

2024



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Thank you for your interest in this research study!

As a thank you for completing our survey, we would like to offer you a \$10 Amazon or Walmart gift card. If you are eligible to participate, you will be directed to a link upon completion where you can enter your contact information. Your contact information will only be used to send you the gift card and will not be linked in any way to your survey responses. To verify your eligibility, please answer the following two questions.

What state do you currently reside in?

What is your age?

Enter 2 digits for your age.

To confirm your eligibility, please enter the last 5 digits of the cell phone number that we used to send you this survey invitation.

General Health

We would like to begin by asking you some general questions about your health and wellness. You may skip questions you do not want to answer or are unsure about.

Q1 Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Q2 What do you consider to be the primary source of stress in your life?

Q3 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Enter a 2-digit number for # of days. (For example, enter "10" if your physical health was not good for 10 days during the past 30 days. Enter "0" if your physical health was good every day during the past 30 days)

Q4 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Enter a 2-digit number for # of days. (For example, enter "10" if your mental health was not good for 10 days during the past 30 days. Enter "0" if your mental health was good every day during the past 30 days)

Q5 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Enter a 2-digit number for # of days. (For example, enter "10" if your physical or mental health was poor for 10 days during the past 30 days and kept you from doing your usual activities. Enter "0" if your physical or mental health was not poor on any day during the past 30 days and did not keep you from doing your usual activities.)

Q6 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?

Yes

No

Q6a Have you ever seriously thought about killing yourself?

- Never
- Yes, during the past 30 days
- Yes, during the past 12 months
- Yes, more than a year ago

Q6b Have you ever made a plan about how you would kill yourself?

- Never
- Yes, during the past 30 days
- Yes, during the past 12 months
- Yes, more than a year ago

Q6c Have you ever tried to kill yourself?

- Never
- Yes, during the past 30 days
- Yes, during the past 12 months
- Yes, more than a year ago

SUICIDE AND CRISIS LIFELINE
Text or call 988
SUICIDEPREVENTIONLIFELINE.ORG/CHAT

Chat anytime, day or night. Talking is free and confidential.

No one will see how you answered this survey. It is important to talk with someone.

If you or someone you know are depressed, going through a hard time, need to talk, or are thinking about suicide, talk with a caring adult. A counselor will listen and support you when you connect with the Suicide and Crisis Lifeline.

Text or call 988. Or, chat at suicidepreventionlifeline.org/chat

Q7 On how many days in the past month have you or someone close to you been concerned about your emotional health or well-being?

Enter a 2-digit number for # of days. (For example, enter "10" if you or someone close to you has been concerned about your emotional health or well-being on 10 days in the past 30 days. Enter "0" if you or someone close to you have not been concerned on any day during the past 30 days).

Q8 If you had a mental health concern, who are you most likely to go to for help?

- Parent
- Partner/Significant other
- Friend
- Therapist
- Doctor
- Clinic
- Helpline/Lifeline (phone assistance)
- Internet
- Other (please specify) _____

Tobacco

Next, we would like to learn about attitudes and behaviors related to tobacco, alcohol and prescription drug use. The answers that people give us about their use are important to this study's success. We know that this information is personal, but please remember your answers are confidential.

New 2024: What is the legal age to purchase tobacco products (i.e., cigarettes, e-cigarettes, cigars, smokeless tobacco, etc.) in your city?

Q9 For each of the following tobacco products, please tell us whether or not you have ever tried it, even if you have only tried it once.

	Yes (1)	No (2)
Cigarettes	<input type="radio"/>	<input type="radio"/>
Electronic Cigarettes or other vaping devices	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco products like chewing tobacco	<input type="radio"/>	<input type="radio"/>

Q10 [If yes on Q9] During the past 30 days, how frequently have you smoked cigarettes?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two or more packs per day

Q10_1 [If yes on Q10] Do you plan to stop smoking cigarettes for good?

- Yes
- No

Q10_2 [If yes on Q10_1] When do you plan to stop smoking cigarettes for good?

- In the next 7 days
- In the next 30 days
- In the next 6 months
- In the next year
- More than one year from now

Q11 [If yes on Q9] In the past 30 days, how frequently have you used electronic cigarettes or other vaping devices?

- None
- Only one or two times
- Once or twice a week
- About once a day
- More than once a day

Q11_1 [If yes on Q11] Do you plan to stop using electronic cigarettes or other vaping devices for good?

- Yes
- No

Q11_2 [If yes on Q11_1] When do you plan to stop using electronic cigarettes or other vaping devices for good?

