

2016 Rhode Island Student Survey

Thank you for agreeing to participate in this survey. The following questions are about your thoughts and feelings on a number of subjects about which we would like to know your opinions. Completing this survey is completely voluntary, which means you can stop at any time and you don't have to answer any questions that you don't want to. There are no right or wrong answers and everything you say is completely anonymous. That means that no one will ever know your individual responses. Please answer the survey as thoughtfully and honestly as possible. Thank you very much for being an important part of this project!

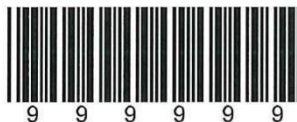
- Please answer all of the questions by marking one of the answer spaces.
- Select the answer that comes closest to how you feel.
- If you are not sure what a question means, please ask the survey administrator to explain.
- If any of the questions make you uncomfortable, you don't need to answer them.

First, we'd like to know a little about you.

- How old are you?
 10 or younger 11 12 13 14 15 16 17 18 19 or older
- What grade are you in?
 6th 7th 8th 9th 10th 11th 12th
- Describe yourself by gender by choosing either:
 Female Male
- How much education does your father have?
 Did not finish high school
 Graduated high school
 Some education after high school
 Graduated from college
 Not sure
- How much education does your mother have?
 Did not finish high school
 Graduated high school
 Some education after high school
 Graduated from college
 Not sure
- What is your zip code?
First digit 0 1 2 3 4 5 6 7 8 9
Second digit 0 1 2 3 4 5 6 7 8 9
Third digit 0 1 2 3 4 5 6 7 8 9
Fourth digit 0 1 2 3 4 5 6 7 8 9
Fifth digit 0 1 2 3 4 5 6 7 8 9

Your School . . .

- Putting them all together, what were your grades like last year?
 Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's
- During the last 30 days, how many whole days have you missed school because you skipped or cut?
 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 or more days



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Strongly

Strongly

9.

Please answer the following questions..

	Disagree	Disagree	Agree	Agree
I feel safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe going to or from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school, students have lots of chances to decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers ask me to work on classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Teacher(s) notice(s) when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances at school for me to get Involved in sports, clubs, and other school activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of chances for students in my school to talk with a teacher one on one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school lets my parent(s) know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of chances to be part of class Discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rules are enforced fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students of all races and ethnic groups are treated equally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Think of your 4 best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have...

	0 friends	1 friend	2 friends	3 friends	4 friends
Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a drink of any type of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana (marijuana is also called: weed, pot, reefer, Mary Jane, or grass. It is usually smoked, either in cigarettes called a joint or doobie or in a pipe)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth) or club drugs (ecstasy, roofies) ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a gun (not including use of a gun for hunting or sport)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How much do you think people risk harming themselves (physically or in other ways) if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use over the counter drugs for non-medical purposes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Your Neighborhood . . .

	Not at all likely	Not very likely	Somewhat likely	Very likely
12. If a kid smoked cigarettes in your neighborhood, or the area around where you live, how likely is it that he/she would be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If a kid drank alcohol in your neighborhood or the area around where you live, how likely is it that he/she would be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. If a kid used marijuana in your neighborhood, or the area around where you live, how likely is it that he/she would be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Thoughts and Behaviors . . .

	0 days	1 day	2 or 3 days	4 or 5 days	6 or more days
15. During the past 30 <u>days</u> , on how many days did you . . .					
carry a weapon, such as a gun, knife, or club?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carry a gun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
carry a weapon, such as a gun, knife, or club onto school property?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not go to school because you felt you would be unsafe at school or on your way to or from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Less than once a month	1-2 times a month	Once a week	Daily
16. During the past 3 months, on how many days have you . . .					
Spread mean rumors or lies about other kids at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used the internet (including IM, email, blogs, MySpace, Facebook, etc) to post pictures or texts that might embarrass or hurt another student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a cell phone to send text messages or pictures that might embarrass or hurt another student?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made fun of other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had mean rumors or lies spread about you at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had pictures or texts that embarrassed or hurt you posted through the internet (including IM, email, blogs, MySpace, Facebook, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had text or picture cell phone messages sent about you that were embarrassing or hurtful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been made fun of?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been sent to the office for disciplinary reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in 'in-school' suspension or detention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

