TEXAS SCHOOL SURVEY OF SUBSTANCE USE

SURVEY INSTRUMENT

INTRODUCTION

Before answering the survey questions in this booklet, please read the following:

- I am aware that the survey questions I am answering are designed to measure drug and alcohol use, that I will be asked questions about student attitudes and behaviors that relate to substance abuse issues, and that over 200,000 students all over Texas will be taking this survey;
- > I know that I do not have to take this survey and that I can skip any question that I do not choose to answer for any reason without any consequences;
- I know that there is no way for anyone to find out which survey that I answered, that the numbers on the questionnaire books are used only to identify which pages go together after the booklets are cut and cannot be used to tell who answered the questions; and
- > I am voluntarily participating in the Texas School Survey of Drug and Alcohol Use.

We will do everything we can to keep others from knowing about your participation in this study and how you answered the survey. The researchers will use a Certificate of Confidentiality to prevent anyone from finding out which survey students answered. The Certificate does not keep you or your family members from deciding to release information about yourself, or your participation in this study.

If you feel you need to talk with someone about problems with tobacco, inhalants, alcohol or drugs, please call, toll free, 988 and/or 1-800-662-4357 (SAMHSA Help Line) for immediate and confidential help, 24 hours a day, seven days a week.

DIRECTIONS

- DO NOT write your name anywhere on this booklet.
- Use a NUMBER 2 PENCIL only.
- Fill in only ONE BUBBLE for each part of a question.
- Be sure to read each question carefully.

EXAMPLE QUESTION





USE ONLY

000000 111111

22222

3 3 3 3 3 3 4 4 4 4 4 4

5 5 5 5 5

666666

777777 88888

999999

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

1. Are you: Male Female	6. On average, what grades do you get? (DARKEN ONE BUBBLE ONLY)
	Mostly Mostly Mostly Mostly A's B's C's D's F's
2. What grade are you in? 7 8 9 10 11 12	7. Do you have a job? Yes No
3. Who lives with you? (MARK ALLTHAT APPLY) Mother Father Step parent Grandparent Other adult caregiver	8. During the current school year, do you qualify for a free or reduced price school lunch?
4. How old are you? 11 or younger 12 13 14 15 16 17 18 19+	9. Do you regularly portionate in any of the following
5a. Are you Hispanic or Latino? Yes No 5b. What is your race? (DARKEN ONE BUBBLE ONLY)	a. O School athletics (UIL, Varsity, Junior Varsity) b. O School band, orchestra, choir and/or theater c. O Drill team or cheerleading squad
American Indian or Alaska Mative Asian Black or African American Native Hawaiian or Other Pactic Islander White Some other race More than one race	d. Student government, newspaper, or yearbook e. Academic clubs, societies, or competition groups (UIL, Language Club, Math Club, etc.) f. Other school clubs or student groups (FFA, NHS, chess or other games, etc.) g. Athletic teams OUTSIDE of school h. Other clubs or groups OUTSIDE of school
10. How safe do you feel when you are: (DARKEN ONE BUBBLE FOR EACH LINE: a-c.) Very Safe a. in your home?	
b. out in your neighborhood? c. at school?	
The next two questions are about the people who raised you grandparents, or others. Please answer based on whoever 11. What is the highest level of schooling completed by (DARKEN ONE BUBBLE FOR school or Some head the bound of the boun	was most involved in raising you. Graduate or professional know or doesn't
ayour FATHER? O	
12. Do one or both of your parents usually attend school-	sponsored open houses or PTA meetings?

