



December 12, 2022

Dear Members of the Board of Education:

After the November 29th Board of Education meeting, the Fairfield CARES Community Coalition would like to offer the following amendment to its initial submission of the 2023 Student Survey:

- 1) The introduction to the survey now includes the statements, “If you are uncomfortable answering any question, please feel free to skip it. The only required question is informing of the grade level you are in” found in the middle of the second paragraph. Not including this language initially was an oversight.
- 2) The wording of Question 15 has been replaced with “Which of the following most closely aligns with your gender?” The listed options are the same as those found on infinite campus: male, female, nonbinary, not listed (write in option), prefer not to answer. Knowing any differences in the data between males and females will better inform coalition programming, and school health curricula.
- 3) Question 16 has been deleted from the survey. It was felt that isolating transgender from the other LGBTQ community members did not make sense. There is no utility in inquiring only about transgender students; therefore, it is recommended to delete question 16.
- 4) Question 17, which now becomes the new question 16, has been revised to say, “Do you identify as a member of the LGBTQ+ community?” Optional responses include yes, no, unsure/don’t know/questioning, prefer not to answer. Because it is well documented that members of the LGBTQ+ community are a higher risk population for substance use, suicide, and mental health concerns, it is imperative that local data are collected to compare LGBTQ+ student responses to their non-LGBTQ+ peers.

Fairfield CARES thanks the members of the Board of Education for their careful consideration and deliberation on the 2023 Student Survey. We ask that you support this amendment at the December 13th Board meeting.

Sincerely,

Catherine T. Hazlett, MPH
Program Director



Fairfield CARES 2023 YOUTH SURVEY

INTRO TEXT:

Welcome to the Fairfield CARES 2023 YOUTH SURVEY

Every two years Fairfield youth in grades 7 to 12 completed an anonymous and confidential survey that asked questions about positive things that you have in yourself, your family, friends, school, and community, as well as about substance use and other risky behaviors. This information has helped the community better understand the perspectives of Fairfield youth and has helped Fairfield CARES, a local coalition of organizations working together with youth, support healthy choices.

Today, we are conducting a survey to gather current youth perspectives.

This survey is completely anonymous and does not track IP addresses. All answers are confidential and cannot be traced back to you. Please be honest in your responses. **If you are uncomfortable answering any question, please feel free to skip it. The only required question is informing of the grade level you are in.** If you have any questions, please raise your hand and your teacher will assist you.

Please take the survey on a desktop, laptop or tablet and NOT on your phone because phones do not display the items correctly.

Thank you very much for your participation!

SURVEY QUESTIONS

(Please note **SKIP LOGIC** is embedded throughout the survey so that only relevant questions based on a student's previous answers will be shown.)

1.

In the past year, how much have you been involved with the following...	Never	Rarely	Sometimes	Often	Always
Playing on or helping with sports teams at school or in the community					
In clubs or organizations (both in and out of school) other than sports teams (e.g. debate, drama club, hobby clubs, music groups, school newspaper, school plays, Scouts, YMCA)					
Programs or groups at a church, synagogue, mosque, or other faith-based place.					
Community service or volunteering					
Part-time job					
Spending 10 or more hours a week on household responsibilities (such as care of a relative or other person).					

2.

About how many hours on a typical day are you engaged in a physical activity (e.g. playing sports, dancing, walking, lifting weights, yoga etc)? Please estimate.	
None	
Less than 1 hour	
1 hour	
2 hours	

3 hours	
4 hours	
5 hours	
More than 5 hours	

3.

On a typical school night (Sunday – Thursday) how many hours do you usually sleep?	
4 hours or less	
5 hours	
6 hours	
7 hours	
8 hours	
9 hours	
10 or more hours	

4

<p>The next two questions are about your experience with social media. Social media refers to any website or app that people use to share information, ideas, personal messages, and other content such as images or videos.</p> <p>On most school days, ABOUT how many hours do you spend using social media, including posting, scrolling, commenting, or communicating with others (ex. YouTube, Instagram, Snapchat, TikTok, Discord, Twitter etc.)? Please estimate.</p>	
None	
Less than one hour	^
1 hour	^

2 hours	^
3 hours	^
4 hours	^
5 hours	^
More than 5 hours	^

5

Have you experienced any of the following as a result of social media? ^SKIP LOGIC	No	Yes
I chose not to or missed an opportunity to spend time in person with friends because I preferred to be on social media		
I got into a verbal or physical fight		
I felt more connected with others		
I felt left out or excluded		
I felt BETTER about myself		
I felt WORSE about myself		
I felt unsafe because of something said to me on social media		
I heard or saw something my parents/guardians would think is inappropriate		

6.

