



Wake Forest University
School of Medicine

Project MARVEL Survey

Project MARVEL Survey

Project MARVEL Survey

1. Please enter your full legal **first** name: _____
(If you usually go by a nickname or your middle name, please instead write the name you would use on formal documents)
2. Please confirm your full legal **first** name by entering it again: _____
3. Please enter your full legal **last** name: _____
4. Please confirm your full legal **last** name by entering it again: _____
5. What is your date of birth? __ / __ / _____
6. Please confirm your date of birth: __ / __ / _____
7. What grade are you in?
 - a. 9th grade
 - b. 10th grade
 - c. 11th grade
 - d. 12th grade

ASSENT FORM

First, we will ask some questions about you.

8. What type of school do you go to?
 - a. Public (including Charter)
 - b. Private
 - c. Homeschool
 - d. Another type of school (please specify): _____
9. In what school are you currently enrolled? _____
Please type the name of your school into the box and select your school from the options that appear. If your school is not listed, please select the option, "I can't find my school".

[If school is not listed]

10. What is the name of your school or educational program? _____

[WSFCS only]

11. How many classes are you taking at the Career Center this semester?
 - a. None
 - b. One
 - c. Two
 - d. Three

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- e. Four
- f. Five
- g. Six

12. Are you Hispanic, Latino, or of Spanish origin?

- a. Yes
- b. No
- c. I prefer not to answer

13. What is your race? Check all that apply.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Some other race (please specify): _____
- g. I prefer not to answer

14. What sex were you assigned at birth?

- a. Female
- b. Male
- c. I prefer not to answer

15. What is your gender identity?

- a. Female
- b. Male
- c. Transgender (male to female)
- d. Transgender (female to male)
- e. Genderqueer, gender nonconforming, or nonbinary
- f. Different identity (please specify): _____
- g. I prefer not to answer

16. In general, would you say your health is...

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

17. In general, would you say your quality of life is...

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

18. In general, how would you rate your physical health?

- a. Excellent
- b. Very good
- c. Good

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- d. Fair
- e. Poor

19. In general, how would you rate your mental health, including your mood and ability to think?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

20. How often do you feel really sad?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

21. How often do you have fun with friends?

- a. Always
- b. Often
- c. Sometimes
- d. Rarely
- e. Never

22. How often do your parents listen to your ideas?

- a. Always
- b. Often
- c. Sometimes
- d. Rarely
- e. Never

Next, we have some questions about your use of tobacco and nicotine products.

23. Have you ever vaped nicotine, even one or two puffs?

- a. Yes
- b. No

[\[If ever vaped nicotine\]](#)

24. In the past 30 days, on how many days did you use a vape with nicotine, even one or two puffs? Do not include times that you many have used a vape that did not contain nicotine.

If you did not use this product in the past 30 days, enter 0.

_____ days

[\[If vaped nicotine at least 1 day in past 30 days\]](#)

25. On a scale of 0%-100% (not addicted to extremely addicted), how addicted to vapes that contain nicotine do you think you are?

_____ %

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[If vaped nicotine at least 1 day in past 30 days]

26. During the past 30 days, what brand of vape with nicotine did you usually use?

- c. Vuse
- d. JUUL
- e. Elf Bar
- f. NJOY
- g. Breeze Smoke
- h. Geek Bar
- i. Lost Mary
- j. Some other brand (Please specify): _____
- k. I'm not sure

[If never vaped nicotine or have ever vaped nicotine but not in past 30 days]

27. Have you ever been curious about using a vape with nicotine?

- l. Not at all
- m. A little
- n. Somewhat
- o. Very

[If never vaped nicotine or have ever vaped nicotine but not in past 30 days]

28. Do you think you will use a vape with nicotine in the next year?

- p. Definitely no
- q. Probably no
- r. Probably yes
- s. Definitely yes

[If never vaped nicotine or have ever vaped nicotine but not in past 30 days]

29. If one of your best friends were to offer you a vape with nicotine, would you try it?

- t. Definitely no
- u. Probably no
- v. Probably yes
- w. Definitely yes

30. Have you ever used a pen, disposable (“dispo”), or cartridge (“cart”) with something other than nicotine, even one or two puffs?

- x. Yes
- y. No

[If ever used vape with something other than nicotine]

31. In the past 30 days, on how many days did you use a pen, disposable (“dispo”), or cartridge (“cart”) with something other than nicotine, even one or two puffs?

If you did not use any of these products in the past 30 days, enter 0.

_____ days

32. Have you ever smoked a cigarette, even one or two puffs?

- z. Yes
- aa. No

[If ever smoked a cigarette]

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33. In the past 30 days, on how many days did you smoke a cigarette, even one or two puffs?

If you did not use this product in the past 30 days, enter 0.

_____ days

34. Have you ever smoked a cigar, little cigar, or cigarillo, even one or two puffs?

bb. Yes

cc. No

[\[If ever smoked a cigar, little cigar, or cigarillo\]](#)

35. In the past 30 days, on how many days did you smoke a cigar, little cigar, or cigarillo, even one or two puffs?

If you did not use any of these products in the past 30 days, enter 0.

_____ days

36. Have you ever smoked tobacco in a hookah, even one or two puffs?

dd. Yes

ee. No

[\[If ever smoked hookah\]](#)

37. In the past 30 days, on how many days did you smoke tobacco in a hookah, even one or two puffs?

If you haven't used this product in the past 30 days, enter 0.

_____ days

38. Have you ever used a smokeless tobacco product such as dip, chew, snuff, or snus?

ff. Yes

gg. No

[\[If ever used smokeless tobacco\]](#)

39. In the past 30 days, on how many days did you use a smokeless tobacco product such as dip, chew, snuff, or snus?

If you did not use any of these products in the past 30 days, enter 0.

_____ days

40. Have you ever used an oral nicotine product such as Zyn, On!, or Lucy?

hh. Yes

ii. No

[\[If ever used an oral nicotine product\]](#)

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41. In the past 30 days, on how many days did you use an oral nicotine product such as Zyn, On!, or Lucy?

