

Wyoming Prevention Needs Assessment

2024 Example Questionnaires

Middle School Version for Grades 6 and 8

High School Version for Grades 10 and 12

Wyoming Prevention Needs Assessment: Middle School

1. Thank you for agreeing to participate in this survey. The purpose of the survey is to learn how youth feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT put your name on the questionnaire.**
3. This is not a test, so there are no right or wrong answers. Please work quickly so you can finish.
4. Most questions ask for only one answer. You may mark more than one answer on questions that say, "Mark all that apply." If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or if you are not sure what it means, just leave it blank. You can skip any questions that you do not wish to answer.
5. Several questions ask about your parents, which means your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.
6. Please mark your answer for each question by completely filling in the answer space with a #2 pencil.

Example: Chocolate is the best ice cream flavor. Yes No

To begin, the following questions ask about your experiences at school and in the community.

What grade are you in?

- 6th 9th 12th
 7th 10th
 8th 11th

Do you feel safe in your community?

- Yes No

How often do you feel unsafe when you are at school?

- Never Most days
 Rarely Every day
 Some days

How often do you feel unsafe when you are going to or from school?

- Never Most days
 Rarely Every day
 Some days

Think back over the past year in school. How often did you:

	Never	Seldom	Sometimes	Often	Almost always
enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How interesting are most of your courses to you?

- Very interesting and stimulating
 Quite interesting
 Fairly interesting
 Slightly dull
 Very dull

How important do you think the things you are learning in school are going to be for your later life?

- Very important
 Quite important
 Fairly important
 Slightly important
 Not at all important

How often do you feel that the school work you are assigned is meaningful and important?

- Never Often
 Seldom Almost always
 Sometimes

During the LAST FOUR WEEKS, how many whole days of school did you miss because you skipped or cut class?

- None 4-5
 1 6-10
 2 11+
 3

During the past 12 months, how often have you been picked on by a fellow student?

- Never
- Once
- Several times
- Very often

During the past 12 months, how often have you been bullied by a fellow student?

- Never
- Once
- Several times
- Very often

Sometimes when young people have problems, they talk to an adult. Is there an adult in your community whom you can talk to about your problems?

- Yes
- No

During the past 7 days have you talked with at least one of your parents about your thoughts and feelings?

- Yes
- No

How often do you wear a seat belt when riding in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

The next questions ask about your feelings and experiences related to mental health.

During the last 30 days, about how often did you feel so depressed that nothing could cheer you up?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel hopeless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel restless or fidgety?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel everything was an effort?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel worthless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel nervous?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

If you have concerns about mental health or suicide, the National Suicide Prevention Lifeline (call or text 988) or your school's counselor is there to help.

The next section asks about your experiences and feelings about drugs and alcohol.



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On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
had alcoholic beverages (beer, wine, sweetened or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had beer, wine, sweetened alcoholic beverages, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used synthetic marijuana (K2, Spice, fake weed) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used synthetic marijuana (K2, Spice, fake weed) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used wiltera in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used wiltera during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used kratom in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used kratom during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever smoked cigarettes?

- Never
- Regularly in the past
- Once or twice
- Regularly now
- Once in a while, but not regularly

How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About half a pack per day
- About one pack per day
- About one-and-a-half packs per day
- Two packs or more per day

Have you ever smoked cigars, cigarillos, or little cigars?

- Yes
- No

During the past 30 days, did you smoke cigars, cigarillos, or little cigars?

- Yes
- No

How frequently have you used smokeless tobacco during the past 30 days?

- Never
- About once a day
- Once or twice
- More than once a day
- Once or twice per week

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- 3-5 times
- One time
- 6-9 times
- Two times
- 10 or more times

During the past 30 days, have you used prescription drugs not prescribed to you?

- Yes
- No

In your opinion, on how many occasions do you think most students in your school used alcohol during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

How old were you when you first had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

In the past year (12 months), have you been to a gathering where large amounts of alcohol were available?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10+ times

In the past year (12 months), have you been to any community events where alcohol was being sold?

- Yes
- No

In the past year (12 months), have you been to any community events where adults were drinking alcohol?

- Yes
- No

In the past year (12 months), have you been to any community events where adults were drunk or intoxicated?

