

1. In what grade are you?

- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

2. How old are you?

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

3. Are you Hispanic or Latino/Latina?

- Yes
- No

4. What is your race? (Select one or more responses)

- American Indian/Native American
- Alaska Native
- Asian Indian
- Chinese
- Japanese
- Korean
- Vietnamese
- Filipino
- Native Hawaiian
- Other Pacific Islander
- Black or African American
- White
- Other (Specify) _____

5. If you selected more than one race, what one race **best** describes you?

- Only one race selected in previous question
- American Indian/Native American
- Alaska Native
- Asian Indian
- Chinese
- Japanese
- Korean
- Vietnamese
- Filipino
- Native Hawaiian
- Other Pacific Islander
- Black or African American
- White
- Other

6. What is the language you use most often at home?

- English
- Spanish
- Another language (Specify) _____

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

		Height	
		Feet	Inches
Example		4	11
	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 0
	<input checked="" type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 7	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9	
	<input type="radio"/> 10	<input type="radio"/> 10	
	<input checked="" type="radio"/> 11	<input type="radio"/> 11	

8. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

			Weight			
			Pounds			
Example		0	9	5		
	<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

9. Please tell us your zip code.

Directions: Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Zip Code				
9	7			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses)**

- Yes – during school hours
- Yes – during the summer
- Yes – on the weekend or before/after school
- No
- Don't know

24. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

For these statements, mark how true you feel each is for you.

	Very much true	A little true	Not at all true
25. I can do most things if I try.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. There is at least one teacher or other adult in my school that really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I volunteer to help others in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I can work out my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about grades and school.

29. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

	None	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
30. During the past 12 months, how many days of school did you miss for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. During the past 12 months, how many days of school did you miss because of physical health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about asthma.

34. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not sure

35. Do you still have asthma?

- I have never had asthma
- Yes
- No
- Not sure

The next questions ask about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

36. Does your school have a School-Based Health Center?

- Yes
- No
- Don't know

37. How many times have you used the School-Based Health Center at your school in the past 12 months?

- Never
- I've used it, but not in the last 12 months
- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times

The next question is about the food you ate during the past 12 months.

38. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

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

39. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

40. During the past 7 days, how many times did you eat **fruit**?

(Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

41. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

42. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

43. During the past 7 days, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

44. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

45. During the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next question is about sleep patterns.

46. 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

The next questions ask about physical activity.

47. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

48. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

49. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

50. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

51. On an average school day, how many hours do you watch TV?

- I do not watch TV on an average school day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

PLEASE DO NOT WRITE IN THIS AREA



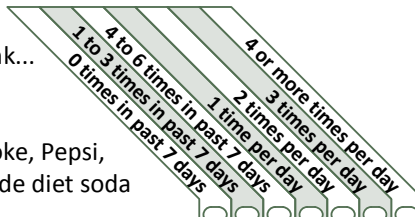
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52. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

The next questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...



	0 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
53. Soda or pop , such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Sports drinks such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain milk.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Plain milk? (Include milk that you added to cereal.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Plain water? (Include tap and bottled water.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the ways you get to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

	0 days	1 day	2 days	3 days	4 days	5 days
61. Walk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Ride a bike.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Ride a skateboard, skates, or scooter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Ride a school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Ride public transportation, including a city bus or light rail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Ride in or drive a car or other private vehicle (with only members of your family.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Ride in a carpool (with people other than your family.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?
- I did not visit a convenience store during the past 7 days
 - 1 time during the past 7 days
 - 2 or 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 7 or more times during the past 7 days

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

69. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes
 - No
70. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
 - No
71. 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

The next questions ask about sexual orientation and behavior.