If you did not use this product in the past 30 days, enter 0.

_____ days

42. Have you ever used any other tobacco or nicotine product such as pipe, cloves, or heat-not-burn?

jj. Yes

kk. No

[If ever used another type of tobacco/nicotine product]

43. In the past 30 days, on how many days did you use any other tobacco or nicotine product such as pipe, cloves, or heat-not-burn?

If you did not use any of these products in the past 30 days, enter 0.

_____ days

Please select how often each of these statements is true for you.

44. In the past 7 days, I felt stressed.

ll. Never

mm. Rarely

nn. Sometimes

oo. Often

pp. Always

45. In the past 7 days, I felt that my problems kept piling up.

qq. Never

rr. Rarely

ss. Sometimes

tt. Often

uu. Always

46. In the past 7 days, I felt overwhelmed.

vv. Never

ww. Rarely

xx. Sometimes

yy. Often

zz. Always

47. In the past 7 days, I felt unable to manage things in my life.

aaa. Never

bbb. Rarely

ccc. Sometimes

ddd. Often

eee. Always

48. In the past 7 days, my heart beat faster than usual, even when I was not exercising or playing hard.

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- fff. Never
- ggg. Rarely
- hhh. Sometimes
- iii. Often
- jjj. Always

49. In the past 7 days, I had trouble breathing, even when I was not exercising or playing hard.

- kkk. Never
- lll. Rarely
- mmm. Sometimes
- nnn. Often
- ooo. Always

50. In the past 7 days, my body shook.

- ppp. Never
- qqq. Rarely
- rrr. Sometimes
- sss. Often
- ttt. Always

51. In the past 7 days, I had pain that really bothered me.

- uuu. Never
- vvv. Rarely
- www. Sometimes
- xxx. Often
- yyy. Always

If not eligible

Thank you for your responses. You are not eligible for the survey. However, you are eligible to be entered into the weekly drawing for a \$25 electronic gift card to the store of your choice. One of out every 100 people who are eligible will win a gift card. The winners are drawn every Friday.

If you are selected, you will receive an email from a company called Tango. Please allow up to 48 hours for the email to arrive and be sure to check your spam folder.

If you have any questions or concerns, please email the Project MARVEL study team at marvelstudy@wakehealth.edu.

If eligible, continue

Thank you for your responses. You are eligible to take the survey, which will take about 15-20 minutes to complete. You may pause the survey and return to complete it later by using the link you received.

Please click NEXT to begin the survey.

52. How tall are you? (Round to the nearest inch)

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_____ ft _____ in

53. How much do you weigh? (Round to the nearest pound)

_____ pounds

54. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- zzz. 0 teams
- aaaa. 1 team
- bbbb. 2 teams
- cccc. 3 or more teams

55. Which of these best describes your sexual orientation?

- dddd. Straight
- eeee. Lesbian or gay
- ffff. Bisexual
- gggg. Pansexual
- hhhh. Asexual
- iiii. Queer
- jjjj. Something else
- kkkk. I'm not sure
- llll. I prefer not to answer

56. What is the highest level of education reached by your parent or guardian who went the furthest in school?

- mmmm. Less than high school
- nnnn. GED
- oooo. High school degree
- pppp. Some college or technical schooling, including Associate degree
- qqqq. Four-year college degree (Bachelor's degree)
- rrrr. More than four-year college degree (For example: MA, MS, MBA, PhD, MD, JD)
- ssss. I'm not sure

57. During the past 30 days, how many whole days of school have you missed because you skipped or "cut"?

- tttt. None
- uuuu. 1 day
- vvvv. 2 days
- www. 3 days
- xxxx. 4-5 days
- yyyy. 6-10 days
- zzzz. 11 days or more

58. Which one of the following best describes your average grades this semester?

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aaaaa. A (93-100)
bbbbb. A- (90-92)
ccccc. B+ (87-89)
ddddd. B (83-86)
eeeee. B- (80-82)
fffff. C+ (77-79)
ggggg. C (73-76)
hhhhh. C- (70-72)
iiii. D (69 or below)

59. What is your current home address? If you spend time in more than one location, please include the address at which you spend most of your time.

60. Have you ever been diagnosed by a doctor or told by a doctor that you have asthma?

jjjjj. Yes
kkkkk. No
llll. I'm not sure

[If diagnosed with asthma]

61. How old were you when you were diagnosed with asthma? _____

[If diagnosed with asthma]

62. Do you take a daily medication for your asthma? This could be a pill or an inhaler that you use every day.

mmmmm. Yes
nnnnn. No
oooo. I'm not sure

[If diagnosed with asthma]

63. In the past 30 days, on how many days have you used an inhaler because you were having difficulty breathing? If you did not use an inhaler in the past 30 days, enter 0. _____

64. Have you ever been diagnosed by a doctor or told by a doctor that you have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?

ppppp. Yes
qqqqq. No
rrrr. I'm not sure

65. Were you born prematurely?

sssss. Yes
ttttt. No
uuuuu. I'm not sure

66. Do you currently have braces or a permanent retainer?

vvvvv. Yes
wwwww. No
xxxxx. I'm not sure

67. A concussion can happen anytime a blow to the head caused you to have 1 or more symptoms, whether just for a short time or lasting a while. Symptoms include blurred or double vision, being

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bothered by light or noise, headaches, dizziness or balance problems, nausea, vomiting, trouble sleeping, feeling tired, being dazed or confused, trouble remembering, trouble concentrating, or being knocked out.

In your lifetime, do you believe that you have had a concussion?

- yyyyy. Yes
- zzzzz. No
- aaaaa. I'm not sure

[If had a concussion]

68. Were you knocked unconscious for any length of time as the result of a concussion?

- bbbbb. Yes
- ccccc. No
- ddddd. I'm not sure

For the next several questions, please respond with how often you experience each of the following symptoms.

