

**Welcome to the Rapid City Area Schools Middle & High School Youth Survey**

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve education and services for young people like yourself.

The answers you give will be kept private. No one will see your individual answers.

Answer the questions based on what you really do and know.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. If you need to go back to a previous page, use the PREV button on the bottom of the current page, do not click your browser's back button. The survey should only take you a few minutes to complete.

When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Through the course of this survey, depending on the answer chosen, entire sections will be skipped from needing to be answered. For example, if the student is to answer no to the question, "During the past 30 days, have you missed any days of school (excused or unexcused)?" the student will not have to answer any questions explaining why they missed school.

# Rapid City Area Schools - Middle & High School Youth Survey 2017

1. I am a:

- Boy
- Girl

2. How old are you?

3. I am in the following grade:

4. I go to the following school:

5. After school I have gone to: (check all that apply)

- boys club/The Club for Boys
- YFS Boys' Health Program
- None of the above
- Girls Inc.
- Ateyapi Program
- Other (please specify)

6. I consider myself to be:

- White or Caucasian
- Asian
- Latino or Hispanic
- Black or African American
- Native or American Indian
- More than one race
- Other (please specify)

7. During the past 30 days:

|  | 0 times               | 1 time                | 2 times               | 3 times               | 4 or more times       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Another student has hurt me on purpose.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have brought or have seen a student bring a weapon (knife, gun, etc.) to school.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have seen someone sell or use illegal drugs in school.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have had a drink of alcohol or used drugs on school grounds while school was in session. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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8. During the past 30 days, I have been bullied or harassed before, during or after school.

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

9. I have been bullied or harassed (check all that apply):

- I have not been bullied.
- in the hallway.
- in the classroom.
- through a cell phone.
- in the gym.
- in the cafeteria.
- through text messaging.
- in the school restrooms.
- on the school bus.
- through social media (Facebook, Snapchat, Twitter, email or other online sites).
- on school grounds.
- on my way to or from school.
- Other (please specify)

10. Rate your level of agreement to the following statements:

|   | Strongly Agree        | Agree                 | Neither Agree/Disagree | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| I feel safe coming to and from school.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| I respect other people's stuff.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable telling an adult (or parent) about a dangerous situation in my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| I get into physical fights at school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| I consider my school to be a safe place.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Some of my friends are gang members.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |

11. During the past 6 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing your usual activities?

12. During the past 6 months, did you ever seriously consider hurting yourself?

13. When you considered hurting yourself, did you talk to an adult (parent, teacher, coach, school counselor) about how you felt?

14. During the past 30 days, have you missed any days of school (excused or unexcused)?

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15. Why did you miss school in the past 30 days (check all that apply)?

- Illness                       Did not have a ride to school                       Was out of town for school activity  
 Medical appointment                       Did not want to attend school                       Was suspended from school  
 Did not feel safe at school                       Was out of town for family reasons  
 Other (please specify)

16. How many times each WEEK do you:

|  | 0 times               | 1 time                | 2 times               | 3 times               | 4 or more times       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| play actively for at least one hour (exercise, run, dance, play sports, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| eat fruit.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| eat vegetables or salads.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| drink milk.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| eat breakfast.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| eat fast food (McDonald's, Burger King, Wendy's etc.).                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| eat alone/by yourself.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| eat meals at home with your family.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. Rate your level of agreement with the following statements:

|                                       | Strongly Agree        | Agree                 | Neither Agree/Nor Disagree | Disagree              | Strongly Disagree     |
|---------------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I am sad most of the time.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I feel good about my weight and size. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am a good person.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am a healthy person.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

18. Rate your level of agreement with the following statements:

|  | Yes                   | Sometimes             | No                    |
|--|-----------------------|-----------------------|-----------------------|
| I can talk to my parents or another adult about my problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can solve my problems with little or no help from others.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Enough food is available in my home every day.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

20. 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, Playstation, an iPod, iPad, smartphone, Facebook, SnapChat or other social networking tools and the internet):

