

# TN TOGETHER | 2024-25 Student Survey

## THE SURVEY

Thank you for agreeing to participate in this survey. The survey asks questions about your life experiences, your attitudes, and the attitudes of your parents and close friends.

## INSTRUCTIONS

- Your answers to the questions are anonymous and private. That means no one will know how you answered. Do not write your name on the survey.
- For the study to be helpful, it is important that you answer each question honestly and truthfully.
- This survey is completely voluntary, which means that you may choose to not fill out the questionnaire or any part of it. If you prefer not to answer a question, or if you don't know the answer, just leave it blank.
- This is not a test, so there are no right or wrong answers. We would like you to work quickly, so that you can finish.
- All of the questions should be answered by marking one of the response choices. If you do not find an answer that fits exactly, use the one that comes closest. Unless instructed on the questionnaire, do not mark more than one response for any item.
- Please answer by filling the circle of your choice.

When you finish, please place your survey in the envelope provided.

## ABOUT YOU

*These questions ask for some general information about you. Please mark the response that best describes you.*

### 1. How old are you?

- 10     11     12     13     14     15     16     17     18+

### 2. What grade are you in?

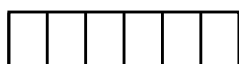
- 6th     7th     8th     9th     10th     11th     12th

### 3. How would you describe yourself? (Mark **ALL** that apply)

- White                       Black or African American                       Hispanic  
 Asian/Pacific Islander     American Indian or Alaska Native                       Other

### 4. Are you:

- Male     Female     Prefer to self-identify: \_\_\_\_\_



The next set of questions ask about your use of different substances, including tobacco, vaping devices, alcohol, marijuana, prescription drugs, and other illegal drugs. This excludes substance use for religious purposes (e.g., drinking a sip of wine during a religious ceremony).

**5. Have you ever had one or more drinks of an ALCOHOLIC BEVERAGE?**  Yes  No If No, SKIP TO QUESTION #6  
*Alcoholic beverages include beer, wine, wine coolers, malt beverages, and liquor.*

- a. If you marked YES, **how old** were you when you first had one or more drinks of an **ALCOHOLIC BEVERAGE**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on **how many days** did you have one or more drinks of an **ALCOHOLIC BEVERAGE**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

**6. Have you ever had 5 or more drinks of an ALCOHOLIC BEVERAGE on the same occasion?**  Yes  No If No, SKIP TO QUESTION #7  
*Alcoholic beverages include beer, wine, wine coolers, malt beverages, and liquor.*

- a. If you marked YES, **how old** were you when you first had **5 or more drinks** on the same occasion?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on **how many days** did you have **5 or more drinks** on the same occasion?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

**7. Have you ever used PRESCRIPTION DRUGS not prescribed to you or just to get high?**  Yes  No If No, SKIP TO QUESTION #8  
*Prescription drugs include drugs that require a doctor's prescription to purchase or consume like OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax, Klonopin, Benzos, Valium, Ativan, and Gabapentin. These do not include over-the-counter medicines.*

- a. If you marked YES, **how old** were you when you first used **PRESCRIPTION DRUGS not prescribed to you**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on **how many days** did you use **PRESCRIPTION DRUGS not prescribed to you**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

**7A. Have you ever used PRESCRIPTION STIMULANTS not prescribed to you or just to get high?**  Yes  No If No, SKIP TO QUESTION #7B  
*(e.g., Dexadrine, Adderall, Ritalin, or Concerta)*

- a. **During the past 30 days**, on **how many days** did you use **PRESCRIPTION STIMULANTS**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- b. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

**7B. Have you ever used PRESCRIPTION PAIN MEDICATIONS not prescribed to you or just to get high?**  Yes  No If No, SKIP TO QUESTION #8  
*(e.g., Vicodin, Oxycontin, Morphine, or Demerol)*

- a. **During the past 30 days**, on **how many days** did you use **PRESCRIPTION PAIN MEDICATIONS**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- b. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