69. Cough first thing in the morning

- eeeeee. Never
- fffff. Less than once per week
- gggggg. 1-2 times per week
- hhhhhh. Several times per week
- iiiiii. Every day

70. Cough frequently throughout the day

- jjjjj. Never
- kkkkkk. Less than once per week
- lllll. 1-2 times per week
- mmmmm. Several times per week
- nnnnn. Every day

71. Wheezing

- ooooo. Never
- ppppp. Less than once per week
- qqqqq. 1-2 times per week
- rrrrr. Several times per week
- sssss. Every day

72. Shortness of breath when walking

- ttttt. Never
- uuuuu. Less than once per week
- vvvvv. 1-2 times per week
- wwwww. Several times per week
- xxxxx. Every day

73. Shortness of breath during exercise or walking up stairs

- yyyyy. Never
- zzzzz. Less than once per week
- aaaaaa. 1-2 times per week
- bbbbbb. Several times per week

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cccccc. Every day

74. Phlegm or mucus (brownish liquid you may cough up) when you cough

dddddd. Never

eeeeee. Less than once per week

ffffff. 1-2 times per week

gggggg. Several times per week

hhhhhh. Every day

75. Pain or tightness in the chest

iiiiii. Never

jjjjjj. Less than once per week

kkkkkk. 1-2 times per week

llllll. Several times per week

mmmmm. Every day

76. Getting very tired in a short time

nnnnnn. Never

oooooo. Less than once per week

pppppp. 1-2 times per week

qqqqqq. Several times per week

rrrrrr. Every day

Please select the response that is most true for you.

[\[If diagnosed with asthma\]](#)

77. In the past 7 days, I felt scared that I might have trouble breathing because of my asthma.

ssssss. Never

tttttt. Almost never

uuuuuu. Sometimes

vvvvvv. Often

wwwww. Almost always

[\[If diagnosed with asthma\]](#)

78. In the past 7 days, my chest felt tight because of my asthma.

xxxxxx. Never

yyyyyy. Almost never

zzzzzz. Sometimes

aaaaaaa. Often

bbbbbbb. Almost always

[\[If diagnosed with asthma\]](#)

79. In the past 7 days, I felt wheezy because of my asthma.

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cccccccc. Never
dddddddd. Almost never
eeeeeeee. Sometimes
ffffff. Often
gggggggg. Almost always

[If diagnosed with asthma]

80. In the past 7 days, I had trouble breathing because of my asthma.

hhhhhhh. Never
iiiiiii. Almost never
jjjjjjj. Sometimes
kkkkkkk. Often
lllllll. Almost always

[If diagnosed with asthma]

81. In the past 7 days, I had trouble sleeping at night because of my asthma.

mmmmmmm. Never
nnnnnnn. Almost never
ooooooo. Sometimes
ppppppp. Often
qqqqqqq. Almost always

[If diagnosed with asthma]

82. In the past 7 days, it was hard for me to play sports or exercise because of my asthma.

rrrrrrr. Never
sssssss. Almost never
ttttttt. Sometimes
uuuuuuu. Often
vvvvvvv. Almost always

[If diagnosed with asthma]

83. In the past 7 days, it was hard to take a deep breath because of my asthma.

wwwwwww. Never
xxxxxxx. Almost never
yyyyyyy. Sometimes
zzzzzzz. Often
aaaaaaaa. Almost always

[If diagnosed with asthma]

84. In the past 7 days, my asthma bothered me.

bbbbbbbb. Never
ccccccc. Almost never
ddddddd. Sometimes
eeeeeee. Often
fffffff. Almost always

The next questions are about vaping nicotine. Do not include times that you may have used a vape that did not contain nicotine. We will be asking about that later in the survey.

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[If ever vaped nicotine]

85. How old were you when you first vaped nicotine? _____

[If ever vaped nicotine]

86. Have you ever vaped nicotine fairly regularly?

ggggggggg. Yes
hhhhhhhhh. No

[If vaped nicotine at least 1 day in past 30 days]

87. How soon after you wake up do you want to vape nicotine?

iiiiiiii. Within 5 minutes
jjjjjjjj. From 6 to 30 minutes
kkkkkkkk. From more than 30 minutes to 1 hour
llllllll. After more than 1 hour but less than 24 hours
mmmmmmmm. I rarely want to vape nicotine

[If vaped nicotine at least 1 day in past 30 days]

88. Do you used a vape that you own or do you use a vape that belongs to another person?

nnnnnnnnn. I use my own vape
ooooooooo. I use other people's vapes
ppppppppp. I use my own vape and I use other people's vapes

[If vaped nicotine at least 1 day in past 30 days]

89. On average, on the days that you use, how many times each day do you pick up a vape to use it, whether you take one puff or several?

[If vaped nicotine at least 1 day in past 30 days]

90. Each time you pick up a vape to use it, about how many puffs do you take?

[If vaped nicotine at least 1 day in past 30 days]

91. Which type of nicotine vape did you use most often in the past 30 days?

qqqqqqqqq. One you throw away when you're done
rrrrrrrrr. One you recharge and use pre-filled cartridges or pods in
sssssssss. One you recharge and open to refill with e-liquid
ttttttttt. Another type (please specify): _____

[If vaped nicotine at least 1 day in past 30 days]

92. What flavor of nicotine vape did you use most often during the past 30 days?

[If vaped nicotine at least 1 day in past 30 days]

93. What nicotine level do you typically use?

uuuuuuuuu. 0 mg/mL (0%) (No nicotine)
vvvvvvvvv. 1-10 mg/mL (0.1-1.0%)
wwwwwwwww. 11-24 mg/mL (1.1-2.4%)
xxxxxxxxx. 25-49 mg/mL (2.5-4.9%)
yyyyyyyyy. 50 mg/mL or more (5.0+%)
zzzzzzzzz. I'm not sure

These next questions are about your experiences vaping nicotine.