- Yes
- No

During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- Yes
- No

During the past 30 days, what type of alcohol did you most often consume?

- I did not consume alcohol during the past 30 days
- Beer
- Wine
- Wine cooler or sweetened alcoholic beverage (for example, Seagrams, Smirnoff Ice, Hard Lemonade)
- Gin, vodka, rum, or other type of hard liquor
- Some other type

If you have ever had an alcoholic beverage, think back to the last time you drank. How did you get the alcohol on that occasion? (Please fill in only one response.)

- I've never had an alcoholic beverage.
- I got it from my parent(s).
- I got it from a friend's parent(s).
- I got it from another adult 21 or over.
- I got it from someone under 21.
- I took it (from home, from a friend's house, etc.).
- I bought it from a grocery or convenience store.
- I bought it from a liquor store.
- I bought it at a bar or restaurant.
- I bought it over the internet.

What places (if any) did you drink alcohol during the past year (12 months)? (Mark all that apply.)

- I didn't drink alcohol
- At my own home
- At a friend's home
- At a community event
- At a sporting event
- At a bar or saloon
- At a restaurant
- At school
- At work
- At a park
- In the mountains or in a field
- In a car
- On the street
- In a parking lot
- At a concert
- Some other place

If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

If you wanted to get some smokeless tobacco, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy



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How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do your friends feel it would be for you to smoke tobacco?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How old were you when you first smoked a cigarette, even just a puff?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	Number of friends				
	0	1	2	3	4
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription drugs that were not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do your friends feel it would be for you to use prescription drugs that are not prescribed to you?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to use prescription drugs that are not prescribed to you?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How old were you when you first used a prescription drug that was not prescribed to you?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

The following questions are about juuling, vaping, and using electronic vapor products. These products include brands such as Vuse, JUUL, Elf Bar, NJOY, and Breeze Smoke. Juuling, vaping, or electronic vapor products also include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, mods, and hookah pens.

Have you ever juuled, vaped, or used an electronic vapor product?

- Yes
- No

During the past 30 days, how many days did you juul, vape, or use an electronic vapor product?

- 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

In your opinion, on how many days do you think most students in your school have juuled, vaped, or used an electronic vapor product during the past 30 days?

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

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have juuled, vaped, or used an electronic vapor product?

- 0 friends
- 1 friend
- 2 friends
- 3 friends
- 4 friends

How much do you think people risk harming themselves (physically or in other ways) if they juul, vape, or use an electronic vapor product everyday or nearly everyday?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do your friends feel it would be for you to juul, vape, or use an electronic vapor product?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to juul, vape, or use an electronic vapor product?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

If you wanted to juul, vape, or use an electronic vapor product, how easy would it be for you to get that?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

How old were you when you first juuled, vaped or used an electronic vapor product?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

During the past 30 days, how did you usually get your juul, vape, or electronic vapor product? (Select only one response.)

- I did not use.
- I bought it.
- My parent(s) or guardian(s) provided it to me.
- A person 21 or older provided it to me.
- A person younger than 21 provided it to me.
- I took it from another person.
- I got it some other way.

During the past 12 months, what types of e-juice did you consume in electronic vapor products?

(Mark all that apply)

- I did not use
- E-juice with zero nicotine
- E-juice with nicotine
- E-juice with marijuana, cannabis, or THC
- E-juice with some other active ingredient
- Not sure what was in the e-juice

Marijuana or cannabis also is called pot or weed. For the following 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.

On how many occasions (if any) have you used marijuana in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions



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If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard
- Sort of easy
- Sort of hard
- Very easy

How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do your friends feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How old were you when you first used marijuana?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

How did you usually use marijuana during the past 30 days? (Select one)

- I did not use.
- I smoked it.
- I ate it in an edible, candy, tincture, or other food.
- I used an electronic vapor product.
- I dabbed it.
- I used it in some other way.

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used marijuana?

- 0 Friends
- 1 Friend
- 2 Friends
- 3 Friends
- 4 Friends

How did you usually get the marijuana that you used during the past 30 days? (Select one)

- I did not use.
- I bought it at a marijuana dispensary, store, or center.
- I bought it from someone else.
- My parent(s) gave it to me.
- Another family member over age 21 gave it to me.
- A friend over age 21 gave it to me.
- Someone under age 21 gave it to me.
- I took it without permission.
- I got it some other way.