8. Have you ever used **OVER-THE-COUNTER DRUGS** to get high or in a way other than directed?  Yes  No If No, SKIP TO QUESTION #9  
*(e.g., cough/cold medicines, diet pills, stay-awake pills, or laxatives)*

- a. If you marked YES, **how old** were you when you first used **OVER-THE-COUNTER DRUGS**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on how many days did you use **OVER-THE-COUNTER DRUGS**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

9. Have you ever smoked part or all of a **CIGARETTE**?  Yes  No If No, SKIP TO QUESTION #10  
*Cigarettes include menthol cigarettes, regular cigarettes, and loose tobacco rolled in cigarettes. This does not include e-cigarettes.*

- a. If you marked YES, **how old** were you when you first **smoked part or all of a CIGARETTE**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on how many days did you **smoke part or all of a CIGARETTE**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

10. Have you ever used a **VAPING DEVICE with nicotine**?  Yes  No If No, SKIP TO QUESTION #11  
*A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, or vape pipes.*

- a. If you marked YES, **how old** were you when you first used a **VAPING DEVICE with nicotine**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on how many days did you use a **VAPING DEVICE with nicotine**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

11. Have you ever used a **VAPING DEVICE with flavoring only**?  Yes  No If No, SKIP TO QUESTION #12  
*A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookahs, or vape pipes.*

- a. If you marked YES, **how old** were you when you first used a **VAPING DEVICE with flavoring only**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on how many days did you use a **VAPING DEVICE with flavoring only**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

12. Have you ever used **SMOKELESS TOBACCO**?  Yes  No If No, SKIP TO QUESTION #13  
*Smokeless tobacco can be known as chewing tobacco, spit tobacco, chew, snuff, pinch, or dip.*

- a. If you marked YES, **how old** were you when you first used **SMOKELESS TOBACCO**?  
 8 or under  9  10  11  12  13  14  15  16  17  18+
- b. During the **past 30 days**, on how many days did you use **SMOKELESS TOBACCO**?  
 0 Days  1-2 Days  3-5 Days  6-9 Days  10-19 Days  20-29 Days  All 30 Days
- c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_

**13. Have you ever used MARIJUANA or hashish?**

Yes  No If No, SKIP TO QUESTION #14

*Marijuana or hashish can be known as grass, pot, weed, hash, hash oil, or edibles.*

**a. If you marked YES, how old were you when you first used MARIJUANA?**

8 or under  9  10  11  12  13  14  15  16  17  18+

**b. During the past 30 days, on how many days did you use MARIJUANA?**

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

**c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_**

**13A. Have you ever VAPED MARIJUANA?**

Yes  No If No, SKIP TO QUESTION #13B

*A vaping device includes electronic cigarettes also known as e-cigarettes, hookah pens, e-hookas, or vape pipes.*

**a. During the past 30 days, on how many days did you VAPE MARIJUANA?**

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

**b. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_**

**13B. Have you ever SMOKED MARIJUANA?**

Yes  No If No, SKIP TO QUESTION #13C

**a. During the past 30 days, on how many days did you SMOKE MARIJUANA?**

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

**b. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_**

**13C. Have you ever eaten MARIJUANA or THC edibles?**

Yes  No If No, SKIP TO QUESTION #14

*Marijuana and THC edibles include Delta-8 and other edible marijuana.*

**a. During the past 30 days, on how many days did you use MARIJUANA or THC edibles?**

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

**b. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_**

**14. Have you ever used METHAMPHETAMINES?**

Yes  No If No, SKIP TO QUESTION #15

*Methamphetamines can be known as crank, meth, blue, ice, or crystal.*

**a. If you marked YES, how old were you when you first used METHAMPHETAMINES?**

8 or under  9  10  11  12  13  14  15  16  17  18+

**b. During the past 30 days, on how many days did you use METHAMPHETAMINES?**

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

**c. Enter the exact number of days you used in the past 30 days (0 to 30): \_\_\_\_\_**

**15. Have you ever used any OTHER ILLEGAL DRUGS?**

Yes  No If No, SKIP TO QUESTION #16

*Other illegal drugs include substances like crack or powder cocaine, heroin, inhalants, barbiturates, steroids, etc.*

