

• Use a No. 2 pencil only CORRECT: ● INCORRECT: Ø怒●●

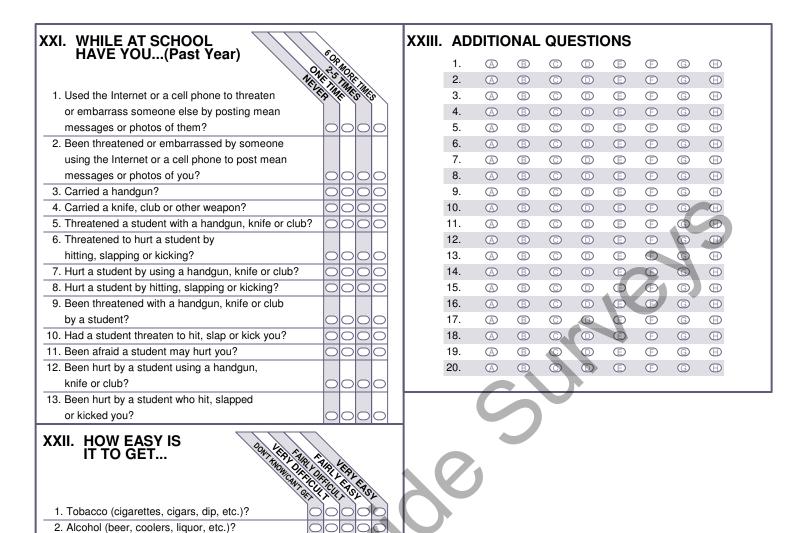
## THE PRIDE SURVEY PLUS FOR GRADES 6-12

			May not be	e used without written permission from Pride Surveys.	
I. PERSONAL AND					
1. Ethnic Origin:	3. Age:	4. Grade:	5. Do you live with	7. Do your parents have a job?	
○ White	10 years old or less	O 6	both parents	Father Mother	
African American	11 years old	07	o mother only	Yes, full-time	
O Hispanic/Latino	12 years old	08	of father only	Yes, part-time	
Asian/Pacific Islander	○ 13 years old	O 9	o mother & stepfather	O No O	
Native American	14 years old	O 10	ofather & stepmother	8. What is the educational level of your	
Mixed Origin	○ 15 years old	O 11	other in a	father? mother?	
Other	16 years old	O 12	6. Do you have a job?	Some high school	
2. Sex:	17 years old		○ Yes, full-time	High school graduate	
○ Male	18 years old		Yes, part-time	Some college	
Female	19 years old or more		○ No	College graduate	
II. STUDENT INFORMATION					
1. Do you make good grade	es?		15. Do you take part in g	ang activities?	
2. Do you get into trouble at school?			16. Have you thought ab		
3. Do you take part in school	ol sports teams?		-	tobacco (cigarettes, etc.)?	
4. Do you take part in school activities such as			18. Do your friends use a	alcohol (beer, liquor, etc.)?	
band, clubs, etc?			19. Do your friends use r	marijuana (pot, hash, etc.)?	
5. Do you take part in community activities such			20. Do your friends use p	prescription drugs not	
6. Do you attend church, synagogue, etc.?			21. Have you had 5 or more glasses of beer, coolers,		
7. Do your parents talk with you about the problems			breezers or liquor wit	thin a few hours?	
of tobacco, alcohol and d	-				
8. Do your teachers talk with	· ·			13.10	
problems of tobacco, alco			22. Do you think that you	_	
<ol><li>Have you skipped school</li></ol>				u that you are overweight?	
permission in the past year?		0000	24. Have you bought or s	_	
10. Does your school set clear rules on using drugs				sold drugs when NOT at school?	
		0000	-	un for protection or as a weapon when	
11. Does your school set clear rules on bullying or			NOT at school in the	•	
threatening other students at school?			27. Do you own a cell ph		
				e you tried to cut down on the	
13. Do your parents punish you when you break the			time you were on you		
			•	of your friends use their cell	
14. Have you been in trouble with the police?			phones too much?		
III. WITHIN THE PAST YEAR HOW OFTEN HAVE YOU  1. Used tobacco (cigarettes, cigars, dip,  1. Used prescription drugs not prescribed					
<ol> <li>Used tobacco (cigarettes</li> </ol>	, cigars, dip,		11. Used prescription dru		
etc.)?			to you (such as Rital		
2. Drunk alcohol (beer, cool	·		OxyContin)?		
etc.)?			12. Used over-the-counter	- , -	
3. Smoked marijuana (pot, l			high)?		
4. Used cocaine (crack, etc			13. Used synthetic mariji		
5. Used inhalants (glue, gas			etc.)?		
6. Used hallucinogens (PCF			14. Used an e-cigarette,		
7. Used heroin (opiates)?			rig, (JUUL, N2, Joyte		
8. Used steroids?	0000		marijuana products?		
9. Used ecstasy (MDMA, M			15. Used prescription op		
10. Used meth (crystal, ice, o	crank, etc.)?		any reason (OxyCon		
Percocet, Codeine etc.)?					
PLEASE DO NOT WRITE IN THIS AREA  STATE OF THE STATE OF T					