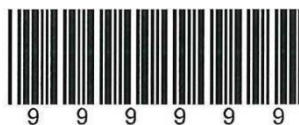


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The next items ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is NOT bullying when two students about the same strength or power argue, fight, or tease each other in a friendly way.

17. During the past 12 months, how many times have you been bullied on school property?
 0 times 1 time 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
18. During the past 12 months, how many times has someone threatened or injured you with a weapon, such as a gun, knife, or club on school property?
 0 times 1 time 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
19. During the past 12 months, how many times were you in a physical fight?
 0 times 1 time 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more
20. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
 0 times 1 time 2 or 3 4 or 5 6 or 7 8 or 9 10 or 11 12 or more

- | | Strongly
Disagree | Disagree | Agree | Strongly
Agree | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 21. Please answer the following questions.. | | | | | |
| I ignore rules that get in my way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| It is all right to beat up people if they start the fight. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| It is important to be honest with your parents, even if they become upset or you get punished. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| I do the opposite of what people tell me just to get them mad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| I think it is ok to take something without asking, if you can get away with it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| I think sometimes it's ok to cheat at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 22. The last 30 days, how often .. | | Not very
often | Sometimes | Often | Always |
| were you very sad? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| were you grouchy, irritable, or in a bad mood? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| did you feel hopeless about the future? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| did you feel like not eating or eating more than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| did you sleep a lot more or a lot less than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| did you have difficulty concentrating on your school work? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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

- No Yes

Note, if you answered "No" to number 23, please skip ahead to question 27.

24. During the past 12 months, did you make a plan about how you would attempt suicide?

- No Yes

25. 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

26. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or a nurse?

- No Yes

27. Use the following choices for the next group of questions:	Very Easy	Easy	Somewhat Difficult	Very Difficult
If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some alcohol (beer, wine, brandy, or mixed drinks), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you wanted to get any other illegal drugs, such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How wrong do your friends feel it would be for you to:	Not Wrong at all	A little bit Wrong	Wrong	Very Wrong
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?	Neither approve or disapprove	Somewhat disapprove	Strongly disapprove	Don't know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. During the past 12 months, how many times do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?

0 times 1-2 times 3-5 times 6-9 times 10-19 times 20-39 times 40 or more times



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31. How old were you the first time you smoked all or part of a cigarette?

- Never tried 8 or younger 9 10 11 12 13 14 15 16 17 or older

32. Think about the first time you had a drink of alcohol. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

- Never tried 8 or younger 9 10 11 12 13 14 15 16 17 or older

33. How old were you the first time you used marijuana?

- Never tried 8 or younger 9 10 11 12 13 14 15 16 17 or older

34. How old were you the first time you used inhalants?

- Never tried 8 or younger 9 10 11 12 13 14 15 16 17 or older

35-a. During the past 30 days did you:

Smoke all or part of a cigarette? No Yes

Use chewing tobacco or snuff (dip)? No Yes

Smoke all or part of a cigar or cigarillo? No Yes

Ride in a car or other vehicle driven by someone who had been drinking alcohol? No Yes

Drink one or more drinks of an alcoholic beverage? No Yes

Have 5 or more drinks on the same occasion? By "occasion" we mean at the same time or within a couple of hours of each other. No Yes

Use marijuana? No Yes

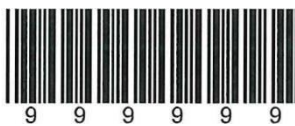
Drive a car or other vehicle when you had been using marijuana? No Yes

Use synthetic marijuana (legal bud, Spice, bath salts, K2)? No Yes

Use inhalants? (glue, paints, or sprays) No Yes

Use prescription drugs not prescribed to you? No Yes

Use over the counter medication for non-medical reasons? No Yes



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35-b: During the past 30 days which of the following products have you tried?