**a.** If you marked YES, **how old** were you when you first used **OTHER ILLEGAL DRUGS**?

- 8 or under  9  10  11  12  13  14  15  16  17  18+

**b.** During the **past 30 days**, on **how many days** did you use **COCAINE** (crack, etc.)?

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

**c.** During the **past 30 days**, on **how many days** did you use **INHALANTS** (glue, gas, etc.)?

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

**d.** During the **past 30 days**, on **how many days** did you use **HALLUCINOGENS** (PCP, LSD, psychedelic mushrooms, etc.)?

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

**e.** During the **past 30 days**, on **how many days** did you use **HEROIN** (opiates, etc.)?

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

**f.** During the **past 30 days**, on **how many days** did you use **STEROIDS**?

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

**g.** During the **past 30 days**, on **how many days** did you use **ECSTASY** (MDMA, Molly)?

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

*The next questions ask about how easy or difficult it is for you to access alcohol, prescription drugs, cigarettes, vaping devices, and marijuana. Remember, your answers are anonymous.*

<b>16. How easy is it to get...</b>	<b>Don't Know</b>	<b>Very Difficult</b>	<b>Fairly Difficult</b>	<b>Fairly Easy</b>	<b>Very Easy</b>
<b>a.</b> Alcohol (beer, coolers, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b.</b> Tobacco products (cigarettes, dip, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c.</b> Vaping devices (juuls, vape pens, e-cigarettes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d.</b> Marijuana (e.g., pot, hash, edibles)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e.</b> Prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. During the past 30 days, if you used alcohol, in which ways (if any) did you get alcohol? (Mark ALL that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> I got it at a party                                | <input type="checkbox"/> I bought it (e.g., restaurant, bar, event, store) |
| <input type="checkbox"/> I got it from a sibling or friend (under 21)       | <input type="checkbox"/> I bought it through the internet or social media  |
| <input type="checkbox"/> I got it from an older sibling or friend (over 21) | <input type="checkbox"/> I took it from someone without permission         |
| <input type="checkbox"/> I got it from my parents <u>with</u> permission    | <input type="checkbox"/> I stole it from a store                           |
| <input type="checkbox"/> I gave someone money to buy it for me              | <input type="checkbox"/> I got it some other way                           |

18. If you bought or tried to buy alcohol yourself during the past 30 days, were you ever asked to show proof of age?

- I did not try to buy alcohol during the past 30 days  
 No, I was not asked to show proof of age  
 Yes, I was asked to show proof of age

19. During the past 30 days, if you used prescription drugs to get high, how did you get the drugs? (Mark ALL that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> I got them at a party  | <input type="checkbox"/> I bought them from a friend, relative, or someone I know |
| <input type="checkbox"/> I got them from a friend, relative, or someone I know for free | <input type="checkbox"/> I bought them through the internet/social media          |
| <input type="checkbox"/> I got a prescription from one doctor                           | <input type="checkbox"/> I took them from someone without asking                  |
| <input type="checkbox"/> I got a prescription from more than one doctor                 | <input type="checkbox"/> I got them some other way                                |

20. During the past 30 days, if you used marijuana/THC (through smoking, vaping, edibles, Delta-8, or any other way), how did you get it? (Mark ALL that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> I got it at a party                        | <input type="checkbox"/> I bought it through the internet/social media |
| <input type="checkbox"/> I got it from a sibling or friend          | <input type="checkbox"/> I took it from someone without permission     |
| <input type="checkbox"/> I gave someone money to buy it for me      | <input type="checkbox"/> I stole it from a store/shop                  |
| <input type="checkbox"/> I bought it (e.g., in a store, shop, etc.) | <input type="checkbox"/> I got it some other way                       |