[If vaped nicotine at least 1 day in past 30 days]

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94. Have you ever tried to quit vaping nicotine, but couldn't?

aaaaaaaaaa. Yes

bbbbbbbbbb. No

[If vaped nicotine at least 1 day in past 30 days]

95. Do you vape nicotine now because it is really hard to quit?

ccccccccc. Yes

dddddddddd. No

[If vaped nicotine at least 1 day in past 30 days]

96. Have you ever felt like you were addicted to nicotine?

eeeeeeeeee. Yes

fffffff. No

[If vaped nicotine at least 1 day in past 30 days]

97. Do you ever have strong cravings to vape nicotine?

gggggggggg. Yes

hhhhhhhhhh. No

[If vaped nicotine at least 1 day in past 30 days]

98. Have you ever felt like you needed to vape nicotine?

iiiiiiii. Yes

jjjjjjjj. No

[If vaped nicotine at least 1 day in past 30 days]

99. Is it hard to keep from vaping nicotine in places where you are not supposed to, like school?

kkkkkkkkkk. Yes

llllllll. No

When you tried to stop vaping nicotine, or when you haven't used nicotine for a while...

[If vaped nicotine at least 1 day in past 30 days]

100. Did you find it hard to concentrate because you couldn't vape nicotine?

mmmmmmmmmm. Yes

nnnnnnnnnn. No

[If vaped nicotine at least 1 day in past 30 days]

101. Did you feel more irritable because you couldn't vape nicotine?

oooooooooooo. Yes

pppppppppp. No

[If vaped nicotine at least 1 day in past 30 days]

102. Did you feel a strong need or urge to vape nicotine?

qqqqqqqqqq. Yes

rrrrrrrrrr. No

[If vaped nicotine at least 1 day in past 30 days]

103. Did you feel nervous, restless, or anxious because you couldn't vape nicotine?

ssssssssss. Yes

tttttttt. No

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104. How does vaping impact your daily life? Your answer can include both good and bad experiences. If you don't vape nicotine, think about how others' vaping may have affected your daily life.

[If vaped nicotine at least 1 day in past 30 days]

105. Have your parent(s) or guardian(s) ever seen or caught you vaping nicotine?
uuuuuuuuuu. Yes
vvvvvvvvvv. No

[If caught vaping by parents]

106. Did your parent(s) or guardian(s)... (check all that apply)
wwwwwwwww. Talk to you about vaping nicotine
xxxxxxx. Take away your nicotine vape
yyyyyyyyyy. Take away your privileges or punish you
zzzzzzzzzz. Do nothing

[If vaped nicotine at least 1 day in past 30 days]

107. Have you ever been caught vaping nicotine at school?
aaaaaaaaaaa. Yes
bbbbbbbbbbb. No

[If caught vaping by someone at school]

108. Did someone at your school... (check all that apply)
cccccccccc. Talk to you about vaping nicotine
ddddddddddd. Take away your nicotine vape
eeeeeeeeeee. Take away privileges or punish you
fffffffff. Contact your parent/guardian
ggggggggggg. Do nothing

[If vaped nicotine at least 1 day in past 30 days]

109. Has a friend, peer, or significant other ever told you they don't like it when you vape nicotine?
hhhhhhhhhhh. Yes
iiiiiiiiiii. No

[If vaped nicotine at least 1 day in past 30 days]

110. In the past 30 days, have you experienced any of the following symptoms or side effects that you think were caused by vaping nicotine? (Check all that apply)
jjjjjjjjj. Cough
kkkkkkkkkk. Dizziness or lightheadedness
lllllllll. Headache or migraine
mmmmmmmmmm. Dry or irritated mouth or throat
nnnnnnnnnn. Shortness of breath
ooooooooo. Change in or loss of taste
pppppppppp. Other (please specify): _____
qqqqqqqqqq. I did not experience any symptoms

Please read each of the following statements and indicate how much each statement describes you.

111. When something good happens to me, I have people who I like to share the good news with.

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rrrrrrrrrr. Almost never
sssssssssss. Sometimes
tttttttttt. Often
uuuuuuuuuuu. Very often
vvvvvvvvvvv. Almost always

112. I finish whatever I begin.
wwwwwwwwwww. Almost never
xxxxxxxxxxx. Sometimes
yyyyyyyyyyyy. Often
zzzzzzzzzzz. Very often
aaaaaaaaaaaa. Almost always

113. I am optimistic about my future.
bbbbbbbbbbbbb. Almost never
cccccccccccc. Sometimes
dddddddddddd. Often
eeeeeeeeeeee. Very often
ffffffffffff. Almost always

114. I feel happy.
ggggggggggggg. Almost never
hhhhhhhhhhhhh. Sometimes
iiiiiiiiiii. Often
jjjjjjjjjjj. Very often
kkkkkkkkkkkkk. Almost always

115. When I do an activity, I enjoy it so much that I lose track of time.
lllllllllll. Almost never
mmmmmmmmmmmm. Sometimes
nnnnnnnnnnnn. Often
ooooooooooooo. Very often
ppppppppppppp. Almost always

116. I have a lot of fun.
qqqqqqqqqqqqq. Almost never
rrrrrrrrrrr. Sometimes
sssssssssss. Often
ttttttttttt. Very often
uuuuuuuuuuu. Almost always

117. I get completely absorbed in what I am doing.
vvvvvvvvvvv. Almost never
wwwwwwwwwwwww. Sometimes
xxxxxxxxxxx. Often
yyyyyyyyyyyy. Very often
zzzzzzzzzzz. Almost always

118. I love life.
aaaaaaaaaaaaa. Almost never
bbbbbbbbbbbbb. Sometimes

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cccccccccccc. Often
dddddddddddddd. Very often
eeeeeeeeeeeeeee. Almost always

119. I keep at my schoolwork until I have done with it.
ffffffffffffff. Almost never
gggggggggggggg. Sometimes
hhhhhhhhhhhhhh. Often
iiiiiiiiiiiiii. Very often
jjjjjjjjjjjj. Almost always