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

22. Rate your level of agreement with the following statements:

|   | Strongly Agree        | Agree                 | Neither Agree/Nor Disagree | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| People lie and cheat to get ahead.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| It is okay to lie and cheat as long as you don't hurt anyone.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| It is okay to hit someone if they are mean to me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| It is okay to lie or cheat so I don't feel bad.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have a responsibility to help other people.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| If I see something I think is wrong, I try to do something about it.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| It is okay to lie on an application if it means getting a better job.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| It is okay to use people to get something important as long as they are not really hurt by it.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| A person should do the right thing no matter what happens.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I can accept another person's opinion that is different from my own.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I respect the fact that each person is different in beliefs, culture, and ethnicity. (It is okay for people to be different.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I believe honesty is the best policy. (It is always best to tell the truth.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

23. Within the past year, I have: (check all that apply)

- seen a presentation on drug and alcohol use presented by a police officer.
- participated in a youth group that promotes a drug free lifestyle such as RADD, SADD, TATU, Youth to Youth, etc.
- seen a presentation on drug and alcohol use presented by the Lifeways.
- participated in the Freshman Impact program at my school.
- seen a presentation on drug and alcohol use presented by a student group.
- None of the above.

24. During the past 30 days I have:

- ridden with someone who had been drinking alcohol or was intoxicated.
- had an unwelcome or bad touch.
- none of the above

25. Have you ever drank an alcoholic beverage (including beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey) — more than just a few sips? This does not include for religious purposes.

26. How old were you when you had your first alcoholic beverage to drink?

27. During the past 30 days, on how many DAYS did you drink one or more drinks of an alcoholic beverage?

28. During the past 30 days, I have driven a car or other vehicle when I have been drinking alcohol.

29. During the past 30 days, I have consumed 5 or more alcoholic beverages on the same occasion:

30. During the past 30 days, I have had a drink of alcohol or used drugs on school grounds while school was in session.

31. During the past 30 days, I have come to school drunk or high.

32. Have you ever smoked a cigarette in your lifetime?

33. How old were you when you first smoked a cigarette?

34. During the past 30 days, on how many days did you smoke cigarettes?

35. Have you ever used e-cigarettes/hookah pens (electronic cigarettes, e-cig, battery powered vaporizer, PV's, vapor cigarettes)?

36. How old were you when you first used e-cigarettes/hookah pens?

37. During the past 30 days, on how many days did you use e-cigarettes/hookah pens?

38. Have you ever used marijuana (weed, pot)?

39. How old were you when you first tried marijuana?

40. During the past 30 days, on how many days did you use marijuana?

41. Have you ever used synthetic drugs (Spice, Bath Salts, Salvia, K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Night Lights, etc.)?

42. How old were you when you first tried synthetic drugs (Spice, Bath Salts, Salvia, K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Night Lights, etc.)?

43. During the past 30 days, on how many days did you use synthetic drugs (Spice, Bath Salts, Salvia, K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks, Night Lights, etc.)?

44. Have you ever huffed or sniffed an inhalant to get high (paint, gasoline, dust off, whipits, aerosol cans, or other non medical inhalants)?

45. How old were you when you first huffed or sniffed an inhalant?

46. During the past 30 days, on how many days did you huff or sniff an inhalant?

47. Have you ever taken prescription drugs for non-medical use, not prescribed for you, for the experience or feeling they caused (Prescription drugs are prescribed by doctors to treat medical conditions.)?

48. How old were you when you first took prescription drugs for non-medical use, not prescribed for you, for the experience or feeling they caused?

49. During the past 30 days, on how many days did you use prescription medications, that were not prescribed for you, for the experience or feeling they caused?

50. Have you ever taken a Non-Prescription drug such as cough or cold medicine for the experience or feeling they caused? (Some medications can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These nonprescription or "over the counter" drugs include cough syrup or cold medicine.)?

51. How old were you when you first took Non-Prescription medication such as cough or cold medicine for the experience or feeling they caused?

52. During the past 30 days, on how many days did you use Non-Prescription medication such as cough or cold medicine for the experience or feeling they caused?