13.	How many of your FRIENDS would you say: (DARK	KEN ON	NE BUBBLE FOR EACH LINE	: a-e.)				
		None	A Few Some	е	Most		All	
	a. Feel close to their parents?	\bigcirc	0 0		\circ		\circ	
	b. Care about making good grades?	\circ	0 0		0		0	
	c. Wish they could drop out of school?	\bigcirc	0 0		\circ		\bigcirc	
	d. Sometimes carry weapons like a knife or gun?	\bigcirc	0 0		\circ		0	
	e. Care about you and your wellbeing?	\bigcirc	0 0				\bigcirc	
nic etc	he following questions, TOBACCO refers to any tobactine product (cigarettes, nicotine pouches, e-cigarette) and MARIJUANA refers to any cannabis product (jobes, bongs, edibles, etc.). How recently, if ever, have you used the following TOBACCO, ALCOHOL, and INHALANT products even	tes, oint,	15a. How recently, if ever DRUGS even one tin EACH LINE: a-m.)	Never heard of/	RKEN ONE	Used at least once School	OR	- HUM,
	one time: (DARKEN ONE BUBBLE FOR EACH LINE: a-		a. Marijuana?	0	$\bigcup_{i=1}^{n}$		\bigcirc	
		·	b. Cocaine (not crack)?	0	0	0	\bigcirc	
		,	c. Crack?	0	0	0	0	
	/ / & /	ું છુ	d. Dyjenta? (e.g., Dr. J)?	0	0	0	0	
		no 100	e. Hallucinogens (ASD,					
	Pard (60) (60) (60) (60) (60) (60) (60) (60)	rasi ifetij	Mushrooms, etc.)?	0	0	0	\cup	
	Neverheard of/ Neverheard of/ Never used it Used at least Since School once Began in the Fall Used at least	Your Lifetime	f. Synthetia Cathinanes	12.0				
	Wey Very Very Very Very Very Very Very Ve	<u> </u>	(Bath Salts, MDPV, etc	_			\bigcirc	
		1	g Steroids?	0	0	0	\bigcirc	
	Cigarettes?	$-$ \\\	h. Ecstasy?	0		0	0	
b.	Electronic Cigarettes or	-	i.\ \Herdin (black\tar,					
	E-Cigarettes?	\\\	cheese, chiva, brown					
	Beer? (1) (1) (2) (2) (3)		heroin)?	\circ		0	\circ	
d.	Wine Coolers \ \ \ \ \ \	\forall	j. Methamphetamine					
	(hard lemonade,		(speed, crystal meth,					
	hard sodas, $\bigcirc \setminus \bigcirc \bigcirc \bigcirc \bigcirc$		ice, or crank)?	0	0		0	
	hard cider, etc.)?		k. Synthetic Marijuana					
	Wine?		(spice, K2)?	O	0	0	O	
f.	Liquor (vodka, rum,		I. Delta 8 or 10 (diet weed)	? ()	0	0	0	
	whiskey, etc.)?		m. Marijuana/cannabis					
g.	Inhalants (Whiteout,		vaping products?	\circ				
	spray paint, glue, gas, O O O							
	etc.) to get high?		15b. How recently, if ever, the following ways e BUBBLE FOR EACH LINE	ven one		ARKEN ON	NE	20
				Never heard of	Used at least once in the	Used at least once	Used at least once	יימנושי
			a. Smoked it (e.g., joint,	_				
			blunt, bong, pipe)?	\circ	0	0	0	
			b. Ate or drank it (e.g.,					
			brownies, cookies, cakes	s,				
			chocolates, candies,					
			sodas, tea, alcohol)?	\bigcirc	0			
			c. Vaporized/Vaped it					
			(flower, oils, etc.)?	\bigcirc	0		0	
			d. Dabbed it (e.g., waxes					
			or concentrates)?	\bigcirc		0		
			e. Some other way?		0	0	0	