120. When I have a problem, I have someone who will be there for me.
kkkkkkkkkkkkkk. Almost never
llllllllllll. Sometimes
mmmmmmmmmmmmmm. Often
nnnnnnnnnnnnnn. Very often
oooooooooooooo. Almost always

121. I get so involved in activities that I forget about everything else.
pppppppppppppp. Almost never
qqqqqqqqqqqqqq. Sometimes
rrrrrrrrrrrr. Often
sssssssssssss. Very often
tttttttttttt. Almost always

122. When I am learning new, I lose track of how much time has passed.
uuuuuuuuuuuuuu. Not at all like me
vvvvvvvvvvvvvv. A little like me
wwwwwwwwwwwwww. Somewhat like me
xxxxxxxxxxxxxx. Mostly like me
yyyyyyyyyyyyyy. Very much like me

123. In uncertain times, I expect the best.
zzzzzzzzzzzzzz. Not at all like me
aaaaaaaaaaaaaaaa. A little like me
bbbbbbbbbbbbbbbb. Somewhat like me
cccccccccccccc. Mostly like me
dddddddddddddd. Very much like me

124. There are people in my life who really care about me.
eeeeeeeeeeeeeee. Not at all like me
ffffffffffffff. A little like me
gggggggggggggg. Somewhat like me
hhhhhhhhhhhhhh. Mostly like me
iiiiiiiiiiiiii. Very much like me

125. I think good things are going to happen to me.
jjjjjjjjjjjj. Not at all like me
kkkkkkkkkkkkkk. A little like me

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llllllllll. Somewhat like me
mmmmmmmmmmmmmm. Mostly like me
nnnnnnnnnnnnnn. Very much like me

126. I have friends that I really care about.
oooooooooooo. Not at all like me
pppppppppppppp. A little like me
qqqqqqqqqqqqq. Somewhat like me
rrrrrrrrrrrr. Mostly like me
sssssssssssss. Very much like me

127. Once I make a plan to get something done, I stick to it.
ttttttttttt. Not at all like me
uuuuuuuuuuuuuu. A little like me
vvvvvvvvvvvvv. Somewhat like me
wwwwwwwwwwwww. Mostly like me
xxxxxxxxxxxxxx. Very much like me

128. I believe that things will work out, no matter how difficult they seem.
yyyyyyyyyyyyyy. Not at all like me
zzzzzzzzzzzzz. A little like me
aaaaaaaaaaaaaaa. Somewhat like me
bbbbbbbbbbbbbbb. Mostly like me
ccccccccccccc. Very much like me

129. I am a hard worker.
ddddddddddddd. Not at all like me
eeeeeeeeeeeeeee. A little like me
fffffffffffff. Somewhat like me
ggggggggggggggg. Mostly like me
hhhhhhhhhhhhhhh. Very much like me

130. I am a cheerful person.
iiiiiiiiiiii. Not at all like me
jjjjjjjjjjjj. A little like me
kkkkkkkkkkkkkk. Somewhat like me
llllllllll. Mostly like me
mmmmmmmmmmmmmm. Very much like me

The next questions are about your use of tobacco products.

[If ever smoked a cigarette]

131. How old were you when you first smoked a cigarette? _____

[If ever smoked a cigarette]

132. Have you ever smoked cigarettes fairly regularly?
nnnnnnnnnnnnnn. Yes

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oooooooooooooooooooo. No

[If ever smoked a cigar, little cigar, or cigarillo]

133. How old were you when you first smoked a cigar, little cigar, or cigarillo? _____

[If ever smoked a cigar, little cigar, or cigarillo]

134. Have you ever smoked cigars, little cigars, or cigarillos fairly regularly?

pppppppppppppppp. Yes

qqqqqqqqqqqqqqqq. No

[If ever smoked hookah]

135. How old were you when you first smoked tobacco in a hookah? _____

[If ever smoked hookah]

136. Have you ever smoked tobacco in a hookah fairly regularly?

rrrrrrrrrrrrrrrr. Yes

ssssssssssssssss. No

[If ever used smokeless tobacco]

137. How old were you when you first used a smokeless tobacco product? _____

[If ever used smokeless tobacco]

138. Have you ever used smokeless tobacco products fairly regularly?

ttttttttttttttt. Yes

uuuuuuuuuuuuuuuu. No

[If ever used an oral nicotine product]

139. How old were you when you first used an oral nicotine product? _____

[If ever used an oral nicotine product]

140. Have you ever used an oral nicotine product fairly regularly?

vvvvvvvvvvvvvvvv. Yes

wwwwwwwwwwwwwwww. No

[If ever used another tobacco/nicotine product]

141. How old were you when you first used the other tobacco or nicotine product? _____

[If ever used another tobacco/nicotine product]

142. Have you ever used any other tobacco or nicotine product fairly regularly?

xxxxxxxxxxxxxxxxxx. Yes

yyyyyyyyyyyyyyyyyy. No

[If vaped nicotine, smoked cigarettes, cigars, or hookah, used smokeless tobacco, oral nicotine product, or other type of tobacco at least 1 day in past 30 days]

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143. **Considering all the ways you can use tobacco or nicotine**, on how many days did you use at least one product containing tobacco or nicotine, like vapes, cigarettes, cigars, hookah, blunts, spliffs, smokeless, oral nicotine pouches, or another tobacco or nicotine product?
_____ days

Please select how often each of these statements is true for you.

