

# 2025 Raymond 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 health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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. Circle your response completely. When you are finished, follow the instructions of the person giving you the survey.

All questions on this survey originate from the Youth Risk Behavior Surveillance System for the Centers for Disease Control and Prevention (CDC), the agency that created the Youth Risk Behavior Survey.

***Thank you very much for your help.***

## Directions

- Circle the letter next to your response, like this: 1    ②    3    4
- Circle only one response for each question, unless otherwise stated.
- If you change your answer, erase your old answer completely.

1. How old are you?

1. 12 years old or younger
2. 13 years old
3. 14 years old
4. 15 years old
5. 16 years old
6. 17 years old
7. 18 years old or older

2. What is your sex?

1. Female
2. Male

3. In what grade are you?

1. 9th grade
2. 10th grade
3. 11th grade
4. 12th grade
5. Ungraded or other grade

4. What is your race?

**(Select one or more responses.)**

1. American Indian/ Alaska Native
2. Asian
3. Black/ African American
4. Native Hawaiian/ Pacific Islander
5. White

5. Are you Hispanic or Latino?

1. Yes
2. No

**The next 7 questions ask about safety.**

6. How often do you wear a seat belt when **driving** a car?

1. I do not drive a car
2. Never
3. Rarely
4. Sometimes
5. Most of the time
6. Always

7. How often do you wear a seat belt when **riding** in a car driven by someone else?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

8. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

9. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana**?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

1. I did not drive a car or other vehicle during the past 30 days
2. 0 times
3. 1 time
4. 2 or 3 times
5. 4 or 5 times
6. 6 or more times

11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana**?

1. I did not drive a car or other vehicle during the past 30 days
2. 0 times
3. 1 time
4. 2 or 3 times
5. 4 or 5 times
6. 6 or more times

12. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

1. I did not drive a car or other vehicle during the past 30 days
2. 0 days
3. 1 or 2 days
4. 3 to 5 days
5. 6 to 9 days
6. 10 to 19 days
7. 20 to 29 days
8. All 30 days

**The next 7 questions ask about violence related behaviors.**

13. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

14. 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?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

15. During the past 12 months, how many times were you in a physical fight **on school property**?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or 7 times
6. 8 or 9 times
7. 10 or 11 times
8. 12 or more times

16. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

1. I did not date or go out with anyone during the past 12 months
2. 0 times
3. 1 time
4. 2 or 3 times
5. 4 or 5 times
6. 6 or more times

17. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

1. I did not date or go out with anyone during the past 12 months
2. 0 times
3. 1 time
4. 2 or 3 times
5. 4 or 5 times
6. 6 or more times

18. During the past 12 months, how many times have you experienced an unwanted sexual advance because of another student's drinking or drug use?

1. I did not experience an unwanted sexual advance during the past 12 months
2. 0 times
3. 1 time
4. 2 or 3 times
5. 4 or 5 times
6. 6 or more times

19. Have you ever been physically forced to have sexual intercourse when you did not want to?

1. Yes
2. No

**The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

20. During the past 12 months, have you ever been bullied **on school property**?

1. Yes
2. No

21. During the past 12 months, have you ever been **electronically** bullied?  
(Count being bullied through Snapchat, Twitter, Instagram, Facebook, or texting.)

1. Yes
2. No

**The next 4 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.**

22. 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?

1. Yes
2. No

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

1. Yes
2. No

24. During the past 12 months, how many times did you actually attempt suicide?

1. 0 times
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

25. **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 nurse?

1. I did not attempt suicide during the past 12 months
2. Yes
3. No

**The next 5 questions ask about tobacco use.**

26. How old were you when you smoked a whole cigarette for the first time?

1. I have never smoked a whole cigarette
2. 8 years old or younger
3. 9 or 10 years old
4. 11 or 12 years old
5. 13 or 14 years old
6. 15 or 16 years old
7. 17 years old or older

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

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

28. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

1. did not smoke cigarettes during the past 30 days
2. Less than 1 cigarette per day
3. 1 cigarette per day
4. 2 to 5 cigarettes per day
5. 6 to 10 cigarettes per day
6. 11 to 20 cigarettes per day
7. More than 20 cigarettes per day

29. During the past 12 months, did you ever try **to quit** smoking cigarettes?

1. I did not smoke during the past 12 months
2. Yes
3. No

30. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, **ZYN, or Velo**? (Do not count any electronic vapor products.)