(You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- I have not tried any tobacco products
- Large cigars
- Little cigars or cigarillos
- Flavored tobacco products (excluding menthol) such as cigars, little cigars/cigarillos, shisha, chew or electronic cigarettes
- Hookah or water pipe
- Electronic cigarettes or E-cigs such as NJOY or blu
- Dissolvable tobacco products, such as Camel Orbs or Camel Sticks
- Some other new tobacco products not listed here

35-c: During the past 30 days, how did you usually get **your own tobacco products**? This includes cigarettes, cigars, hookah, e-cigarettes, chewing tobacco, snuff or Snus, dissolvable tobacco (dissolvables), bidis or other flavored tobacco products. (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- I did not use any tobacco products during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store or gas station
- I got them on the Internet
- I took them from a store or another person
- I got them some other way

36. During the past 30 days have you smoked all or part of a cigarette on school property?

- No Yes

37. Have you ever tried to quit smoking cigarettes?

- Yes, and I quit Yes, but I still smoke No, I never tried to quit Never tried cigarettes

38. During the past 30 days have you drank alcohol on school property?

- No Yes

39. During the past 30 days have you used marijuana on school property?

- No Yes

40. If people were to offer you an alcoholic beverage to drink in the next year, would you drink it?

- Definitely Not Probably Not Probably Yes Definitely Yes

41. If people were to offer you marijuana during the next year, would you use it?

- Definitely Not Probably Not Probably Yes Definitely Yes



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42. On the days you drink alcohol, about how many drinks do you have on average?

- I don't drink alcohol Less than one One Two Three Four Five Six or more

43. Out of every 20 students your age, how many do you think have used marijuana at least once in the past 30 days?

- 0-4 5-8 9-12 13-16 17 or more

44. Out of every 20 students your age, how many do you think have used synthetic marijuana at least once in the past 30 days?

- 0-4 5-8 9-12 13-16 17 or more

45. During the past year, how many times did you drive a car or other vehicle while you were under the influence of alcohol?

- 0 times 1-2 times 3-5 times 6-9 times 10-19 times 20-39 times 40 or more times

46. The last time you used a prescription drug not prescribed to you, how did you obtain it?

- Never used prescription drugs not prescribed for me
 A friend or relative gave it to me for free
 I took it from a friend or relative without asking
 I bought it at school from a friend/relative/dealer
 I bought it outside of school from a friend/relative/dealer
 I got it from the internet/online
 I got it from another source



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Family...by "parents" we mean your biological, adoptive or step-parents or adult guardians (whether or not they live with you).

47. How often does your family quarrel or argue?

- Never
- Not very often
- Some of the time
- Most of the time
- All of the time

48. If you used alcohol or drugs, how likely is it you would be caught by your parents?

- Not at all likely
- Not very likely
- Somewhat likely
- Very likely

49. Think about the past 12 months through today. DURING THE PAST 12 MONTHS, have you talked with at least one of your parents about the dangers of alcohol, tobacco, or drug use?

- Yes No Don't know; can't say

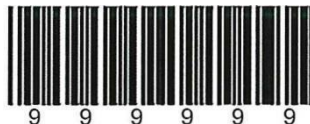
50. Think about the past 12 months through today. During the past 12 months has school staff, principal, social worker, teacher - referred you for professional services or other kind of help (program) because of your use of alcohol, tobacco, or marijuana use?

- No Yes Not Applicable to me

51.