IV. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?	IX. During the past 30 days where did you get any tobacco products? (select one or more responses)		
<ul> <li>Neither approve nor disapprove</li> <li>Somewhat disapprove</li> <li>Don't know or can't say</li> </ul>	I did not use any tobacco products in the past 30 days		
Somewhat disapprove Don't know of can't say	A gas station or convenience store     A grocery store		
V. HOW MUCH DO YOU	A grocery store  A drugstore		
THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY OR IN OTHER WAYS IF THEY	A mall or shopping center kiosk/stand		
HARMING THEMSELVES	On the Internet		
PHYSICALLY OR IN OTHER	A tobacco/cigar store		
WAYS IF THEY	Some other place not listed here		
	From a family member		
Smoke one or more packs of cigarettes per day?	From a friend		
2. Use an e-cigarette, vape pen, e-liquid rig, (JUUL,	From some other person that is not a family member or a friend		
N2, Joytech etc.) excluding marijuana products?			
3. Have five or more drinks of an alcoholic beverage	X. AT WHAT AGE DID YOU FIRST  1. Use tobacco?		
(beer, coolers, liquor) once or twice a week?	DID YOU FIRST		
4. Take one or two drinks of an alcoholic beverage	(		
(beer, coolers, liquor) nearly every day?	1. Use tobacco?		
5. Smoke marijuana once or twice a week?	2. Drink alcohol?		
6. Use prescription drugs that are not prescribed to	3. Smoke marijuana (pot, hash, etc.)?		
them?	4. Use cocaine (crack, etc.)?		
7. Use prescription opioid painkillers to get high	5. Use inhalants (glue, gas, etc.)?		
(OxyContin, Vicodin, Percocet, Codeine etc.)?	6. Use hallucinogens (PCP, LSD,		
	etc.)?		
VI. DURING THE PAST 30 DAYS:	7. Use heroin (opiates)?		
(5) (5)	8. Use steroids?		
1. Did you smoke part or all of a cigarette?	9. Use ecstasy (MDMA)?		
2. Have you used an e-cigarette, vape pen, e-liquid rig,	10. Use meth (crystal, ice, crank, etc.)?		
(JUUL, N2, Joytech etc.) excluding marijuana products?	11. Use prescription drugs not		
3. Did you drink one or more drinks of an alcoholic beverage?	prescribed to you?		
4. Have you used marijuana or hashish?	12. Use over-the-counter drugs (to get		
5. Have you used prescription drugs not prescribed to you?	high)?		
6. Have you used over-the-counter drugs (to get high)?	13. Use an e-cigarette, vape pen,		
7. Have you used inhalants (glue, gas, etc.)?	(e-liquid rig, (JUUL, N2, Joytech)		
8. Have you used prescription opioid painkillers to get high	etc.) excluding marijuana products?		
(OxyContin, Vicodin, Percocet, Codeine etc.)?	14. Use prescription opioid painkillers		
	to get high (OxyContin, Vicodin,		
VII. During the past 30 days, where did you get or	Percocet, Codeine etc.)?		
buy the e-cigarette, vape pen, or e-liquid rig,			
that you have used? (Select one or more	XI. OPIOID PAIN KILLERS		
responses)	(1. In your lifetime, on how many occasions have you been)		
○ I did not use an e-cigarette in the past 30 days	prescribed an opioid pain killer (OxyContin, Vicodin, Percocet,		
A gas station or convenience store	Codeine etc.) by your doctor/dentist for any reason?		
A grocery store	○ Never		
○ A drugstore	○ Once		
A mall or shopping center kiosk/stand	○ Twice		
On the Internet	○ Three times		
A vape shop or other store that only sells e-cigarettes	Four or more times		
Some other place not listed here			
From a family member	2. If you have been prescribed opioid pain killers (OxyContin,		
○ From a friend	Vicodin, Percocet, Codeine etc.) have you ever taken more		
From some other person that is not a family member or a friend	than you were prescribed because you liked the feeling?		
	I have never been prescribed opioid pain killers		
VIII. If you have ever used a vaporizer which	○ Yes		
brand did you use?	○ No		
○ I have never ○ Vuse ○ eGo			
used a vaporizer	3. Have you ever taken prescription opioid pain killers that were		
○ NJOY ○ Logic ○ JUUL	not prescribed to you just because you wanted to?		
○ Blu ○ Vapin Plus ○ Other	○ Yes ○ No		