21. During the past 30 days, if you vaped, how did you get your vaping device and substances? (Mark ALL that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> I got them at a party                                   | <input type="checkbox"/> I bought them through the internet/social media |
| <input type="checkbox"/> I got them from a sibling or friend                     | <input type="checkbox"/> I stole them from a store/shop                  |
| <input type="checkbox"/> I gave someone money to buy them for me                 | <input type="checkbox"/> I got them some other way                       |
| <input type="checkbox"/> I bought them in a store (e.g., vape shop, kiosk, etc.) |  |

The next questions are about **vehicle** safety and driving while impaired.

22. Have you ever ridden in a car driven by someone who...

a. Was intoxicated by alcohol or drugs?  No  Yes  Not sure

b. Was taking or was under the influence of prescription drugs?  No  Yes  Not sure

23. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who...

a. Was intoxicated by alcohol or drugs?  0 times  1 time  2 or 3 times  4 or 5 times  6 or more times

b. Was taking or was under the influence of prescription drugs?  0 times  1 time  2 or 3 times  4 or 5 times  6 or more times

The next questions are about the life experiences of your friends. In cases where they have NO experience at all, please mark "None".

24. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many, if any, of your friends have...	None	One	Two	Three	Four or more
a. Had one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had 5 or more drinks on the same occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Used prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoked part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Used a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Used a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used marijuana or hashish some other way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about your parents' and friends' attitudes toward certain behaviors. By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

25. How wrong do your <u>parents</u> feel it would be for <u>you</u> to...	Very Wrong	Wrong	A little bit wrong	Not at all wrong
a. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. How wrong do your <u>friends</u> feel it would be for <u>you</u> to...	Very Wrong	Wrong	A little bit wrong	Not at all wrong
a. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about your feelings and attitudes toward tobacco, alcohol, and other drug use.

27. How wrong do <u>you</u> think it is for <u>someone your age</u> to...	Very Wrong	Wrong	A little bit wrong	Not at all wrong
a. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use marijuana (some other way)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How much do <u>you</u> think people <u>risk harming themselves physically or in other ways</u> if they...	No Risk	Slight Risk	Moderate Risk	Great Risk
a. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use a vaping device with nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use a vaping device with marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The next questions asks about how you've been feeling the last 30 days and whether you've ever had thoughts about suicide.

29. Thinking about the past 30 days, about how often have you felt...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. In the past 12 months, did you ever seriously consider attempting suicide?  
 Yes    No    Prefer not to state

31. In the past 12 months, did you make a plan about how you would attempt suicide?  
 Yes    No    Prefer not to state

If you are experiencing a mental health emergency, call now. **Help is available 24 hours a day, 7 days a week.**

**Tennessee Crisis Services & Suicide Prevention HOTLINE**

Call 855-CRISIS-1 (855-274-7471) or Text "TN" to 741-741

**National Suicide Prevention LIFELINE**

Call or Text 988 or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

*These final questions ask about your communication with parents about the use of alcohol, tobacco, and other drugs and about information you may hear about the dangers of substance use. By parents, we mean your adult guardians, whether or not they live with you.*

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

No    Yes    Yes, more than once

33. During the past 12 months, have you talked with at least one of your parents about the **dangers of vaping?**

No    Yes    Yes, more than once

34. During the past 12 months, have you talked with at least one of your parents about the **dangers of using prescription drugs not prescribed to you?**

No    Yes    Yes, more than once

35. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the **dangers of using prescription drugs not prescribed to you?**

No    Yes    Yes, more than once

36. During the past 12 months, do you recall seeing anything online or on social media **encouraging underage drinking, vaping, marijuana, or other drug use?**

No    Yes    Yes, more than once

**Thank you very much for your participation!**

**4442609481**