Use the following choices for the next group of questions:

	Very Wrong	Wrong	A little bit Wrong	Not Wrong at all
How wrong do your parents feel it would be for you to smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use prescription drugs not prescribed for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to use any other illegal drugs, such as cocaine, LSD (acid), methamphetamine (meth), or club drugs (ecstasy, roofies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to start a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How wrong do your parents feel it would be for you to defend yourself in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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52. Use the following choices for the next group of questions:
- | | Strongly
Disagree | Disagree | Agree | Strongly
Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| My parents notice when I am doing a good job and let me know about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents ask me what I think before most family decisions affecting me are made. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents tell me they are proud of me for something I have done. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I had a personal problem, I could ask my parent or guardian for help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents give me lots of chances to do fun things with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My parents ask me if I've gotten all my homework done. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family has clear rules about alcohol and drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. How many adults (over the age of 21) in your house?
- | | None | One | Two or
more |
|---|-----------------------|-----------------------|-----------------------|
| Smoked cigarettes or cigars regularly in the past year (not counting yourself)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used marijuana in the past year (not counting yourself)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54. How familiar are you with the anti-drug/alcohol marketing campaign named *Above the Influence*?
- not at all
 a little familiar
 somewhat
 moderate
 very familiar

55. How often have you seen / heard about the anti-drug/alcohol marketing campaign named *Above the Influence*?
- never
 rarely
 occasionally
 frequently
 very frequently

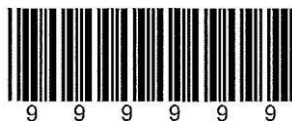
56. How much do you believe the messages advertised by the anti-drug/alcohol marketing campaign named *Above the Influence*? Please indicate NA if you are unsure of the primary message of the *Above the Influence* campaign.
- not at all
 somewhat
 moderate
 strongly
 completely believable
 NA

57. Did seeing the *Above the Influence* campaign change how risky / harmful you think drinking alcohol can be for a person your age?

- Yes, I think drinking alcohol is more risky/harmful for a person my age than I used to
- NO, I already thought drinking alcohol was risky/harmful for a person my age
- NO, I still don't think drinking alcohol is risky/harmful for a person my age
- I am not familiar with the *Above the Influence* campaign

58. Did seeing the *Above the Influence* campaign change how risky/harmful you think using marijuana can be for a person your age?

- Yes, I think using marijuana is more risky/harmful for a person my age than I used to
- NO, I already thought using marijuana was risky/harmful for a person my age
- NO, I still don't think drinking alcohol is risky/harmful for a person my age
- I am not familiar with the *Above the Influence* campaign



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59. Did seeing the *Above the Influence* campaign change your idea of how many of your classmates drink alcohol?

- Yes, fewer of my classmates drink alcohol than I had thought
- NO, I already knew the approximate correct percentage of my classmates who drink alcohol
- NO, I still believe that the campaign underestimated the number of my classmates who drink alcohol
- I am not familiar with the *Above the Influence* campaign

60. Did seeing the *Above the Influence* campaign change your idea of how many of your classmates use marijuana?

- Yes, fewer of my classmates use marijuana than I had thought
- NO, I already knew the approximate correct percentage of my classmates who use marijuana
- NO, I still believe that the campaign underestimated the number of my classmates who use marijuana
- I am not familiar with the *Above the Influence* campaign

61. Did you do any of the following after seeing the *Above the Influence* campaign?
Check **Yes** for all that apply; Check **No** for all that do not apply.

- | | | |
|--|-----------------------------|------------------------------|
| Talked to a FRIEND about the content of the campaign | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Talked to a PARENT about the content of the campaign | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| I reduced the amount of alcohol I use | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| I reduced the amount of marijuana I use | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| I stopped using alcohol completely | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| I stopped using marijuana completely | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|
 | | |
| This campaign didn't impact my level of alcohol or marijuana use because I don't have a desire to change | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| This campaign didn't impact my level of alcohol or marijuana use because I don't use either | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

62. How honest were you in filling out this survey?

- I was not honest at all
- I was honest once in a while
- I was honest some of the time
- I was honest pretty much all of the time
- I was honest all of the time