- In the next 7 days
- In the next 30 days
- In the next 6 months
- In the next year
- More than one year from now

Q12 [If yes on Q9] During the past 30 days, how frequently have you used smokeless tobacco products like chewing tobacco?

- None
- Only one or two times
- Once or twice a week
- About once a day
- More than once a day

Q12_1 [If yes on Q12] Do you plan to stop using smokeless tobacco products for good?

- Yes
- No

Q12_2 [If yes on Q12_1] When do you plan to stop using smokeless tobacco products?

- In the next 7 days
- In the next 30 days
- In the next 6 months
- In the next year
- More than one year from now

Gambling

We know that this information is personal, but please remember your answers are confidential. None of the information you provide will be linked to your name or any other identifying information. You can also skip any questions you do not want to answer or are unsure about.

Q13 In the last 30 days, have you gambled for money or anything of value?

- Yes
- No

Q14 In the past twelve months, how many days (if any) have you felt like you would like to stop gambling, but didn't think you could?

Yes

No

Q14a In the past 12 months, how many times have you participated in any type of fantasy sports betting?

Never

A few times in the past 12 months

Once or twice a month

Once or twice a week

Almost every day

Alcohol

We know that this information is personal, but please remember your answers are confidential. None of the information you provide will be linked to your name or any other identifying information. You can also skip any questions you do not want to answer or are unsure about.

Q15 During the past 30 days, on how many days did you drink beer, wine or hard liquor?

Enter a number for # of days. (For example, enter "10" if you drank beer, wine or hard liquor on 10 days during the past 30 days. Enter "0" if you did not drink beer, wine or hard liquor on any day during the past 30 days.)

Q16 During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? By "occasion", we mean at the same time or within a couple hours of each other.

Enter a 2-digit number for # of days. (For example, enter "10" if you had 5 or more drinks of an alcoholic beverage on 10 days during the past 30 days. Enter "0" if you have not had 5 or more drinks of an alcoholic beverage on any day during the past 30 days.)

Q16_1 During the past year, has your alcohol consumption...

Stayed the same

Increased

Decreased

Next, we would like to ask you some questions about your opinions and the views of others around you.

Q17 How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, or hard liquor) nearly every day?

No Risk

Slight Risk

Moderate Risk

Great Risk

Q18 How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

Very wrong

Wrong

A little bit wrong

Not wrong at all

Prescription and Non-Prescription Drugs

We would also like to ask you some questions about the use of prescription drugs. We know that this information is personal, but please remember your answers are confidential. None of the information you provide will be linked to your name or any other identifying information. You can also skip any questions you do not want to answer or are unsure about.

Q19 On how many days (if any) have you used the following drugs in the past 30 days?

Enter a number for # of days for each category of prescription drug listed below. (For example, enter "10" if you used the prescription drugs listed on 10 days during the past 30 days. Enter "0" if you have not used any of the listed prescription drugs on any day during the past 30 days.)

Prescription pain relievers, such as OxyContin, Hydrocodone, Lortab, or Vicodin,

Prescription tranquilizers, such as Xanax, Valium, or Ambien

Prescription stimulants, such as Ritalin, Adderall, or Concerta

Q20a [if Q19 >0] Were these prescription pain relievers, such as OxyContin, Hydrocodone, Lortab, or Vicodin, prescribed to you?

Yes

No

Q20b [if Q19 >0] Were these prescription tranquilizers, such as Xanax, Valium or Ambien, prescribed to you?

Yes

No

Q20c [if Q19 >0] Were these prescription stimulants, such as Ritalin, Adderall or Concerta, prescribed to you?

Yes

No

Q21 During the past 30 days, how did you usually get prescription drugs not prescribed to you?

I got them from a stranger

A friend or relative gave them to me

I bought them from a friend or relative

I took them from a friend or relative

I got them from a drug dealer

I got them on the internet

Q22 If you wanted to get prescription drugs (for example, pain relievers, stimulants, or tranquilizers) not prescribed for you, how easy would it be for you to get some?

Very hard

Sort of hard

Sort of easy

Very easy

Q23 Do you currently have multiple prescriptions for the same medication from more than one doctor?

- Yes
- No

Q24 Have you used the following drugs in the past 30 days?

	Yes	No
Marijuana	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>
LSD or other psychedelics	<input type="radio"/>	<input type="radio"/>
Cocaine or crack	<input type="radio"/>	<input type="radio"/>
MDMA ("ecstasy")	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>

Q25 In the past year, have you used two or more drugs at the same time? Our definition of "drugs" includes alcohol and prescription medications, as well as illegal drugs.