My parent(s)/guardian(s)/...	Strongly Disagree	Disagree	Agree	Strongly Agree
are good at talking with me about important or serious things				
know where I am and who I am with when I go out				
know what I am doing when I go out				
love and support me				
Accept me for who I am				
Will stand my me and support me, even if I don't live up to their expectations				

7.

	Yes	No
Is there an ADULT (other than your parents/guardian) that you trust that you can talk to about important things?	^	

8.

Who are those people? ^SKIP LOGIC	(Please check all that apply.)
Teacher (current or past)	
School Counselor	
School administrator	

School nurse		
Sports coach		
Community leader (club, scouts, youth group, volunteer organization, internship or job supervisor)		
Therapist		
Leader from my faith community		
Grandparent/Other family member (Aunt, Uncle, Older sibling or cousin)		
Family friend, parent of a friend, neighbor		
Other (fill in)		

9.

How wrong do your <u>parent(s)/guardian(s)</u> feel it would be for you to do the following?	Not at all wrong	A little bit wrong	Wrong	Very wrong
Drink 1 or 2 alcoholic beverages (beer, wine, liquor) nearly every day?				
Drink 5 or more drinks on one occasion?				
Drink alcohol on weekends?				
Smoke cigarettes or use tobacco?				
Use nicotine through a vaping device (JUUL, Blu, Puff Bar)?				

Use marijuana or THC products (includes use through a vaping device, smoking it, eating it/edibles, inhaling it)?				
Use prescription drugs not prescribed to you?				

10.

My parent(s)/guardian(s) has clear rules discouraging me from:	Strongly Disagree	Disagree	Agree	Strongly Agree
Drinking alcoholic beverages				
Smoking cigarettes or using tobacco				
Vaping nicotine (Juul, Blue, Puff Bar)				
Using marijuana or THC products (including smoking, vaping, edibles)				
Using a prescription drug that is not prescribed to you				
Gambling for money or possessions (e.g. sports betting, poker, lottery, scratch off tickets, online games).				
Communicating with others via text or on social media, including sending or posting inappropriate pictures.				
The amount of time spent playing video games, electronic or online games.				
Your social media use (amount of time, which Apps are allowed/not allowed)				

11.

What grade are you in? (Require an answer)	
DROP DOWN MENU OPTIONS	7th to 12th

12.

What is your age?	
DROP DOWN MENU OPTIONS	11 to 19

13.

Are you Hispanic, Latino/a?	
Yes	
No	

14.

How would you describe yourself?	
American Indian or Alaskan Native	
Asian or Asian American	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Multiracial (e.g. more than 1 race)	

15.

Which of the following best describes most closely aligns with your gender?	
Man/boy Male	
Woman/girl Female	
Nonbinary, Genderqueer, Agender	
Not listed (option to fill in)	
Prefer not to answer	

16. Deleted

Are you Transgender?	
Yes	
No	
Undecided/Still figuring that out	

17.

Which of the following best describes your sexual orientation? Do you identify as a member of the LGBTQ+ community?	
Bisexual or Pansexual Yes	
Gay, Lesbian No	
Straight, heterosexual Unsure, Don't Know, Questioning	
Not listed above (e.g. Asexual, Queer, Questioning) (option to fill in)	

Prefer not to answer	
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18.

<p>The next two questions are about video games, electronic or online gaming. This refers to games you can play on any electronic device. Examples of these games include, but are not limited to, Fortnite, World of Warcraft, Minecraft, Roblox, Call of Duty, and mobile gaming apps.</p> <p>On most school days, about how many hours do you spend playing video games? Please estimate.</p>	
None	
Less than one hour	^
1 hour	^
2 hours	^
3 hours	^
4 hours	^
5 hours	^
More than 5 hours	^

19.

Have you experienced any of the following as a result of playing video games? ^SKIP LOGIC if Gaming use	No	Yes
I did not get enough sleep		
I heard or saw things my parents/guardians would think is inappropriate		
I did not complete my homework or study		
I chose not to spend time in person with friends because I preferred to play video games		
I got into a verbal or physical fight		
I felt more connected with others		
I earned credibility with my peers for how well I played		
I have been asked for personal information by a stranger (e.g. name, town you live, age, etc.)		
I was threatened by another gamer		
I spent too much money (e.g. loot boxes)		

20.