144. In the past 7 days, I felt accepted by other kids my age.
zzzzzzzzzzzzzzzzzz. Never
aaaaaaaaaaaaaaaaaaaa. Almost never
bbbbbbbbbbbbbbbbbbbb. Sometimes
cccccccccccccccccc. Often
dddddddddddddddddd. Almost always

145. In the past 7 days, I was able to count on my friends.
eeeeeeeeeeeeeeeeeee. Never
ffffffffffffffffffff. Almost never
ggggggggggggggggggg. Sometimes
hhhhhhhhhhhhhhhhhh. Often
iiiiiiiiiiiiiii. Almost always

146. In the past 7 days, I was able to talk about everything with my friends.
jjjjjjjjjjjjjj. Never
kkkkkkkkkkkkkkkkkk. Almost never
llllllllllllllllll. Sometimes
mmmmmmmmmmmmmmmmmm. Often
nnnnnnnnnnnnnnnnnn. Almost always

147. In the past 7 days, I was good at making friends.
oooooooooooooooooooo. Never
pppppppppppppppppp. Almost never
qqqqqqqqqqqqqqqqqq. Sometimes
rrrrrrrrrrrrrrrrrr. Often
ssssssssssssssssss. Almost always

148. In the past 7 days, my friends and I helped each other out.
tttttttttttttttttt. Never
uuuuuuuuuuuuuuuuuu. Almost never
vvvvvvvvvvvvvvvvvv. Sometimes
wwwwwwwwwwwwwwwwww. Often
xxxxxxxxxxxxxxxxxxxx. Almost always

149. In the past 7 days, other kids wanted to be my friend.
yyyyyyyyyyyyyyyyyy. Never
zzzzzzzzzzzzzzzzzz. Almost never
aaaaaaaaaaaaaaaaaaaa. Sometimes
bbbbbbbbbbbbbbbbbbbb. Often
cccccccccccccccccc. Almost always

150. In the past 7 days, other kids wanted to be with me.
dddddddddddddddddd. Never

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- eeeeeeeeeeeeeeee. Almost never
ffffffffffffffff. Sometimes
gggggggggggggggg. Often
hhhhhhhhhhhhhhhh. Almost always
151. In the past 7 days, other kids wanted to talk to me.
- iiiiiiiiiiiiiii. Never
jjjjjjjjjjjjjj. Almost never
kkkkkkkkkkkkkkkk. Sometimes
llllllllllllll. Often
mmmmmmmmmmmmmmmm. Almost always

Please select how often each of these statements is true for you. Note that the time frame has changed.

152. In the past 4 weeks, I felt I had a strong relationship with my family.
- nnnnnnnnnnnnnnnn. Never
oooooooooooooooo. Rarely
pppppppppppppppp. Sometimes
qqqqqqqqqqqqqqqq. Often
rrrrrrrrrrrrrr. Always
153. In the past 4 weeks, I felt really important to my family.
- ssssssssssssssss. Never
tttttttttttttt. Rarely
uuuuuuuuuuuuuuuu. Sometimes
vvvvvvvvvvvvvvv. Often
wwwwwwwwwwwwwwww. Always
154. In the past 4 weeks, I got all the help I needed from my family.
- xxxxxxxxxxxxxxxxxx. Never
yyyyyyyyyyyyyyyyyy. Rarely
zzzzzzzzzzzzzzzz. Sometimes
aaaaaaaaaaaaaaaaaa. Often
bbbbbbbbbbbbbbbbbb. Always
155. In the past 4 weeks, my family and I had fun together.
- cccccccccccccccc. Never
dddddddddddddddd. Rarely
eeeeeeeeeeeeeeee. Sometimes
ffffffffffffffff. Often
gggggggggggggggg. Always

Please select how often each of these statements is true for you.

156. Thinking about my life, I feel hopeful about my future.
- hhhhhhhhhhhhhhhh. Not at all
iiiiiiiiiiiiiii. A little bit
jjjjjjjjjjjjjj. Somewhat
kkkkkkkkkkkkkkkk. Quite a bit
llllllllllllll. Very much

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157. Thinking about my life, I can reach my goals in life.
mmmmmmmmmmmmmmmmmmmm. Not at all
nnnnnnnnnnnnnnnnnn. A little bit
oooooooooooooooooooo. Somewhat
pppppppppppppppppp. Quite a bit
qqqqqqqqqqqqqqqq. Very much

158. Thinking about my life, my life is filled with meaning.
rrrrrrrrrrrrrrrr. Not at all
sssssssssssssssss. A little bit
tttttttttttttttt. Somewhat
uuuuuuuuuuuuuuuuu. Quite a bit
vvvvvvvvvvvvvvvvv. Very much

159. Thinking about my life, my life has purpose.
wwwwwwwwwwwwwwww. Not at all
xxxxxxxxxxxxxxxxxxxx. A little bit
yyyyyyyyyyyyyyyyyyy. Somewhat
zzzzzzzzzzzzzzzzzz. Quite a bit
aaaaaaaaaaaaaaaaaaaa. Very much

For these next statements, please select how true each one is for you. Please note the time frame.

160. In the past 7 days, I had difficulty falling asleep.
bbbbbbbbbbbbbbbbbbb. Never
ccccccccccccccccccc. Almost never
ddddddddddddddddddd. Sometimes
eeeeeeeeeeeeeeeeeee. Almost always
fffffffffffffffffffff. Always

161. In the past 7 days, I slept through the night.
ggggggggggggggggggg. Never
hhhhhhhhhhhhhhhhhhh. Almost never
iiiiiiiiiiiiiiiiiii. Sometimes
jjjjjjjjjjjjjjjjjjj. Almost always
kkkkkkkkkkkkkkkkkkk. Always

162. In the past 7 days, I had a problem with my sleep.
lllllllllllllllllll. Never
mmmmmmmmmmmmmmmm. Almost never
nnnnnnnnnnnnnnnnnn. Sometimes
oooooooooooooooooooo. Almost always
ppppppppppppppppppp. Always

163. In the past 7 days, I had trouble sleeping.
qqqqqqqqqqqqqqqqqq. Never
rrrrrrrrrrrrrrrrrrr. Almost never
sssssssssssssssssss. Sometimes
ttttttttttttttttttt. Almost always

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uuuuuuuuuuuuuuuuuuuu. Always