	SERIAL #	000				NOT WRITE IN TH		0000	
16.	How recently, if ever, have you take DRUGS not prescribed to you or of feeling it caused even one time: (D/EACH LINE: a-e.) a. Codeine cough syrup (Leans, Nb. OxyContin, Percodan, Percocet Lorcet, or hydrocodone? c. Valium, Diazepam, Xanax, or or d. Adderall, Ritalin, Dexedrine, Co	nly for the ARKEN O ods, AC/ , oxycode ther benz	he exp NE BU (DC)? one, V	perience JBBLE F /icodin,	e or OR Lortab,	Never heard of/Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
	e. Any other prescription drug no					Ö	Ö	Ŏ	Ŏ
17.	How recently, if ever, have you take THE-COUNTER DRUGS only for the caused even one time:	e experie		_		Never heard of/Never used it	Used at least once in the Past Month	Used at least once Since School Began in the Fall	Used at least once In Your Lifetime
	a. DXM, Triple C's, Skittles, or Cor	riciain?						O	O
a. b. c. d. e.	Marijuana/cannabis vaping products? (Hallucinogens (LSD,		C. C		b. A c. III s g d. N e. D f. S g. S	How old were to DARKEN ONE (DARKEN ONE) Cobacco? Clochol? Chalants (Whited pray paint, glue as, etc.)? Clarijuana? Cyjenta? (e.g., Dr. teroids? Cynthetic Marijuans; Cypice, K2)? Celta 8 or 10	BUBBLE FOR	R EACH LINE: a	or older
19.	About how many of your close friends use: (DARKEN ONE BUBBLE FOR EACH LINE: a-g.)	A few Some	Most	(- (i. E o j. N v k. H	diet weed)? lectronic Cigare r E-Cigarettes? larijuana/canna aping products? allucinogens (L	bis SD,	00000	0000
a.			O		I N	lushrooms, etc.)? ()()()		
b. c. d.	Inhalants (Whiteout, spray paint, glue, gas, etc.)? (Marijuana?		0	0					
e.	9								
f.	E-Cigarettes? (0						
			0	0					
g.	Hallucinogens (LSD, Mushrooms, etc.)?	0 0	0	0					

	SERIAL #		00							VRITE IN THIS AREA
21.	(DARKEN ONE BUBBLI	of it heard S	EACH	LINE:	a-k.)	ewhat			23.	When you drink alcoholic beverages, how many drinks do you usually have AT ONE TIME, on average (DARKEN ONE BUBBLE FOR EACH LINE: a-d.) **July 10
a.	Tobacco?	0	$) \mid C$	$\supset \mid C$	$\mathcal{I} \mid \mathcal{I}$	$) \mid ($)			Never dink this beverage 12 or more at, 5 - 8 dinks 1 drink Less than 1.2
b. c.	Alcohol? Inhalants (Whiteout,									Never d this bery 12 or mc 12 or mc 5 - 8 drii 1 driink 1 driink 1 driink 1 driink 1 driink
	spray paint, glue,								a.	Beer?
اء	_			$\frac{1}{2}$	$\frac{1}{2}$				b.	Wine Coolers (hard
d. e.	-	0 0								lemonade, hard sodas, hard cider etc.)?
f.	Steroids?	\circ	$) \mid C$	$) \mid ($	$\frac{1}{2}$	$\frac{1}{2}$			C.	Wine?
g.		$O \mid C$	$\supset \mid C$	$\supset \mid C$			\supset		d.	Liquor (vodka, rum,
	•	$O \mid C$								whiskey, etc.)?
h.	Delta 8 or 10 (diet weed)?									
i.	Electronic Cigarettes								24.	TN THE PAST 30 DAYS, on how many days have you
		\circ						1		had 5 or more drinks of alcohol in a two-hour period?
j.	Marijuana/cannabis					1 6	,)	١ ١	,	
le le	vaping products? Hallucinogens (LSD,	$O \mid C$	7 6		2/0	P 9	$\langle \cdot \cdot \rangle$	V		
K.	Mushrooms, etc.)?	0/0	5/18	7 6	<i>}</i> <i>}</i>	$\int \int \int dx$	//	1	$\backslash \backslash$	(5 or Professor
		1		1 '	- '_		11) \	er hale signification of days o days significant of the significant
22.	How often do you norn (DARKEN ONE BUBBLI	nally u E FOR I	se. EACH	LINE:	a-N.)	\mathcal{I}		7	a	Never have so drinks in a two-fine of the solution of the solu
	Neve.	Every day	Several time	Several time	About once	About once	Less than on	egil Jac		
	Tobacco? O		0	0			0			
	Inhalants (Whiteout,									
	spray paint, glue,					_				
١.	gas, etc.)?		0	0	0	0	0			
d. e.	Marijuana? Opjenta? (e.g., Dr. J)?	0	0	0	0	0	0			
f.	Steroids?		ŏ	Ö	Ŏ	Ŏ	Ö			
	Synthetic Marijuana									
	(spice, K2)?	0	0	0	0	0	0			
h.	Delta 8 or 10									
i.	(diet weed)? Electronic Cigarettes		0	0	0	O	0			
	or E-Cigarettes?		0		0		0			
j.	Marijuana/cannabis									
J.	vaping products?	0	0	0	0	0	0			
K.	Hallucinogens (LSD, Mushrooms, etc.)?	0	0	0	0	0	0			