How easy or hard would it be <u>for you</u> to get the following substances if you wanted them?	Very hard	Sort of hard	Sort of easy	Very easy
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, etc.				
Marijuana or THC products				

A vaping device with nicotine (JUUL, Blu, Puff Bar)				
Cigarettes or other tobacco products (chewing or pipe tobacco, cigars)				
Prescription drugs – for the purpose of ‘getting high’ or to feel good, but not for medical purposes				
Drug equipment and supplies (pipes, bongs, rolling papers)				

21.

Are the following substances kept locked up in your home? (e.g. in a locked cabinet or fridge, sealed with a sticker, or otherwise inaccessible to kids.)	Not applicable/ not kept in my home	Yes	No	Not sure
Alcohol				
Marijuana or THC products				
Prescription Drugs				

22.

My parent(s)/guardian...	Strongly Disagree	Disagree	Agree	Strongly Agree
think it is okay to drink alcohol even if you are underage (younger than 21 years old).				

think it is okay to use marijuana or THC products even if you are underage (younger than 21 years old).				
think it is okay to vape nicotine even if you are underage (younger than 21 years old).				
take steps to ensure that underage youth cannot get alcohol from our house. (e.g. alcohol is locked up or not accessible to underage youth)				
take steps to ensure that underage youth do not drink alcohol in our house.				

23.

How much do you think people risk harming themselves physically or in other ways, when they do the following:	No Risk	Slight Risk	Moderate Risk	Great Risk
Use nicotine through a vaping device (JUUL, Blu, Puff Bar) daily ?				
Use marijuana or THC products daily ?				
Smoke cigarettes, 1 or more packs a day ?				
Drink 1 or 2 drinks of alcohol nearly every day ?				
Drink 5 or more alcoholic beverages (beer, wine, liquor), 1 or 2 times a week ?				
Use marijuana or THC products, 1 or 2 times a week ?				
Use nicotine through a vaping device (JUUL, Blu, Puff Bar) 1 or 2 times a week ?				
Use prescription drugs that are not prescribed to them?				

24.

How wrong do your <u>friends</u> feel it would be for you to do the following?	Not at all wrong	A little bit wrong	Wrong	Very wrong
Drink 1 or 2 alcoholic beverages (beer, wine, liquor) nearly every day ?				
Drink 5 or more drinks on one occasion ?				
Drink alcohol on weekends ?				
Smoke cigarettes or use tobacco?				
Use nicotine through a vaping device (JUUL, Blu, Puff Bar)?				
Use marijuana or THC products (includes use through a vaping device, smoking it, eating it/edibles, inhaling it)?				
Use prescription drugs not prescribed to you?				

25

Of the list below, rank the top 3 that influence you, or people your age, to drink?	1st	2 nd	3rd
Adult role modeling			
Alcohol readily available			

Anger/upset with someone			
Boredom			
Curiosity			
Feel better about myself			
Friends/ peer pressure			
Like the taste			
Reduce stress			
Social media (seeing pictures, promotion of alcohol or other substances, advertisements, etc.)			
To have fun			

26.

Of the list below rank the top 3 that influence you, or people your age, NOT to drink?	1st	2 nd	3rd
Alcohol seems scary			
Can't drink because of medication I take			
Family history of addiction			
Following sport's/club's rules			
Friends group does not drink			
Haven't had the opportunity			
Impact on health			

It's against the law			
Just don't want to			
Parents are strict			
Parent disapproval			
Religious or other beliefs			
Too Young to drink			

27.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
drink 1 or more alcoholic beverages (beer, wine, liquor)?		^	^	^	^

28.

How old were you when you first drank an alcohol beverage (more than a sip and not for religious activities?) ^SKIP LOGIC if alcohol use	
DROP DOWN MENU OPTIONS	Younger than 8, 8 to 19

29.

When you drink, how often do you get alcohol from the following?	Never	Rarely	Sometimes/occasionally	Often
A parent/guardian, with permission				

A parent/guardian, without permission				
An adult, non-family member, with permission				
A friend/peer gave it to me				
A sibling gave it to me				
Bought it from someone else				
Bought it myself at a store in Fairfield				
Bought it myself at a store outside of Fairfield				
I got it in some other way				

30.

When you drink, how often do you drink at the following locations?	Never	Rarely	Sometimes/occasionally	Often
At home, alone				
At home, with parent guardian present				
With friends at my home or my friends' home				
In a car				
In the school building				
Outside on school property				
At a party				

A public place, beach, park, woods, or street				
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31.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
use marijuana or THC products (includes use through a vaping device, smoking it, eating it/edibles, inhaling it)?		^	^	^	^

32.