164. In the past 7 days, I was sleepy during the daytime.
vvvvvvvvvvvvvvvvvvvv. Never
wwwwwwwwwwwwwwwwww. Almost never
xxxxxxxxxxxxxxxxxxxx. Sometimes
yyyyyyyyyyyyyyyyyyyy. Almost always
zzzzzzzzzzzzzzzzzzzz. Always

165. In the past 7 days, I had a hard time concentrating because I was sleepy.
aaaaaaaaaaaaaaaaaaaaa. Never
bbbbbbbbbbbbbbbbbbbb. Almost never
cccccccccccccccccccc. Sometimes
dddddddddddddddddddd. Almost always
eeeeeeeeeeeeeeeeeeee. Always

166. In the past 7 days, I had a hard time getting things done because I was sleepy.
ffffffffffffffffffff. Never
gggggggggggggggggggg. Almost never
hhhhhhhhhhhhhhhhhhhh. Sometimes
iiiiiiiiiiiiiiiiiii. Almost always
jjjjjjjjjjjjjjjjjj. Always

167. In the past 7 days, I had problems during the day because of poor sleep.
kkkkkkkkkkkkkkkkkkk. Never
llllllllllllllllllll. Almost never
mmmmmmmmmmmmmmmmmm. Sometimes
nnnnnnnnnnnnnnnnnnn. Almost always
ooooooooooooooooooooo. Always

Please select how often each of these statements is true for you. Note that the time frame has changed.

168. In the past 4 weeks, I have to use written lists more often than other people my age so I will not forget things.
pppppppppppppppppppp. None of the time
qqqqqqqqqqqqqqqqqqq. A little of the time
rrrrrrrrrrrrrrrrrrr. Some of the time
sssssssssssssssssss. Most of the time
ttttttttttttttttttt. All of the time

169. In the past 4 weeks, it is hard for me to pay attention to one thing for more than 5-10 minutes.
uuuuuuuuuuuuuuuuuuuu. None of the time
vvvvvvvvvvvvvvvvvvvv. A little of the time
wwwwwwwwwwwwwwwwww. Some of the time
xxxxxxxxxxxxxxxxxxxx. Most of the time
yyyyyyyyyyyyyyyyyyyy. All of the time

170. In the past 4 weeks, I have trouble keeping track of what I am doing if I get interrupted.
zzzzzzzzzzzzzzzzzzzz. None of the time

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aaaaaaaaaaaaaaaaaaaaa. A little of the time
bbbbbbbbbbbbbbbbbbbb. Some of the time
cccccccccccccccccccc. Most of the time
dddddddddddddddddddd. All of the time

171. In the past 4 weeks, I have to read things several times to understand them.
eeeeeeeeeeeeeeeeeeee. None of the time
fffffffffffffffffffff. A little of the time
ggggggggggggggggggg. Some of the time
hhhhhhhhhhhhhhhhhhh. Most of the time
iiiiiiiiiiiiiiiiiii. All of the time

172. In the past 4 weeks, I forget things easily.
jjjjjjjjjjjjjjjjjjj. None of the time
kkkkkkkkkkkkkkkkkkk. A little of the time
lllllllllllllllllll. Some of the time
mmmmmmmmmmmmmmmmm. Most of the time
nnnnnnnnnnnnnnnnnnn. All of the time

173. In the past 4 weeks, I have to work really hard to pay attention or I make mistakes.
oooooooooooooooooooo. None of the time
ppppppppppppppppppp. A little of the time
qqqqqqqqqqqqqqqqqq. Some of the time
rrrrrrrrrrrrrrrrrrr. Most of the time
sssssssssssssssssss. All of the time

174. In the past 4 weeks, I have trouble remembering to do things like school projects or chores.
ttttttttttttttttttt. None of the time
uuuuuuuuuuuuuuuuuuu. A little of the time
vvvvvvvvvvvvvvvvvvv. Some of the time
wwwwwwwwwwwwwwwww. Most of the time
xxxxxxxxxxxxxxxxxxxxx. All of the time

Now we are going to ask you some additional questions about vaping and your use of other substances.

[\[If ever used vape with something other than nicotine or cannabis\]](#)

175. How old were you the first time used a pen, disposable (“dispo”), or cartridge (“cart”) that **DID** **NOT** contain nicotine, cannabis, THC, or CBD?

[\[If ever used vape with something other than nicotine or cannabis\]](#)

176. Have you ever used a pen, disposable (“dispo”), or cartridge (“cart”) that **DID NOT** contain nicotine, cannabis, THC, or CBD fairly regularly?
yyyyyyyyyyyyyyyyyyyy. Yes
zzzzzzzzzzzzzzzzzzz. No

[\[If used vape with something other than nicotine or cannabis at least 1 day in past 30 days\]](#)

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177. In the past 30 days, which substance(s) have you used in a pen, disposable (“dispo”), or cartridge (“cart”)? Check all that apply.

- aaaaaaaaaaaaaaaaaaaaaaaa. Caffeine
- bbbbbbbbbbbbbbbbbbbbbb. Melatonin
- cccccccccccccccccccc. Vitamins
- ddddddddddddddddddddd. Flavors
- eeeeeeeeeeeeeeeeeeee. Other (please specify): _____
- ffffffffffffffffffff. I’m not sure

These next questions ask about your alcohol use. Consider a “drink” to be equivalent to a 12oz can of beer or hard seltzer, a 5oz glass of wine, or 1.5oz (one shot) of hard liquor (such as vodka or tequila).

178. In the past 30 days, on how many days did you have at least one drink of alcohol? If you did not drink alcohol on any days in the past 30, enter 0. _____

[If had a drink on at least 1 day in past 30 days]

179. In the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you were assigned female at birth) or 5 or more drinks of alcohol in a row (if you were assigned male at birth)? _____

[If had a drink on at least 1 day in past 30 days]

180. In the past 30 days, on how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages?

- gggggggggggggggggggg. 0 occasions
- hhhhhhhhhhhhhhhhhhhh. 1-2 occasions
- iiiiiiiiiiiiiiiiiii. 3-5 occasions
- jjjjjjjjjjjjjjjjjj. 6-9 occasions
- kkkkkkkkkkkkkkkkkkkk. 10-19 occasions
- llllllllllllllllllll. 20-39 occasions
- mmmmmmmmmmmmmmmmmmmm. 40 or more occasions

The next questions ask about your use of cannabis products.

