This is an anonymous survey. Please answer the following questions as truthfully as possible. No one at your school or home will see your answers. Thank you for your help.

TELL US	ABOUT '	YOURSEI	_F								
What is your	gender?	○ Female									
What grade are you in? 7th 8th 9th 10th 11th 12th											
What school you attend?	Vhat school do ou attend? Andrew Jackson Middle ou attend? A.R. Rucker Middle ou attend? Buford Middle ou attend Andrew Jackson High ou attended Buford High Indian Land High Lancaster High						ligh				
How would yourself?	ou describe	⊖ White ⊖ Asiar		◯ African Ame ◯ Other	rican (His	spanic					
HOW MANY MINUTES PER DAY DO YOU SPEND											
		NONE	Less than 1 Hour	1 Hour	2-3 Hours 3-	4 Hours	5 or More Hours				
Playing VIDEO READING for for Exercising to s	un	0	0	0	0	000	0				
Which of the following SOCIAL MEDIA activities have you EVER USED? Sending a Facebook Pinterest Reddit Twitter Instagram Snapchat											
_ Tumbler	Vine	○ Wanelo .	○ Tik Tok	○ YouTube	Ask.Fm	\bigcirc Of	ther				
Which of the Sending a Text	following SO	CIAL MEDIA a	activities is Y0	OUR FAVORIT	ΓE (Select ON Instagran		napchat				
Tumbler	○ Vine	○ Wanelo	○ Tik Tok	○ YouTube	Ask.Fm	\bigcirc Of	ther				
QUESTIONS ABOUT YOUR FUTURE What is the highest level of education that you expect to obtain? High school or less 2-year college degree 4-year college degree or higher											
Who has ever talked with you about going to college? (CHECK ALL THAT APPLY) A teacher A Guidance A friend A Parent Other Family											
Counselor				d which courses you need to take to get into college?			•				
○ Yes			○ No)							
	that you coul- nily's resource		nd a public, 4-y	ear college usi	ing financial a	id, schola	rships,				
○ Yes ○ No				○ I have no idea							

O QUESTIONS ABOUT YOUR HEALTH				
In the past 30 DAYS, have you				
Used TOBACCO (Cigarettes, Cigars, Vaping) Drank ALCOHOL (beer, wine, liquor) Had 5 or more alcoholic drinks within a 2-hour period? Used PRESCRIPTION PAIN MEDICATION that was NOT prescribed by your Used MARIJUANA (pot, reefer, doobie, weed)	doctor		Ye:	No
	VERY MUCH	SOME	A LITTLE	NOT AT ALL
How UPSET would your PARENTS be if they found out you used ALCOHOL?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
How UPSET would your PARENTS be if they found out you used PRESCRIPTION PAIN KILLERS not prescribed by your doctor?	0	0	0	
How UPSET would your FRIENDS be if they found out you used ALCOHOL?	\circ	\bigcirc	\bigcirc	\circ
How UPSET would your FRIENDS be if they found out you used PRESCRIPTION PAIN MEDICATION not prescribed by your doctor?	\bigcirc	0	0	
How much do you think teens HURT themselves if they use ALCOHOL?	\bigcirc	\bigcirc		
How much do you think teens HURT themselves if they use PRESCRIPTION PAIN MEDICATION not prescribed by a doctor?	0	0	0	0
How EASY or DIFFICULT would it be for a person your age to get	alcoho	l		
From PARENTS, HOME, SIBLINGS, or OTHER RELATIVE?	Ċ	Ċ	. DIFI	FICULT
From a PARTY, SOCIAL EVENT, or GATHERING, or from FRIENDS?	\bigcirc	\bigcirc	0	\bigcirc
From STORE, RESTAURANT, or BAR (purchase yourself, purchase from someone who sells illegally, someone else purchase for you, or took it without paying for it)?	0	0	0	\bigcirc
Answer the next questions if you had ANY AICOHOL in the PAST turn in your survey.				ase
If you did drink any alcohol during this time, did you get it at any	of the	follow	ing?	
Yes			No	
From PARENTS, HOME, SIBLINGS, or OTHER RELATIVE? From a PARTY, SOCIAL EVENT, or GATHERING, or from			\bigcirc	
FRIENDS? From STORE, RESTAURANT, or BAR (including purchase yourself, purchase from someone who sells illegally, having someone else purchase for you, or took it without paying for it)?			0	