Please indicate the methods and frequency you have used the following marijuana and THC products (weed, cannabis) in the past year: ^SKIP LOGIC if use of marijuana or THC products	Never	Rarely	Sometimes/occasionally	Often
Smoked or inhaled (e.g. joint, bong, bowl, bat, etc.)				
Consumed edibles (e.g. baked goods, candy, soda or other items that contain marijuana or THC)				
Vaped				
Dabbed (e.g. wax or hash)				
Synthetic marijuana (Spice, K2, K3, Delta-8)				
OTHER				

33.

How old were you when you first used marijuana or THC (including smoking, vaping, edibles, etc.)? ^SKIP LOGIC	
DROP DOWN MENU OPTIONS	Younger than 8, 8 to 19

34.

Where do you GET the marijuana or THC products?	Never	Rarely	Sometimes/occasionally	Often
A parent/guardian, with permission				
A parent/guardian, without permission				
An adult, non-family member, with permission				
A friend/peer gave it to me				
A sibling gave it to me				
Bought from someone else				
Bought it from internet or social media (e.g. Snapchat)				
Bought myself at a store in Fairfield				
Bought myself at a store outside of Fairfield				
Medical marijuana dispensary				
I got it in some other way				
Bought/Was provided at school				

35.

Where did you USE the marijuana or THC products?	Never	Rarely	Sometimes/ occasionally	Often
At home, alone				
At home, with parent guardian present				
With friends at my home or my friends' home				
In a car				
In the school building				
Outside on school property				
At a party				
A public place, beach, park, woods or street				

36.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
Cigarettes					
Other tobacco products (chewing tobacco, cigars, snuff)					
use a vaping device or e-cig with flavored e-liquid					
use a vaping device or e-cig with nicotine (JUUL, Blu, Puff Bar)		^	^	^	^

37.

How old were you when you first used a vaping device with nicotine (JUUL, Blu, Puff Bar)? ^SKIP LOGIC if nicotine use	
DROP DOWN MENU OPTIONS	Younger than 8, 8 to 19

38.

Where do you GET the vaping device(s) with nicotine?	Never	Rarely	Sometimes/occasionally	Often
A parent/guardian, with permission				
A parent/guardian, without permission				
An adult, non-family member, with permission				
A friend/peer gave it to me				
A sibling gave it to me				
Bought it from someone else				
Bought it from internet or social media (e.g. Snapchat)				
Bought it myself at a store in Fairfield				
Bought it myself at a store outside of Fairfield				
I got it in some other way				
Bought/Was provided at school				

39.

Where do you USE the vaping devices with nicotine?	Never	Rarely	Sometimes/occasionally	Often
At home, alone				
At home, with parent guardian present				
With friends at my home or my friends' home				
In a car				
In the school building				
Outside on school property				
At a party				
A public place, beach, park, woods or street				

40.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
use prescription drugs <u>not prescribed to you</u> ?					
use prescription pain relievers such as Vicodin, OxyContin, or Percocet without a doctor's order?					
use prescription tranquilizers or					

benzodiazepines such as Valium, Xanax, or Ativan, without a doctor's order?					
use prescription stimulants such as Ritalin or Adderall, without a doctor's order?					

41.

Are you aware of counterfeit pills or laced medications? (Indicate your response.)	Yes	No
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42.

During the last 12 months, how many times have you...?	Never/ Not applicable	1 time	2 or more times
Ridden in a car whose driver had been drinking or using drugs?			
Been drunk or high at school or at a school event (prom, football games, etc.)?			
Drunk four or more alcoholic drinks in less than 2 hours?			
Driven a car after you had been drinking?			
Driven a car after you had been using marijuana or THC product?			
Driven a car while texting?			
Gambled which includes scratch-off tickets, online bets, sports betting, fantasy sports leagues, poker etc.? (Gambling is the risk of losing money or something of value in a game or bet.)			

43.

During the last 12 months, how many times have you...?	Never	1 time	2 or more times
Drunk so much you blacked out or forgot what happened?			
Played competitive drinking games? (e.g. beer pong)			
Had a hangover?			
Needed a drink to have fun?			
Had to take care of a friend who got too drunk?			
Greened out or passed out after dabbing (using marijuana or THC product)			
Had an unwanted or negative experience (e.g. fight, sexual encounter)?			

44.

Bullying means the repeated communication (written, verbal or electronic) or physical acts by one or more people that cause someone physical or emotional harm, including fear, creates a hostile environment and/or damage to property. During the past 12 months...	No	Yes
Have you ever been bullied on school property?		
Have you ever been bullied outside of school property?		
Have you ever been electronically bullied? (Bullied through texting, Instagram, Snapchat, or other social media.)		
Have you ever bullied anyone?		