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

**The next 4 questions ask about electronic vapor products, such as JUUL, Sorin blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.**

31. Have you ever used an electronic vapor product?

1. Yes
2. No

32. During the past 30 days, on how many days did you use an electronic vapor product?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

33. During the past 30 days, on how many days did you use an electronic vapor product **on school property**?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

35. During the past 12 months, did you ever try to **quit** using electronic vapor products?

1. I did not use electronic vapor products during the past 12 months
2. Yes
3. No

**The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

36. During your life, on how many days have you had at least one drink of alcohol?

1. 0 days
2. 1 or 2 days
3. 3 to 9 days
4. 10 to 19 days
5. 20 to 39 days
6. 40 to 99 days
7. 100 or more days

37. How old were you when you had your first drink of alcohol other than a few sips?

1. I have never had a drink of alcohol other than a few sips
2. 8 years old or younger
3. 9 or 10 years old
4. 11 or 12 years old
5. 13 or 14 years old
6. 15 or 16 years old
7. 17 years old or older

38. During the past 30 days, on how many days did you have at least one drink of alcohol?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

39. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

1. 0 days
2. 1 day
3. 2 days
4. 3 to 5 days
5. 6 to 9 days
6. 10 to 19 days
7. 20 or more days

**The next 4 questions ask about marijuana use. Marijuana is also called pot, grass, hash, bud, and weed. Marijuana use includes smoking, vaping, edibles, dabs, and other forms of use.**

40. During your life, how many times have you used marijuana?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 to 99 times
7. 100 or more times

41. How old were you when you tried marijuana for the first time?

1. I have never tried marijuana
2. 8 years old or younger
3. 9 or 10 years old
4. 11 or 12 years old
5. 13 or 14 years old
6. 15 or 16 years old
7. 17 years old or older

42. During the past 30 days, how many times did you use marijuana?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

43. During the past 30 days, how did you usually use marijuana?

1. I did not use marijuana during the past 30 days
2. I smoked it in a joint, bong, pipe, or blunt
3. I ate it in food such as brownies, cakes, cookies, or candy
4. I drank it in tea, cola, alcohol, or other drinks
5. I vaporized it
6. I used it some other way

**The next 12 questions ask about other drugs.**

44. During your life, how many times did you use **prescription pain drug** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

45. During the past 30 days how many times did you use **prescription pain drug** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

46. During your life, how many times have you used synthetic marijuana (also called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk)?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

47. During your life, how many times have you used **any form of cocaine** (including powder, crack, white, or freebase)?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

48. During the past 30 days, on how many days did you use **any** form of cocaine, including powder, crack, or freebase?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

49. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

50. During your life, how many times have you used **heroin** (also called smack, junk)?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

51. During the past 30 days, how many times did you use **heroin** (also called smack, junk, or China White)?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

52. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

53. During the past 30 days, how many times did you use **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

54. During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, **mushrooms**, speed, ice, heroin, or pills without a doctor's prescription?

1. 0 times
2. 1 or 2 times
3. 3 to 9 times
4. 10 to 19 times
5. 20 to 39 times
6. 40 or more times

55. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

1. Yes
2. No

**The next 6 questions ask about sexual behavior.**

56. Have you ever had sexual intercourse?

1. Yes
2. No

57. How old were you when you had sexual intercourse for the first time?

1. I have never had sexual intercourse
2. 11 years old or younger
3. 12 years old
4. 13 years old
5. 14 years old
6. 15 years old
7. 16 years old
8. 17 years old or older

58. During the past 3 months, with how many people did you have sexual intercourse?

1. I have never had sexual intercourse
2. I have had sexual intercourse, but not during the past 3 months
3. 1 person
4. 2 people
5. 3 people
6. 4 people
7. 5 people
8. 6 or more people

59. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

1. I have never had sexual intercourse
2. Yes
3. No

60. The **last time** you had sexual intercourse, did you or your partner use a condom?

1. I have never had sexual intercourse
2. Yes
3. No

61. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

1. I have never had sexual intercourse
2. No method was used to prevent pregnancy
3. Birth control pills
4. Condoms
5. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
6. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
7. Withdrawal or some other method
8. Not sure

**The next question asks about other health-related topics.**

62. Have you ever been taught about sexually transmitted diseases STD's (AIDS, HIV, HEP C) or infection in school?

1. Yes
2. No
3. Not sure



**The next 7 questions ask about your family, your activities, and your community.**

63. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?