25a	How often do you get alcoholic beverages from the following sources? (DARKEN ONE BUBBLE FOR EACH LINE: a-f.)	25b. How often do you get marijuana/cannabis, Delta 8 or Delta 10 from the following sources: (DARKEN ONE BUBBLE FOR EACH LINE: a-g.)							
	a. At home b. From friends c. From a store d. At parties e. The internet or social media f. Other source	a. At home b. From frie c. From a si d. At partie e. The inter social me f. A dealer g. Other so	tore s net or edia						
26.	How dangerous do you think it is for kids your age to use: (DARKEN ONE BUBBLE FOR EACH LINE: a-I.)			Very Dangerous Somewhat	Not Very Not Dangerous Not Dangerous At 4 mangerous	Don't Know			
	a. Tobacco? b. Alcohol? c. Inhalants (Whiteout, spray paint, glue, gas, etc.)? d. Marijuana? e. Dyjenta (e.g., Dr. J)? f. Steroids? g. Synthetic Marijuana (spice, Kp)? h. Delta 8 or 10 (diet weed)? i. Any prescription drug not prescribed to you? j. Electronic Cigarettes or E-Cigarettes? k. Marijuana/cannabis vaping products? l. Hallucinogens (LSD, Mushrooms, etc.)?					000000000000000000000000000000000000000			
27.	SINCE SCHOOL BEGAN IN THE FALL, on how many DAYS (DARKEN ONE BUBBLE FOR EACH LINE: a-e.)	have you	None	1-3 days	4-9 days	10+ days			
	a. missed a whole day of school because you "skipped" of	or "cut"?	0	O	O	O			
	b. missed a whole day of school because you were ill?		Ö	Ŏ	Ŏ	Ö			
	c. missed a whole day of school for some other reason?		\bigcirc	0	\circ				
	d. been sent by a teacher to someone like the Principal, D	Dean, or Guidance							
	Counselor because of your conduct or attitude?		0	O	O	\circ			
	 had someone from your home be called to school becau or attitude? 	se of your conduct	0	0	0	0			
28.	DURING THE PAST 12 MONTHS, how many TIMES (if any) (DARKEN ONE BUBBLE FOR EACH LINE: a-d.)) have you	None	1-3 times	4-9 times	10+ times			
	a. gotten into difficulties of any kind with your friends be	ecause of your							
			()	/ \	\bigcirc				
	drinking?		\circ	\bigcirc	\sim	\sim			
	b. driven a car when you've had a good bit to drink?		0	0	Ŏ	Ö			
	b. driven a car when you've had a good bit to drink?c. gotten into difficulties of any kind with your friends be	ecause of your	Ö	0	Ö	0			
	b. driven a car when you've had a good bit to drink?	ecause of your	_	0	\sim	0			