45.

During the past 12 months...	No	Yes
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?		
did you ever feel so anxious almost every day for two weeks or more in a row that you stopped doing some usual activities?		

46.

Do you know where to go for help if:	Yes	No	Not sure
You, a friend or family member are struggling with a mental health issue?			
you are concerned for yourself, a friend or family member around substance misuse?			

47.

How connected do you feel to:	Not at all	Slightly	Moderately	Very	Extremely
The adults IN your school					
The youth IN your school					
The adults OUTSIDE of school					
The community where you live					

48.

Please choose the response that best describes how you feel.	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
My teachers really care about me.				
Students in my school care about me.				
I feel safe at school.				
I feel safe in my community.				
Adults in Fairfield value youth my age (e.g. adults listen to what we have to say, they make us feel important).				



Fairfield CARES 2023 YOUTH SURVEY

INTRO TEXT:

Welcome to the Fairfield CARES 2023 YOUTH SURVEY

Every two years Fairfield youth in grades 7 to 12 completed an anonymous and confidential survey that asked questions about positive things that you have in yourself, your family, friends, school, and community, as well as about substance use and other risky behaviors. This information has helped the community better understand the perspectives of Fairfield youth and has helped Fairfield CARES, a local coalition of organizations working together with youth, support healthy choices.

Today, we are conducting a survey to gather current youth perspectives.

This survey is completely anonymous and does not track IP addresses. All answers are confidential and cannot be traced back to you. Please be honest in your responses. If you are uncomfortable answering any question, please feel free to skip it. The only required question is informing of the grade level you are in. If you have any questions, please raise your hand and your teacher will assist you.

Please take the survey on a desktop, laptop or tablet and NOT on your phone because phones do not display the items correctly.

Thank you very much for your participation!

SURVEY QUESTIONS

(Please note **SKIP LOGIC** is embedded throughout the survey so that only relevant questions based on a student's previous answers will be shown.)

1.

In the past year, how much have you been involved with the following...	Never	Rarely	Sometimes	Often	Always
Playing on or helping with sports teams at school or in the community					
In clubs or organizations (both in and out of school) other than sports teams (e.g. debate, drama club, hobby clubs, music groups, school newspaper, school plays, Scouts, YMCA)					
Programs or groups at a church, synagogue, mosque, or other faith-based place.					
Community service or volunteering					
Part-time job					
Spending 10 or more hours a week on household responsibilities (such as care of a relative or other person).					

2.

About how many hours on a typical day are you engaged in a physical activity (e.g. playing sports, dancing, walking, lifting weights, yoga etc)? Please estimate.	
None	
Less than 1 hour	
1 hour	
2 hours	

3 hours	
4 hours	
5 hours	
More than 5 hours	

3.

On a typical school night (Sunday – Thursday) how many hours do you usually sleep?	
4 hours or less	
5 hours	
6 hours	
7 hours	
8 hours	
9 hours	
10 or more hours	

4

<p>The next two questions are about your experience with social media. Social media refers to any website or app that people use to share information, ideas, personal messages, and other content such as images or videos.</p> <p>On most school days, ABOUT how many hours do you spend using social media, including posting, scrolling, commenting, or communicating with others (ex. YouTube, Instagram, Snapchat, TikTok, Discord, Twitter etc.)? Please estimate.</p>	
None	
Less than one hour	^
1 hour	^

2 hours	^
3 hours	^
4 hours	^
5 hours	^
More than 5 hours	^

5

Have you experienced any of the following as a result of social media? ^SKIP LOGIC	No	Yes
I chose not to or missed an opportunity to spend time in person with friends because I preferred to be on social media		
I got into a verbal or physical fight		
I felt more connected with others		
I felt left out or excluded		
I felt BETTER about myself		
I felt WORSE about myself		
I felt unsafe because of something said to me on social media		
I heard or saw something my parents/guardians would think is inappropriate		

6.

My parent(s)/guardian(s)/...	Strongly Disagree	Disagree	Agree	Strongly Agree
are good at talking with me about important or serious things				
know where I am and who I am with when I go out				
know what I am doing when I go out				
love and support me				
Accept me for who I am				
Will stand my me and support me, even if I don't live up to their expectations				

7.

	Yes	No
Is there an ADULT (other than your parents/guardian) that you trust that you can talk to about important things?	^	

8.