1. Strongly agree
2. Agree
3. Not sure
4. Disagree
5. Strongly disagree

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

1. Yes
2. No
3. Not sure

65. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

1. Yes
2. No

66. How often do your parents or other adults in your family know where you are going or with whom you will be?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

67. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

68. Do you agree or disagree that in your community you feel like you matter to people?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

69. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?

1. Yes
2. No

**The next 8 questions ask about the perceived harm from drug use.**

70. How much do you think people risk **harming** themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

71. How much do you think people risk **harming** themselves (physically or in other ways) if they use an electronic vapor product every day?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

72. How much do you think people risk **harming** themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

73. How much do you think people risk **harming** themselves (physically or in other ways) if they use **marijuana** once or twice a week?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

74. How much do you think people risk **harming** themselves (physically or in other ways) if they take a **prescription drug** (such as Adderall, Ritalin, or Xanax) without a doctor's prescription?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

75. How much do you think people risk **harming** themselves (physically or in other ways) if they used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

76. How much do you think people risk **harming** themselves (physically or in other ways) if they used heroin (also called smack, junk, or China White)?

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

77. How much do you think people risk **harming** themselves (physically or in other ways) if they used **prescription pain drug** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

1. No risk
2. Slight risk
3. Moderate risk
4. Great risk
5. I don't know

**The next 22 questions ask about attitudes toward cigarette, alcohol, and other drug use.**

78. How wrong do **your friends feel it would be for you** to smoke tobacco?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

79. How wrong do **your friends feel it would be for you** to use an electronic vapor product?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

80. How wrong do **your friends feel it would be for you** to have 1 or 2 drinks of an alcoholic beverage nearly every day?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

81. How wrong do **your friends** feel it would **be for you** to use **marijuana**?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

82. How wrong do **your friends** feel it would **be for you** to take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

83. How wrong do **your friends** feel it would **be for you** to use **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

84. How wrong do **your friends** feel it would **be for you** to use heroin (also called smack, junk, or China White)?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

85. How wrong do **your friends** feel it would **be for you** to use **prescription pain drug** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

86. How wrong do **your parents** feel it would **be for you** to smoke tobacco?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

87. How wrong do **your parents** feel it would **be for you** to use an electronic **vapor** product?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

88. How wrong do **your parents** feel it would **be for you** to have 1 or 2 drinks of an **alcoholic** beverage nearly every day?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

89. How wrong do **your parents** feel it would **be for you** to use **marijuana**?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

90. How wrong do **your parents** feel it would **be for you** to take a **prescription drug** (such as Adderall, Ritalin, or Xanax) without a doctor's prescription?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

91. How wrong do **your parents feel it would be for you** to use methamphetamines (also called speed, crystal meth, crank, ice, or meth)?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

92. How wrong do **your parents feel it would be for you** to use heroin (also called smack, junk, or China White)?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

93. How wrong do **your parents feel it would be for you** to use **prescription pain drug** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

94. How do **you** feel about someone your age having **1 or 2** drinks of an **alcoholic** beverage nearly every day?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

95. How wrong do **you** think it is for someone your age to use **marijuana**?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

96. How wrong do **you** think it is for someone your age to take a **prescription drug** (such as Adderall, Ritalin, or Xanax) without a doctor's prescription?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

97. How wrong do **you** think it is for someone your age to use **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

98. How wrong do **you** think it is for someone your age to use heroin (also called smack, junk, or China White)?

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

99. How wrong do **you** think it is for someone your age to use **prescription pain drug** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

1. Very wrong
2. Wrong
3. A little bit wrong
4. Not at all wrong
5. Not sure

**The next 5 questions ask about the availability of cigarettes, alcohol, and other drugs.**

100. If you wanted to get some **cigarettes**, **how easy** would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

101. If you wanted to get an electronic **vapor** product, **how easy** would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

102. If you wanted to get some **alcohol** (beer, wine, or liquor) **how easy** would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

103. If you wanted to get some **marijuana**, **how easy** would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

104. If you wanted to get a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription, **how easy** would it be for you to get some?

1. Very hard
2. Sort of hard
3. Sort of easy
4. Very easy
5. I don't know

**This is the end of the survey. Thank you very much for your help.**