In your opinion, on how many occasions do you think most students in your school used marijuana during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

How many times in the past year (12 months) have you been drunk or high at school?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10+ times

These next questions ask about some experiences you may have had in your life.

In the past seven days, how often have you felt:

	Never	Rarely	Sometimes	Often	Always
Left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People barely knew you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, did you experience any of the following?

	Yes	No
One or more people in your home lost their job.	<input type="radio"/>	<input type="radio"/>
You had to move or change homes.	<input type="radio"/>	<input type="radio"/>
You skipped one or more meals because your family did not have enough money to buy food.	<input type="radio"/>	<input type="radio"/>
You had difficulty keeping up with schoolwork because you did not have access to a computer or internet service.	<input type="radio"/>	<input type="radio"/>
You did not have a quiet place at home to study.	<input type="radio"/>	<input type="radio"/>

On an average school day, how many hours do you use electronic devices for something other than school work? (Count time spent on things such as Xbox, PlayStation, texting, YouTube, Instagram, Snapchat, TicTok, Facebook, and other social media)

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 or more hours

On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

These final questions ask for some general information about you.

Do you describe yourself as a boy or man, girl or woman, or in some other way?

- Boy or man
- Girl or woman
- Some other way

How old are you?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

What race do you consider yourself to be?

(Mark all that apply.)

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Pacific Islander

What is your ethnicity?

- Hispanic or Latino/a
- Not Hispanic or Latino/a

What is the language you most often use at home?

- English
- Spanish
- Another language

How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Thank you for participating in this survey

For more information or to find out the survey results, please contact:

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Wyoming Survey & Analysis Center
UNIVERSITY OF WYOMING



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Wyoming Prevention Needs Assessment: High School

1. Thank you for agreeing to participate in this survey. The purpose of the survey is to learn how youth feel about their community, family, peers, and school. The survey also asks about health behaviors.
2. The survey is completely voluntary and anonymous. **DO NOT put your name on the questionnaire.**
3. This is not a test, so there are no right or wrong answers. Please work quickly so you can finish.
4. Most questions ask for only one answer. You may mark more than one answer on questions that say, "Mark all that apply." If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or if you are not sure what it means, just leave it blank. You can skip any questions that you do not wish to answer.
5. Several questions ask about your parents, which means your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.
6. Please mark your answer for each question by completely filling in the answer space with a #2 pencil.

Example: Chocolate is the best ice cream flavor. Yes No

To begin, the following questions ask about your experiences at school and in the community.

What grade are you in?

- 6th 9th 12th
 7th 10th
 8th 11th

Do you feel safe in your community?

- Yes No

How often do you feel unsafe when you are at school?

- Never Most days
 Rarely Every day
 Some days

How often do you feel unsafe when you are going to or from school?

- Never Most days
 Rarely Every day
 Some days

Think back over the past year in school.

How often did you:

	Never	Seldom	Sometimes	Often	Almost always
enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How interesting are most of your courses to you?

- Very interesting and stimulating
 Quite interesting
 Fairly interesting
 Slightly dull
 Very dull

How important do you think the things you are learning in school are going to be for your later life?

- Very important
 Quite important
 Fairly important
 Slightly important
 Not at all important

How often do you feel that the school work you are assigned is meaningful and important?

- Never Often
 Seldom Almost always
 Sometimes

During the LAST FOUR WEEKS, how many whole days of school did you miss because you skipped or cut class?

- None 4-5
 1 6-10
 2 11+
 3

During the past 12 months, how often have you been picked on by a fellow student?

- Never
- Once
- Several times
- Very often

During the past 12 months, how often have you been bullied by a fellow student?

- Never
- Once
- Several times
- Very often

Sometimes when young people have problems, they talk to an adult. Is there an adult in your community whom you can talk to about your problems?

- Yes
- No

During the past 7 days have you talked with at least one of your parents about your thoughts and feelings?

- Yes
- No

How often do you wear a seat belt when riding in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

The next questions ask about your feelings and experiences related to mental health.