Who are those people? ^SKIP LOGIC	(Please check all that apply.)
Teacher (current or past)	
School Counselor	
School administrator	

School nurse		
Sports coach		
Community leader (club, scouts, youth group, volunteer organization, internship or job supervisor)		
Therapist		
Leader from my faith community		
Grandparent/Other family member (Aunt, Uncle, Older sibling or cousin)		
Family friend, parent of a friend, neighbor		
Other (fill in)		

9.

How wrong do your <u>parent(s)/guardian(s)</u> feel it would be for you to do the following?	Not at all wrong	A little bit wrong	Wrong	Very wrong
Drink 1 or 2 alcoholic beverages (beer, wine, liquor) nearly every day?				
Drink 5 or more drinks on one occasion?				
Drink alcohol on weekends?				
Smoke cigarettes or use tobacco?				
Use nicotine through a vaping device (JUUL, Blu, Puff Bar)?				

Use marijuana or THC products (includes use through a vaping device, smoking it, eating it/edibles, inhaling it)?				
Use prescription drugs not prescribed to you?				

10.

My parent(s)/guardian(s) has clear rules discouraging me from:	Strongly Disagree	Disagree	Agree	Strongly Agree
Drinking alcoholic beverages				
Smoking cigarettes or using tobacco				
Vaping nicotine (Juul, Blue, Puff Bar)				
Using marijuana or THC products (including smoking, vaping, edibles)				
Using a prescription drug that is not prescribed to you				
Gambling for money or possessions (e.g. sports betting, poker, lottery, scratch off tickets, online games).				
Communicating with others via text or on social media, including sending or posting inappropriate pictures.				
The amount of time spent playing video games, electronic or online games.				
Your social media use (amount of time, which Apps are allowed/not allowed)				

11.

What grade are you in? (Require an answer)	
DROP DOWN MENU OPTIONS	7th to 12th

12.

What is your age?	
DROP DOWN MENU OPTIONS	11 to 19

13.

Are you Hispanic, Latino/a?	
Yes	
No	

14.

How would you describe yourself?	
American Indian or Alaskan Native	
Asian or Asian American	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Multiracial (e.g. more than 1 race)	

15.

Which of the following most closely aligns with your gender?	
Male	
Female	
Nonbinary	
Not listed (option to fill in)	
Prefer not to answer	

16.

Do you identify as a member of the LGBTQ+ community?	
Yes	
No	
Unsure, Don't Know, Questioning	
Prefer not to answer	

17.

<p>The next two questions are about video games, electronic or online gaming. This refers to games you can play on any electronic device. Examples of these games include, but are not limited to, Fortnite, World of Warcraft, Minecraft, Roblox, Call of Duty, and mobile gaming apps.</p> <p>On most school days, about how many hours do you spend playing video games? Please estimate.</p>	
--	--

None	
Less than one hour	^
1 hour	^
2 hours	^
3 hours	^
4 hours	^
5 hours	^
More than 5 hours	^

18.

Have you experienced any of the following as a result of playing video games? ^SKIP LOGIC if Gaming use	No	Yes
I did not get enough sleep		
I heard or saw things my parents/guardians would think is inappropriate		
I did not complete my homework or study		
I chose not to spend time in person with friends because I preferred to play video games		
I got into a verbal or physical fight		

I felt more connected with others		
I earned credibility with my peers for how well I played		
I have been asked for personal information by a stranger (e.g. name, town you live, age, etc.)		
I was threatened by another gamer		
I spent too much money (e.g. loot boxes)		

19.

How easy or hard would it be <u>for you</u> to get the following substances if you wanted them?	Very hard	Sort of hard	Sort of easy	Very easy
Alcohol such as beer, wine, hard liquor, alcoholic seltzers, etc.				
Marijuana or THC products				
A vaping device with nicotine (JUUL, Blu, Puff Bar)				
Cigarettes or other tobacco products (chewing or pipe tobacco, cigars)				
Prescription drugs – for the purpose of ‘getting high’ or to feel good, but not for medical purposes				
Drug equipment and supplies (pipes, bongs, rolling papers)				

20.

Are the following substances kept locked up in your home? (e.g. in a locked cabinet or fridge, sealed with a sticker, or otherwise inaccessible to kids.)	Not applicable/ not kept in my home	Yes	No	Not sure
Alcohol				
Marijuana or THC products				
Prescription Drugs				

21.

My parent(s)/guardian...	Strongly Disagree	Disagree	Agree	Strongly Agree
think it is okay to drink alcohol even if you are underage (younger than 21 years old).				
think it is okay to use marijuana or THC products even if you are underage (younger than 21 years old).				
think it is okay to vape nicotine even if you are underage (younger than 21 years old).				
take steps to ensure that underage youth cannot get alcohol from our house. (e.g. alcohol is locked up or not accessible to underage youth)				
take steps to ensure that underage youth do not drink alcohol in our house.				