53. Have you ever used meth (methamphetamine, ice, speed, crystal)?

54. How old were you when you first used meth?

55. During the past 30 days, on how many days have you used meth?

56. Have you ever used any other drugs (other drugs that have not been previously mentioned such as crack, GHB, ecstasy, Molly or MDMA, heroin, special "K", LSD, acid, opium, PCP, roofies, steroids, etc.)?

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57. How old were you when you first used other drugs such as crack, Molly, GHB, ecstasy, heroin, special "K", LSD, acid, opium, PCP, roofies, steroids, etc.?

58. During the past 30 days, on how many days have you used other drugs (crack, Molly, LSD, ecstasy, dust, etc.):

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

|   | No Risk               | Slight Risk           | Moderate Risk         | Great Risk            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| drink five or more alcoholic beverages (beer, wine, or liquor) once or twice a week?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ride in a vehicle with someone who has been drinking alcohol?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| smoke cigarettes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ride in a vehicle with someone who has been using marijuana?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use synthetic drugs?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use e-cigarettes/hookah pens?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| take prescription drugs that are not prescribed to them or that they took only for the experience or feeling they caused? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| take non-prescription medications such as cough or cold medicine only for the experience or feeling they caused?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use inhalants?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

60. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

61. How much do you think people risk harming themselves (physically or in other ways) when they have five or more drinks in a row of alcoholic beverages on the same occasion once or twice a week?

62. Rate your level of agreement with the following statements:

|   | Strongly Agree        | Agree                 | Neither Agree/Nor Disagree | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I believe if I smoke tobacco only once in awhile it will not harm my health.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Marijuana (pot) is harmless.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Hookah pens/ecigarettes are harmless.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I believe there is a safe level for drinking alcohol for each individual under 21.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I think drinking alcohol is a good way to deal with sadness.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am comfortable saying no to my friends and family when they ask me to do something that may harm me physically. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I can talk to my parents about my problems.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I can talk to other adults about my problems.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

63. How wrong do your friends feel it would be for you to:

|  | Not at all wrong      | A little bit wrong    | Wrong                 | Very wrong            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| have at least one drink of an alcoholic beverage nearly every day?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use tobacco?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use prescription drugs, not prescribed to you, for the experience or feeling they caused?              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use non-prescription drugs, such as cough or cold medicine, for the experience or feeling they caused? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

64. The friends I spend time with encourage me to:

|   | Yes                   | Sometimes             | Not Sure              | No                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| drink alcohol.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| smoke cigarettes.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e-cigarettes/hookah pens.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use synthetic drugs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use inhalants.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use prescription drugs that are not prescribed to me only for the experience or feeling they cause.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use nonprescription drugs, such as cough or cold medicine, only for the experience or feeling they cause. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use other drugs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

65. The friends I spend time with:

|   | Yes                   | Sometimes             | Not Sure              | No                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| drink alcohol.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| smoke cigarettes.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e-cigarettes/hookah pens.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use marijuana.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use synthetic drugs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use inhalants.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use prescription drugs that are not prescribed to them only for the experience or feeling they cause.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use nonprescription drugs, such as cough or cold medicine, only for the experience or feeling they cause. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| use other drugs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

66. How would your parents feel if they learned that you were:

|   | Extremely Upset       | Upset                 | Concerned             | Not Concerned         |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| drinking alcohol (one drink nearly every day)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| smoking tobacco and/or e-cigarettes   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using marijuana.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using synthetic drugs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using inhalants.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using prescription drugs, not prescribed to you, only for the experience or feeling they cause.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using nonprescription drugs, such as cough or cold medicine, only for the experience or feeling they cause. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| using other drugs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

67. How easy is it for you to get:

|  | Very Easy             | Easy                  | Neither Easy nor Hard | Hard                  | Very Hard             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| alcohol?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| cigarettes?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e-cigarettes/hookah pens?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| marijuana?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| synthetic drugs?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| inhalants?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| prescription drugs not prescribed for you by a doctor? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| nonprescription drugs like cough or cold medicine?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| other drugs?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

THANK YOU FOR YOUR TIME AND FOR YOUR PARTICIPATION IN THIS IMPORTANT SURVEY!