84. Do you think of yourself as...
 Lesbian or gay
 Straight, that is, not lesbian or gay
 Bisexual
 Something else (Specify) _____
 Don't know/Not sure
85. Have you ever had sexual intercourse?
 Yes No
86. How old were you when you had sexual intercourse for the **first time**?
 I have never had sexual intercourse
 11 years old or younger
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old or older
87. During your life, with how many people have you had sexual intercourse?
 I have never had sexual intercourse
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
88. During the past 3 months, with how many people did you have sexual intercourse?
 I have never had sexual intercourse
 I have had sexual intercourse, but not during the past 3 months
 1 person
 2 people
 3 people
 4 people
 5 people
 6 or more people
89. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
 I have never had sexual intercourse
 Yes
 No
90. The **last time** you had sexual intercourse, did you or your partner use a condom?
 I have never had sexual intercourse
 Yes
 No

91. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**? (Select one or more responses)
 I have never had sexual intercourse
 IUD (intrauterine device such as Mirena or Paragard)
 Contraceptive implant (Implanon or Nexplanon)
 Depo-Provera (injectable birth control)
 Birth control pills
 Contraceptive patch
 Contraceptive ring
 Condoms
 Withdrawal
 Emergency contraception (morning after pill)
 Some other method
 No method was used to prevent pregnancy
 Not sure

The next questions ask about tobacco use.

During the past 30 days, on how many days did you ...

	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
92. Smoke cigarettes ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Smoke menthol cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Use chewing tobacco, snuff or dip , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Smoke a little cigar , such as Swisher Sweets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Smoke a large cigar ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Smoke tobacco in a hookah , also known as a waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Use an e-cigarette or other vaping product ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. Have you ever used any **tobacco or vaping** product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.
 Yes
 No
 Not sure
100. During the past 30 days, have you used any **tobacco or vaping** product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.
 Yes
 No
 Not sure
101. How old were you when you smoked a whole cigarette for the first time?
 I have never smoked a whole cigarette
 8 years old or younger 13 years old
 9 years old 14 years old
 10 years old 15 years old
 11 years old 16 years old
 12 years old 17 years old or older

115. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response)
- I did not drink alcohol during the past 30 days
 - I do not have a usual type
 - Beer
 - Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
 - Wine coolers, such as Bartles & Jaymes or Seagrams
 - Wine
 - Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 - Flavored alcoholic beverages, such as lemon vodka, coconut rum, etc.
 - Some other type

The next questions ask about marijuana (also called grass or pot), and other drugs.

116. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
117. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 or more days
118. During the past 30 days, how many times did you use marijuana **on school property**?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
119. During the past 30 days, if you used marijuana, how did you use it? (**Select one or more responses**)
- I did not use marijuana during the past 30 days
 - Smoked it (in a joint, bong, pipe, blunt)
 - Vaporized it (e.g., vapor pen)
 - Ate it (in brownies, cakes, cookies, candy)
 - Drank it (tea, cola, alcohol)
 - Dabbed it
 - Used in some other way

120. When you smoked marijuana during the past 30 days, did you ever mix it with tobacco? (Either rolling with loose tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.)
- I have not smoked marijuana in the past 30 days
 - Yes
 - No
121. When you used marijuana during the past 30 days, did you ever drink alcohol at the same time?
- I have not used marijuana in the past 30 days
 - Yes, most of the time
 - Yes, some of the time
 - Yes, rarely
 - No
122. Does any adult living in your house use marijuana?
- Yes
 - No
123. If one of your best friends offered you some marijuana, would you use it?
- Definitely not
 - Probably not
 - Probably would
 - Definitely would

During the past 30 days, have you seen an advertisement for marijuana products or stores:

	Don't know/Not sure	
	Yes	No
124. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>
125. On a storefront?	<input type="radio"/>	<input type="radio"/>
126. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?	<input type="radio"/>	<input type="radio"/>
127. On a billboard?	<input type="radio"/>	<input type="radio"/>
128. On the sidewalk (like signs or people wearing or waving signs)?	<input type="radio"/>	<input type="radio"/>

129. During the past 30 days, on how many days have you used **prescription drugs** (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) **without a doctor's orders**?
- 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

If you wanted to get...

	Sort of easy			Sort of hard			Very hard		
	Very easy								
130. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. E-cigarettes or other vaping products, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Prescription drugs not prescribed to you, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