22.

How much do you think people risk harming themselves physically or in other ways, when they do the following:	No Risk	Slight Risk	Moderate Risk	Great Risk
Use nicotine through a vaping device (JUUL, Blu, Puff Bar) daily ?				
Use marijuana or THC products daily ?				
Smoke cigarettes, 1 or more packs a day ?				
Drink 1 or 2 drinks of alcohol nearly every day ?				
Drink 5 or more alcoholic beverages (beer, wine, liquor), 1 or 2 times a week ?				
Use marijuana or THC products, 1 or 2 times a week ?				
Use nicotine through a vaping device (JUUL, Blu, Puff Bar) 1 or 2 times a week ?				
Use prescription drugs that are not prescribed to them?				

23.

How wrong do your <u>friends</u> feel it would be for you to do the following?	Not at all wrong	A little bit wrong	Wrong	Very wrong
Drink 1 or 2 alcoholic beverages (beer, wine, liquor) nearly every day ?				

Drink 5 or more drinks on one occasion ?				
Drink alcohol on weekends ?				
Smoke cigarettes or use tobacco?				
Use nicotine through a vaping device (JUUL, Blu, Puff Bar)?				
Use marijuana or THC products (includes use through a vaping device, smoking it, eating it/edibles, inhaling it)?				
Use prescription drugs not prescribed to you?				

24

Of the list below, rank the top 3 that influence you, or people your age, to drink?	1st	2 nd	3rd
Adult role modeling			
Alcohol readily available			
Anger/upset with someone			
Boredom			
Curiosity			
Feel better about myself			
Friends/ peer pressure			
Like the taste			

Reduce stress			
Social media (seeing pictures, promotion of alcohol or other substances, advertisements, etc.)			
To have fun			

25

Of the list below rank the top 3 that influence you, or people your age, NOT to drink?	1st	2 nd	3rd
Alcohol seems scary			
Can't drink because of medication I take			
Family history of addiction			
Following sport's/club's rules			
Friends group does not drink			
Haven't had the opportunity			
Impact on health			
It's against the law			
Just don't want to			
Parents are strict			
Parent disapproval			
Religious or other beliefs			
Too Young to drink			

26.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
drink 1 or more alcoholic beverages (beer, wine, liquor)?		^	^	^	^

27.

How old were you when you first drank an alcohol beverage (more than a sip and not for religious activities?) ^SKIP LOGIC if alcohol use	
DROP DOWN MENU OPTIONS	Younger than 8, 8 to 19

28.

When you drink, how often do you get alcohol from the following?	Never	Rarely	Sometimes/occasionally	Often
A parent/guardian, with permission				
A parent/guardian, without permission				
An adult, non-family member, with permission				
A friend/peer gave it to me				
A sibling gave it to me				
Bought it from someone else				

Bought it myself at a store in Fairfield				
Bought it myself at a store outside of Fairfield				
I got it in some other way				

29.

When you drink, how often do you drink at the following locations?	Never	Rarely	Sometimes/ occasionally	Often
At home, alone				
At home, with parent guardian present				
With friends at my home or my friends' home				
In a car				
In the school building				
Outside on school property				
At a party				
A public place, beach, park, woods, or street				

30.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
use marijuana or THC products (includes use through a vaping device, smoking it, eating it/edibles, inhaling it)?		^	^	^	^

31.

Please indicate the methods and frequency you have used the following marijuana and THC products (weed, cannabis) in the past year: ^SKIP LOGIC if use of marijuana or THC products	Never	Rarely	Sometimes/occasionally	Often
Smoked or inhaled (e.g. joint, bong, bowl, bat, etc.)				
Consumed edibles (e.g. baked goods, candy, soda or other items that contain marijuana or THC)				
Vaped				
Dabbed (e.g. wax or hash)				
Synthetic marijuana (Spice, K2, K3, Delta-8)				
OTHER				

32.

How old were you when you first used marijuana or THC (including smoking, vaping, edibles, etc.)? ^SKIP LOGIC	
DROP DOWN MENU OPTIONS	Younger than 8, 8 to 19

33.

Where do you GET the marijuana or THC products?	Never	Rarely	Sometimes/occasionally	Often
A parent/guardian, with permission				
A parent/guardian, without permission				
An adult, non-family member, with permission				
A friend/peer gave it to me				
A sibling gave it to me				
Bought from someone else				
Bought it from internet or social media (e.g. Snapchat)				
Bought myself at a store in Fairfield				
Bought myself at a store outside of Fairfield				
Medical marijuana dispensary				
I got it in some other way				
Bought/Was provided at school				

34.