During the last 30 days, about how often did you feel so depressed that nothing could cheer you up?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel hopeless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel restless or fidgety?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel everything was an effort?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel worthless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the last 30 days, about how often did you feel nervous?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

If you have concerns about mental health or suicide, the National Suicide Prevention Lifeline (call or text 988) or your school's counselor is there to help.

The next section asks about your experiences and feelings about drugs and alcohol.



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On how many occasions (if any) have you:

	0	1-2	3-5	6-9	10-19	20-39	40+
had alcoholic beverages (beer, wine, sweetened or hard liquor) to drink in your lifetime -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had beer, wine, sweetened alcoholic beverages, or hard liquor to drink during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD or other psychedelics in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD or other psychedelics during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used cocaine or crack in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used cocaine or crack during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used wiltera in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used wiltera during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used methamphetamines (meth, speed, crank, or ice) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used methamphetamines (meth, speed, crank, or ice) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used heroin in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used heroin during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used MDMA (X, E, molly, or ecstasy) in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used MDMA (X, E, molly, or ecstasy) during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription stimulants such as Ritalin or Adderall, without a doctor's orders, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription stimulants, such as Ritalin or Adderall, without a doctor's orders, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription opiate pain relievers, such as Vicodin, OxyContin, or Tylox, without a doctor's orders, in your lifetime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription opiate pain relievers, such as Vicodin, OxyContin, or Tylox, without a doctor's orders, during the past 30 days ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever smoked cigarettes?

- Never
- Regularly in the past
- Once or twice
- Regularly now
- Once in a while, but not regularly

How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About half a pack per day
- About one pack per day
- About one-and-a-half packs per day
- Two packs or more per day

How frequently have you used smokeless tobacco during the past 30 days?

- Never
- About once a day
- Once or twice
- More than once a day
- Once or twice per week

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- 3-5 times
- One time
- 6-9 times
- Two times
- 10 or more times

During the past 30 days, have you used prescription drugs not prescribed to you?

- Yes
- No

During the past 30 days, have you used synthetic marijuana (K2, Spice, fake weed)?

- Yes No

During the past 30 days, have you used kratom?

- Yes No

How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week?

- No risk
 Slight risk
 Moderate risk
 Great risk

How old were you when you first had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?

- Never have 14
 10 or younger 15
 11 16
 12 17 or older
 13

If you have ever had an alcoholic beverage, think back to the last time you drank. How did you get the alcohol on that occasion? (Please fill in only one response.)

- I've never had an alcoholic beverage.
 I got it from my parent(s).
 I got it from a friend's parent(s).
 I got it from another adult 21 or over.
 I got it from someone under 21.
 I took it (from home, from a friend's house, etc.).
 I bought it from a grocery or convenience store.
 I bought it from a liquor store.
 I bought it at a bar or restaurant.
 I bought it over the internet.

During the past 30 days, what type of alcohol did you most often consume?

- I did not consume alcohol during the past 30 days
 Beer
 Wine
 Wine cooler or sweetened alcoholic beverage (for example, Seagrams, Smirnoff Ice, Hard Lemonade)
 Gin, vodka, rum, or other type of hard liquor
 Some other type

What places (if any) did you drink alcohol during the past year (12 months)? (Mark all that apply.)

- I didn't drink alcohol At work
 At my own home At a park
 At a friend's home In the mountains or in a field
 At a community event In a car
 At a sporting event On the street
 At a bar or saloon In a parking lot
 At a restaurant At a concert
 At school Some other place

If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- Very hard Sort of easy
 Sort of hard Very easy

In the past year (12 months), have you been to a gathering where large amounts of alcohol were available?

- Never 6 to 9 times
 1 to 2 times 10+ times
 3 to 5 times

In the past year (12 months), have you been to any community events where adults were drinking alcohol?

- Yes No

In the past year (12 months), have you been to any community events where alcohol was being sold?

- Yes No

In the past year (12 months), have you been to any community events where adults were drunk or intoxicated?

- Yes No



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In your opinion, on how many occasions do you think most students in your school used alcohol during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How old were you when you first smoked a cigarette, even just a puff?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

If you wanted to get some smokeless tobacco, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do your friends feel it would be for you to smoke tobacco?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?