- Yes
- No

Q26 Have you ever, even once, taken any drugs by injection with a needle like heroin, cocaine, amphetamines or steroids? Do not include anything you took under a doctor's orders.

- Yes
- No

Q27 Do you know how to properly dispose of unneeded, unused or expired prescription medications?

- Yes
- No

Q28 During the past 12 months, have you driven a vehicle while you were under the influence of the following drugs?

	Yes	No
Alcohol	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>
Other drugs - heroin, cocaine, methamphetamines, or MDMA ("ecstasy")	<input type="radio"/>	<input type="radio"/>

Q29 How much do people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed for them?

- No risk
- Slight risk
- Moderate risk
- Great risk

Q30 How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Q31 How much do you think people risk harming themselves, physically or in other ways if they smoke marijuana regularly?

- No risk

- Slight risk
- Moderate risk
- Great risk

Q32 How much have you heard about fentanyl?

- I have heard about fentanyl, and I know what it is
- I have heard about fentanyl, but I do not know what it is
- I have not heard of fentanyl

Q32a How much do you think people risk harming themselves, physically or in other ways if they take fentanyl accidentally or on purpose?

- No risk
- Slight risk
- Moderate risk
- Great risk

Q32b Do you know someone who has taken fentanyl not prescribed to them, knowingly or by accident?

- Yes
- No

Q33 I know where I can get Narcan/Naloxone if someone around me overdoses.

- Yes
- No

Food Security

Q33 How many times have you been worried that food at home would run out before you or your family got money to buy more?

- Never
- Yes, but not in the past 12 months
- Less than once a month
- About once a month
- 2 or 3 times a month
- Once a week or more

Q34 How many times have you skipped a meal because you or your family did not have enough money to buy food?

- Never
- Yes, but not in the past 12 months
- Less than once a month
- About once a month
- 2 to 3 times a month
- Once a week or more

Demographics

We're almost finished. Now we have a few last questions to help us understand our results.

Q35 What is the last grade in school you completed?

- 8th Grade or Less
- High School Incomplete (Grades 9, 10 and 11)
- High School Complete (Grade 12 or high school equivalency)
- Vocational/Technical School (Includes Cosmetology Schools, Welding Certificate Programs)
- Some College

- Junior College Graduate (2 Year, Associates Degree)
- 4 Year College Graduate (Bachelor's Degree)
- Graduate Work (Masters, Law/Medical School, Etc.)
- Other [Please specify] _____

Q36 Are you currently a high school student?

- Yes
- No

Q37 Are you currently enrolled in a post-secondary school (including vocational, college or graduate school)?

- Yes
- No

Q38 What is your employment status?

- Full-time employee
- Part-time employee
- Unemployed and looking for work
- Unemployed and not looking for work

Q39 Where do you live most of the year?

- At home with parents
- House or apartment with roommates
- House or apartment without roommates
- College or on-campus housing (including fraternity or sorority housing)
- Homeless or couch surfing

Q40 Are you the parent, legal guardian, or caretaker of any children under 18 now living in your home?

Yes

No

Q41 Are you currently serving, or have you ever served, in a branch of the United States military?

Yes

No

Q42 Were you ever deployed to an active combat zone?

Yes

No

Q43 Do you consider yourself to be of Latino or Hispanic origin?

Yes

No

Q44 Race What is your race? Please check all that apply.

White

Black or African American

American Indian or Alaskan Native

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Other [specify] _____

Q45 Which of the following best describes your sexual orientation?

- Straight (heterosexual)
- Gay or Lesbian
- Bisexual or pansexual
- Asexual
- Questioning/Not sure
- Prefer not to answer
- If your orientation is not listed, please identify _____

Q 46 What sex were you assigned at birth?

- Male
- Female

Q46a What is your gender?

- Man
- Woman
- Non-binary/Genderqueer
- Questioning/Not sure
- Prefer not to answer
- If your gender is not listed, please identify _____

Q46b Do you identify as Transgender?

- No, I do not identify as transgender
- Yes, I identify as transgender
- I am not sure if I am transgender
- I do not know what this question is asking

Q47 What do you estimate your total income will be this year?

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

Q48 Are you registered to vote at your current address in Kansas?

- Yes
- No

Q49 Finally, which county do you live in?

If you wish to go back to review or change your answers, please use the "BACK" button below. If you click "SUBMIT", you will be unable to go back.

Please click the "SUBMIT" button if you are ready to submit your survey responses

Thank you!