores, restaurants, and sports arenas. Examples of *outdoor public places* are parking lots, stadiums, and parks.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next questions ask about rules in your home and vehicle for using electronic vapor products.

59. **In your home** is the use of electronic vapor products...
- A. Always allowed
 - B. Allowed only at some times or in some places
 - C. Never allowed
60. **In vehicles** that you and your household members own or lease, is the use of electronic vapor products...
- A. Always allowed
 - B. Sometimes allowed
 - C. Never allowed

The next questions ask about rules in your home and vehicle for smoking cigarettes or other tobacco products.

NOTE: Do not include electronic vapor products.

61. **In your home** is smoking cigarettes or other tobacco products...
- A. Always allowed
 - B. Allowed only at some times or in some places
 - C. Never allowed
62. **In vehicles** that you and your household members own or lease, is smoking cigarettes or other tobacco products...
- A. Always allowed
 - B. Sometimes allowed
 - C. Never allowed

The next questions ask about use of tobacco or nicotine products by people who live with you, your friends, and other people your age.

63. Does anyone who lives with you now...
(**Select one or more answers.**)
- A. Use electronic vapor products
 - B. Smoke cigarettes or flavored cigarettes
 - C. Smoke cigars, cigarillos, little cigars, or flavored little cigars
 - D. Use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products
 - E. Smoke tobacco using a pipe, hookah, or waterpipe
 - F. Smoke bidis or beedis (*small brown cigarettes wrapped in a leaf*)
 - G. Smoke kreteks (*clove cigarettes*)
 - H. Nicotine pouches (*e.g., Zyn, Velo, Volt, etc.*)
 - I. Use some other kind of tobacco or nicotine product not listed here
 - J. No one who lives with me now uses any kind of tobacco or nicotine product
64. How many of your **four** closest friends use **electronic vapor products?**
- A. None
 - B. One
 - C. Two
 - D. Three
 - E. Four
 - F. Not sure
65. Out of every 100 North Dakota students at your grade level, how many do you think use **electronic vapor products?**
- A. 0 to 10
 - B. 11 to 20
 - C. 21 to 30
 - D. 31 to 40
 - E. 41 to 50
 - F. 51 or more

66. How many of your **four** closest friends **smoke cigarettes or other tobacco products**? (Do **not** include electronic vapor products)

- A. None
- B. One
- C. Two
- D. Three
- E. Four
- F. Not sure

67. Out of every 100 North Dakota students at your grade level, how many do you think **smoke cigarettes or other tobacco products**? (Do **not** include electronic vapor products)

- A. 0 to 10
- B. 11 to 20
- C. 21 to 30
- D. 31 to 40
- E. 41 to 50
- F. 51 or more

68. How many of your **four** closest friends **use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**?

- A. None
- B. One
- C. Two
- D. Three
- E. Four
- F. Not sure

69. Thinking about **electronic vapor product users**, which one would you prefer to date?

- A. I would not like to date anyone
- B. A person who uses electronic vapor products
- C. A person who does not use electronic vapor products
- D. No preference
- E. Not sure

70. Thinking about **tobacco smokers** (*cigarettes, cigars, pipes*), which one would you prefer to date?

- A. I would not like to date anyone
- B. A person who smokes tobacco (*cigarettes, cigars, pipes*)
- C. A person who does not smoke tobacco (*cigarettes, cigars, pipes*)
- D. No preference
- E. Not sure

71. Thinking about **smokeless tobacco users** (*chewing tobacco, snuff, dip, snus, or dissolvable tobacco products*), which one would you prefer to date? (Do **not** include electronic vapor products)

- A. I would not like to date anyone
- B. A person who uses smokeless tobacco products
- C. A person who does not use smokeless tobacco products
- D. No preference
- E. Not sure

The next questions ask about your thoughts about electronic vapor products.

72. In your opinion, **in your home**, the use of electronic vapor products should...

- A. Always be allowed
- B. Be allowed only at some times or in some places
- C. Never be allowed

73. In your opinion, **in vehicles** that you and your household members own or lease, the use of electronic vapor products should...

- A. Always be allowed
- B. Sometimes be allowed
- C. Never be allowed

74. Do you think that breathing vapor from other people's electronic vapor products is...

- A. Very harmful to one's health
- B. Somewhat harmful to one's health
- C. Not very harmful to one's health
- D. Not harmful at all to one's health

75. Do you think using electronic vapor products makes young people look cool or fit in?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

76. Do you think young people who use electronic vapor products have more friends?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

77. How strongly do you agree or disagree with the statement 'Electronic vapor products are dangerous'?

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree

78. Do you think people can get addicted to using electronic vapor products just like they can get addicted to using cocaine or heroin?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

The next questions ask about your thoughts about smoking cigarettes and other tobacco.

NOTE: Do not include electronic vapor products.

79. In your opinion, **in your home**, smoking cigarettes or other tobacco products should...
- A. Always be allowed
 - B. Be allowed only at some times or in some places
 - C. Never be allowed
80. In your opinion, **in vehicles** that you and your household members own or lease, smoking cigarettes or other tobacco products should...
- A. Always be allowed
 - B. Sometimes be allowed
 - C. Never be allowed
81. Do you think that breathing smoke from other people's cigarettes or other tobacco products is...
- A. Very harmful to one's health
 - B. Somewhat harmful to one's health
 - C. Not very harmful to one's health
 - D. Not harmful at all to one's health
82. Do you think smoking cigarettes or other tobacco products makes young people look cool or fit in?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
83. Do you think young people who smoke cigarettes or other tobacco products have more friends?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
84. How strongly do you agree or disagree with the statement 'All cigarettes and other tobacco products are dangerous'?
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree
85. Do you think people can get addicted to using cigarettes or other tobacco products just like they can get addicted to using cocaine or heroin?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not

END OF SURVEY

THANK YOU FOR COMPLETING THE YOUTH TOBACCO SURVEY!!

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