- Yes
- No

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	Number of friends				
	0	1	2	3	4
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used prescription drugs that were not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How old were you when you first used a prescription drug that was not prescribed to you?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do *your friends* feel it would be for you to use prescription drugs that are not prescribed to you?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do *your parents* feel it would be for you to use prescription drugs that are not prescribed to you?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

The following questions are about juuling, vaping, and using electronic vapor products. These products include brands such as Vuse, JUUL, Elf Bar, NJOY, and Breeze Smoke. Juuling, vaping, or electronic vapor products also include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, mods, and hookah pens.

Have you ever juuled, vaped, or used an electronic vapor product?

- Yes
- No

During the past 30 days, how many days did you juul, vape, or use an electronic vapor product?

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

In your opinion, on how many days do you think *most students in your school* have juuled, vaped, or used an electronic vapor product during the past 30 days?

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

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have juuled, vaped, or used an electronic vapor product?

- 0 friends
- 3 friends
- 1 friend
- 4 friends
- 2 friends

How much do you think people risk harming themselves (physically or in other ways) if they juul, vape, or use an electronic vapor product everyday or nearly everyday?

- No risk
- Slight risk
- Moderate risk
- Great risk

How wrong do *your friends* feel it would be for you to juul, vape, or use an electronic vapor product?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do *your parents* feel it would be for you to juul, vape, or use an electronic vapor product?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

If you wanted to juul, vape, or use an electronic vapor product, how easy would it be for you to get that?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

During the past 30 days, how did you *usually* get your juul, vape, or electronic vapor product? (Select only one response.)

- I did not use.
- I bought it.
- My parent(s) or guardian(s) provided it to me.
- A person 21 or older provided it to me.
- A person younger than 21 provided it to me.
- I took it from another person.
- I got it some other way.

How old were you when you first juuled, vaped or used an electronic vapor product?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older



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During the past 12 months, what types of e-juice did you consume in electronic vapor products?

(Mark all that apply)

- I did not use
- E-juice with zero nicotine
- E-juice with nicotine
- E-juice with marijuana, cannabis, or THC
- E-juice with some other active ingredient
- Not sure what was in the e-juice

Marijuana or cannabis also is called pot or weed. For the following 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.

On how many occasions (if any) have you used marijuana in your lifetime?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

How did you usually use marijuana during the past 30 days? (Select one)

- I did not use.
- I smoked it.
- I ate it in an edible, candy, tincture, or other food.
- I used an electronic vapor product.
- I dabbed it.
- I used it in some other way.

How old were you when you first used marijuana?

- Never have
- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17 or older

How did you usually get the marijuana that you used during the past 30 days? (Select one)

- I did not use.
- I bought it at a marijuana dispensary, store, or center.
- I bought it from someone else.
- My parent(s) gave it to me.
- Another family member over age 21 gave it to me.
- A friend over age 21 gave it to me.
- Someone under age 21 gave it to me.
- I took it without permission.
- I got it some other way.

If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

How wrong do your friends feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How wrong do your parents feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used marijuana?

- 0 Friends
- 1 Friend
- 2 Friends
- 3 Friends
- 4 Friends

In your opinion, on how many occasions do you think *most students in your school* used marijuana during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

How many times in the past year (12 months) have you been drunk or high at school?

- Never
- 1 to 2 times
- 3 to 5 times
- 6 to 9 times
- 10+ times

If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

How wrong do your parents feel it would be for you to use LSD, cocaine, amphetamines, or another illegal drug?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

In your opinion, on how many occasions do you think *most students in your school* used illegal drugs during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20-39 occasions
- 40+ occasions

These final questions ask for some general information about you.

Do you describe yourself as a boy or man, girl or woman, or in some other way?

- Boy or man
- Girl or woman
- Some other way

How old are you?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

What race do you consider yourself to be? (Mark all that apply.)

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Pacific Islander

What is your ethnicity?

- Hispanic or Latino/a
- Not Hispanic or Latino/a

What is the language you *most often* use at home?

- English
- Spanish
- Another language

How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Thank you for participating in this survey

For more information or to find out the survey results, please contact:

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