Where did you USE the marijuana or THC products?	Never	Rarely	Sometimes/ occasionally	Often
At home, alone				
At home, with parent guardian present				
With friends at my home or my friends' home				
In a car				
In the school building				
Outside on school property				
At a party				
A public place, beach, park, woods or street				

35.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
Cigarettes					
Other tobacco products (chewing tobacco, cigars, snuff)					
use a vaping device or e-cig with flavored e-liquid					
use a vaping device or e-cig with nicotine (JUUL, Blu, Puff Bar)		^	^	^	^

36.

How old were you when you first used a vaping device with nicotine (JUUL, Blu, Puff Bar)? ^SKIP LOGIC if nicotine use	
DROP DOWN MENU OPTIONS	Younger than 8, 8 to 19

37.

Where do you GET the vaping device(s) with nicotine?	Never	Rarely	Sometimes/occasionally	Often
A parent/guardian, with permission				
A parent/guardian, without permission				
An adult, non-family member, with permission				
A friend/peer gave it to me				
A sibling gave it to me				
Bought it from someone else				
Bought it from internet or social media (e.g. Snapchat)				
Bought it myself at a store in Fairfield				
Bought it myself at a store outside of Fairfield				
I got it in some other way				
Bought/Was provided at school				

38.

Where do you USE the vaping devices with nicotine?	Never	Rarely	Sometimes/occasionally	Often
At home, alone				
At home, with parent guardian present				
With friends at my home or my friends' home				
In a car				
In the school building				
Outside on school property				
At a party				
A public place, beach, park, woods or street				

39.

Think back over the past 30 days. On how many days, if any, did you:	I have NEVER used.	I have used but NOT in the past 30 days.	Occasionally (1-5 days)	Frequently (5-20 days)	Almost every day (21+ days)
use prescription drugs <u>not prescribed to you</u> ?					
use prescription pain relievers such as Vicodin, OxyContin, or Percocet without a doctor's order?					
use prescription tranquilizers or					

benzodiazepines such as Valium, Xanax, or Ativan, without a doctor's order?					
use prescription stimulants such as Ritalin or Adderall, without a doctor's order?					

40.

Are you aware of counterfeit pills or laced medications? (Indicate your response.)	Yes	No
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41.

During the last 12 months, how many times have you...?	Never/ Not applicable	1 time	2 or more times
Ridden in a car whose driver had been drinking or using drugs?			
Been drunk or high at school or at a school event (prom, football games, etc.)?			
Drunk four or more alcoholic drinks in less than 2 hours?			
Driven a car after you had been drinking?			
Driven a car after you had been using marijuana or THC product?			
Driven a car while texting?			
Gambled which includes scratch-off tickets, online bets, sports betting, fantasy sports leagues, poker etc.? (Gambling is the risk of losing money or something of value in a game or bet.)			

42.

During the last 12 months, how many times have you...?	Never	1 time	2 or more times
Drunk so much you blacked out or forgot what happened?			
Played competitive drinking games? (e.g. beer pong)			
Had a hangover?			
Needed a drink to have fun?			
Had to take care of a friend who got too drunk?			
Greened out or passed out after dabbing (using marijuana or THC product)			
Had an unwanted or negative experience (e.g. fight, sexual encounter)?			

43.

Bullying means the repeated communication (written, verbal or electronic) or physical acts by one or more people that cause someone physical or emotional harm, including fear, creates a hostile environment and/or damage to property. During the past 12 months...	No	Yes
Have you ever been bullied on school property?		
Have you ever been bullied outside of school property?		
Have you ever been electronically bullied? (Bullied through texting, Instagram, Snapchat, or other social media.)		
Have you ever bullied anyone?		

44.

During the past 12 months...	No	Yes
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?		
did you ever feel so anxious almost every day for two weeks or more in a row that you stopped doing some usual activities?		

45.

Do you know where to go for help if:	Yes	No	Not sure
You, a friend or family member are struggling with a mental health issue?			
you are concerned for yourself, a friend or family member around substance misuse?			

46.

How connected do you feel to:	Not at all	Slightly	Moderately	Very	Extremely
The adults IN your school					
The youth IN your school					
The adults OUTSIDE of school					
The community where you live					

47.

Please choose the response that best describes how you feel.	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
My teachers really care about me.				
Students in my school care about me.				
I feel safe at school.				
I feel safe in my community.				
Adults in Fairfield value youth my age (e.g. adults listen to what we have to say, they make us feel important).				