XII. HOW WRONG DO YOUR PARENTS FEEL IT WOULD BE FOR YOU TO  1. Smoke tobacco?	XVI. If you attempted suicide in the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be
18 18 18 18 18 18 18 18 18 18 18 18 18 1	treated by a doctor or nurse?
	I did not attempt suicide during the past 12 months
2. Have one or two drinks of an alcoholic	○ Yes
beverage nearly every day?	○ No
3. Smoke marijuana?	XVII. WHAT EFFECT DO
4. Use prescription drugs not prescribed to you?	YOU MOST OFTEN GET WHEN YOU
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL,)	GĔŤ WHĚN YOU
N2, Joytech etc.) excluding marijuana products?	YOU MOST OFTEN GET WHEN YOU  1. Drink alcohol?
(6. Use prescription opioid painkillers to get high)	
(OxyContin, Vicodin, Percocet, Codeine etc.)?	1. Dilik dicolor:
XIII. HOW WRONG DO	2. Smoke marijuana (pot, hash, etc.)?
YOUR FRIENDS FEEL IT	3. Use prescription drugs not prescribed to you?  4. Use prescription opioid painkillers to get high
WOULD BE FOR YOU TO	
YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO	(OxyContin, Vicodin, Percocet, Codeine etc.)?
XIII. HOW WRONG DO YOUR FRIENDS FEEL IT WOULD BE FOR YOU TO  1. Smoke tobacco?	XIX. VEHICLE SAFETY
2. Have one or two drinks of an alcoholic	2 800
beverage nearly every day?  3. Smoke marijuana?	1. During the past 30 days, how many times
4. Use prescription drugs not prescribed to you?	did you drive a car or other vehicle when
5. Use an e-cigarette, vape pen, e-liquid rig, (JUUL,	you had been drinking alcohol?
N2, Joytech etc.) excluding marijuana products?	During the past 30 days, how many times did you
6. Use prescription opioid painkillers to get high	ride in a car or other vehicle driven by someone
(OxyContin, Vicodin, Percocet, Codeine etc.)?	who had been drinking alcohol?
	3. During the past 30 days, how many times did you
XIV. WHERE DO	drive a car or other vehicle when you had been
YOU USUALLY (You may mark more than one response for each question)	using marijuana?
response for each question)	4. During the past 30 days, how many times did you
(You may mark more than one response for each question)  1. Use tobacco?	ride in a car or other vehicle driven by someone
1. Use tobacco?	who had been using marijuana?
2. Drink alcohol?	
3. Smoke marijuana (pot, hash, etc.)?	5. How often do you wear a seatbelt when driving a car?
4. Use prescription drugs not prescribed to you?	○ Never ○ Sometimes ○ Always
5. Use an e-cigarette, vape pen, e-liquid rig,	○ Seldom ○ Most of the time ○ I don't drive
(JUUL, N2, Joytech etc.) excluding marijuana	
products?	6. How often do you wear a seat belt when riding in a car driven by
6. Use prescription opioid painkillers to get high	someone else?
(OxyContin, Vicodin, Percocet, Codeine etc.)?	○ Never ○ Sometimes ○ Always
XV. WHEN DO YOU USUALLY (You may mark more than one response for each question)  1. Use tobacco?	○ Seldom ○ Most of the time
YOU USUALLY	XX IN MY SCHOOL
(You may mark more than one	XX. IN MY SCHOOL, I FEEL SAFE
response for each question)	I FEEL SAFE
18 18 18 18 18 18 18 18 18 18 18 18 18 1	
	1. In the classroom.
2. Drink alcohol?	2. In the cafeteria (lunchroom).
3. Smoke marijuana (pot, hash, etc.)?	3. In the halls.
4. Use prescription drugs not prescribed to you?	4. In the bathroom.
5. Use an e-cigarette, vape pen, e-liquid rig,	5. In the gym.
(JUUL, N2, Joytech etc.) excluding marijuana	6. On the school bus.
products?	7. At school events (ballgames, etc.).
6. Use prescription opioid painkillers to get high)	8. In the parking lot.
(OxyContin, Vicodin, Percocet, Codeine etc.)?	9. On the way to or from school.





3. Marijuana (pot, hash, etc.)?

4. Prescription drugs not prescribed to you?
5. E-cigarettes, vape pens, or e-liquid rigs (JUUL, N2, Joytech etc.) excluding marijuana products?

6. Prescription opioid painkillers (OxyContin Vicodin, Percocet, Codeine etc.)?

Thank you for your participation.