29.	, ,	n how many [DAYS (if any) have	you attended at	least one class v	while "high,"
	"drunk" or "stoned" on (DARKEN ONE BUBBLE FOR EACH LINE	-, o, d \		1-3	4-9	10+
		,		one days	days	days
	a. beer, wine coolers (hard lemonade,	hard sodas, h				
	wine, or hard liquor?			0 0	O	O
	b. marijuana?			0 0	0	O
	c. inhalants?			0 0	0	O
	d. some other drug(s)?			0 0	\circ	O
30.	Alcohol or other drugs are sometimes u	ised at parties	Thinking of the	parties vou attend	led this school	vear
	(DARKEN ONE BUBBLE FOR EACH LINE		Half	Most of	Don't	Didn't attend
			eldom the time		ays Know	any parties
	a. how often was alcohol used?	\circ	0 0	0 (
	b. how often was marijuana used?	Ö	0 0	0		Ö
	c. how often was tobacco used?	\circ	0 0	0 (\bigcirc
	d. how often were other drugs used?	\circ	0 0	0 (\circ	\circ
31.	SINCE SCHOOL BEGAN IN THE FALL, hor friends, for problems in any way con marijuana, or other drugs?	-				Yes No
32 .	If you had a drug or alcohol problem an	id needed		CE SCHOOL BEG		
	help, who would you go to?			ten any informati	_	alcohol from
	(DARKEN ONE BUBBLE FOR EACH LINE	/ ^		MARKEN ONE BUBE		INIT: a la \
	a. A counselor or program in school?	Yes \\	No \\(DA	WELL ONE BODE	DLE FON EACH L	.IINE. d-II.)
	b. A school nurse?	$U \mid P \mid P \mid$	$(1 \lesssim 1)$	1/ 7	Yes No	
	c. Another adult in school such as a to	eacher		A school health o	lace?	0 0
	or coach)?	D H		An assembly pro		
	d. Your parents?	11 8/		A school guidand		Ŏ Ŏ
	e. A medical doctor?	Ma		A school nurse?		0 0
	f. Your friends?	0	e.	A science or soci	al studies class?	
	g. Another adult (such as a relative,		f.	A student group	or club meeting	
	clergyman, or other family friend)?	\circ	\circ	at school?		
	h. A counselor or program outside of s	school?	O g.	An invited schoo	l guest?	0 0
	i. I wouldn't go to anyone.	\circ	h.	Another source a	t school?	0 0
34.	How do your parents feel about kids yo	our age (Da	ARKEN ONE BUB	BLE FOR EACH LI	NE: a-e.)	
	Strongly	Mildly	Neither Approve		Strongly	Don't
	Disapprove	Disapprove	nor Disapprove	Approve	Approve	Know
	a. using tobacco? b. drinking alcohol?	0	0	0	0	\circ
	b. drinking alcohol? c. using marijuana?	0	0	0	0	0
	d. using Electronic					
	Cigarettes or					
	E-Cigarettes?		\bigcirc	\bigcirc	\bigcirc	
	e. using Hallucinogens?	\tilde{C}				\circ
	c. comg nandomogens.					

SUPPLEMENTAL SURVEY QUESTIONS

S-1 (A) (B) (C) (D) (E) (F) (G) (H) (J)	S-2 (A) (B) (C) (D) (E) (F) (G) (H) (J)	S-3 (A) (B) (C) (D) (III (F) (G) (H) (-) (-)	S-4 (A) (B) (C) (D) (E) (F) (G) (H) (J)	S-5 (A) (B) (C) (D) (III) (III	S-6 (A) (B) (C) (D) (III) (F) (G) (H) (-) (-)	S-7 (A) (B) (C) (D) (E) (E) (G) (H) (J)	S-8 (A) (B) (C) (D) (III) (F) (G) (H) (-) (-)	S-9 (A) (B) (C) (D) (III) (III) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	S-10 (A) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D
S-11 (A) (B) (C) (D) (III) (F) (G) (H) (J)	S-12 (A) (B) (C) (D) (E) (G) (H) (J)	S-13 (A) (B) (C) (D) (E) (G) (H) (-) (-)	S-14 (A) (B) (C) (D) (E) (G) (H) (-) (-)	S-15 (A) (B) (C) (D) (III) (F) (G) (H) (-)	S-16 (A) (B) (C) (D) (E) (G) (H) (-) (-)	S-17 (A) (B) (C) (D) (E) (G) (H)	S-18 (A) (B) (C) (D) (E) (G) (H) (-) (-)	S-19 (A) (B) (C) (D) (III) (F) (G) (H) (-) (-)	S-20 (A) (B) (C) (D) (E) (E) (G) (H) (J)
S-21 (A) (B) (C) (D) (E) (F) (G) (H) (1) (J)	S-22 (A) (B) (C) (D) (E) (G) (H) (T) (J)	S-23 (A) (B) (C) (D) (E) (F) (G) (A) (1)	S-24 (A) (B) (C) (D) (E) (H) (1) (J)	S-25 (A) (B) (C) (D) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	S-26 (A) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	\$-27 (B) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		S-29 (A) (B) (C) (D) (III) (F) (G) (H) (-)	S-30 (A) (B) (C) (D) (E) (F) (G) (H) (-)

THANK YOU FOR BEING PART OF THIS IMPORTANT PROJECT

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