Cannabis products are made from marijuana (weed) or hemp, and may contain THC (delta-8, delta-9, or delta-10) the compound that gets you high.

Cannabis products may also contain CBD, which does not get you high.

You may consume cannabis in several different ways, such as smoking it in a joint, bowl, bong, or hookah; eating it in a cookie or candy; drinking it in a beverage; vaping oil from a pen; putting a drop of oil under your tongue; heating a concentrate and inhaling the vapor; or putting lotion on your skin. We will ask more detail about the different ways you may have used cannabis below.

181. Have you ever used cannabis in any form?

- nnnnnnnnnnnnnnnnnnnn. Yes
- oooooooooooooooooooo. No

[If ever used cannabis in any form]

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182. How old were you the first time you used cannabis in any form?
pppppppppppppppppppppppp. 8 years old or younger
qqqqqqqqqqqqqqqqqqqqqq. 9 years old
rrrrrrrrrrrrrrrrrrrrrrr. 10 years old
ssssssssssssssssssssss. 11 years old
ttttttttttttttttttttt. 12 years old
uuuuuuuuuuuuuuuuuuuuu. 13 years old
vvvvvvvvvvvvvvvvvvvvv. 14 years old
wwwwwwwwwwwwwwwwwwww. 15 years old
xxxxxxxxxxxxxxxxxxxxxxx. 16 years old
yyyyyyyyyyyyyyyyyyyyy. 17 years old
zzzzzzzzzzzzzzzzzzzzz. 18 years old
aaaaaaaaaaaaaaaaaaaaaaa. 19 years old or older

[If ever used cannabis in any form]

183. What are all the ways you have ever used cannabis? Check all that apply.
bbbbbbbbbbbbbbbbbbbbbb. Smoked in a joint, bowl, bong, or hookah
cccccccccccccccccccc. Smoked in a blunt (cigar wrapper filled with cannabis)
ddddddddddddddddddddd. Smoked in spliff (mix of loose tobacco and cannabis in a rolling paper)
eeeeeeeeeeeeeeeeeeeeeee. Vaped oil or liquid in a weed pen, dispo, or cart
fffffffffffffffffffffff. Vaped by heating a solid concentrate such as budder, hash, or shatter
gggggggggggggggggggggg. Dabbed
hhhhhhhhhhhhhhhhhhhhhh. Ate in a food or drank in a beverage (also known as “edibles”)
iiiiiiiiiiiiiiiiiii. Some other way (please specify): _____

[If ever smoked cannabis in a joint, bowl, bong, or hookah]

184. Have you ever smoked cannabis in a joint, bowl, bong, or hookah fairly regularly?
jjjjjjjjjjjjjjjjjjjj. Yes
kkkkkkkkkkkkkkkkkkkkk. No

[If ever smoked cannabis in blunt]

185. Have you ever smoked cannabis in a blunt (cigar wrapper filled with cannabis) fairly regularly?
lllllllllllllllllllll. Yes
mmmmmmmmmmmmmmmmmmmm. No

[If ever smoked cannabis in a spliff]

186. Have you ever smoked cannabis in a spliff (mix of loose tobacco and cannabis in a rolling paper) fairly regularly?
nnnnnnnnnnnnnnnnnnnnn. Yes
ooooooooooooooooooooooo. No

[If ever vaped cannabis oil]

187. Have you ever vaped cannabis oil in a weed pen, dispo, or cart fairly regularly?
pppppppppppppppppppppp. Yes
qqqqqqqqqqqqqqqqqqqqq. No

[If ever vaped cannabis concentrate]

188. Have you ever vaped cannabis by heating a solid concentrate such as budder, hash, or shatter fairly regularly?

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rrrrrrrrrrrrrrrrrrrrrrrr. Yes
ssssssssssssssssssssssss. No

[If ever used dabs]

189. Have you ever used dabs fairly regularly?
tttttttttttttttttttttt. Yes
uuuuuuuuuuuuuuuuuuuuuu. No

[If ever used edibles]

190. Have you ever eaten or drank cannabis (used edibles) fairly regularly?
vvvvvvvvvvvvvvvvvvvvvv. Yes
wwwwwwwwwwwwwwwwwwww. No

[If ever used cannabis in another way]

191. Have you ever used cannabis in some other way fairly regularly?
xxxxxxxxxxxxxxxxxxxxxxxx. Yes
yyyyyyyyyyyyyyyyyyyyyy. No

[If ever used cannabis in any form]

192. In the past 30 days, on how many days did you use cannabis in any form?

If you did not use cannabis in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever smoked a joint/bowl/bong/hookah]

193. In the past 30 days, on how many days did you smoke cannabis in a joint, bowl, bong, or hookah?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever smoked a blunt]

194. In the past 30 days, on how many days did you smoke cannabis in a blunt (cigar wrapper filled with cannabis)?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever smoked a spliff]

195. In the past 30 days, on how many days did you smoke cannabis in a spliff (mix of loose tobacco and cannabis in a rolling paper)?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

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[If used cannabis in any form at least 1 day in past 30 days and ever vaped oil]

196. In the past 30 days, on how many days did you vape cannabis oil in a weed pen, dispo, or cart?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever vaped concentrate]

197. In the past 30 days, on how many days did you vape a solid cannabis concentrate such as budder, hash, or shatter?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever used dabs]

198. In the past 30 days, on how many days did you dab cannabis?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever used edibles]

199. In the past 30 days, on how many days did you eat or drink cannabis (use edibles)?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

[If used cannabis in any form at least 1 day in past 30 days and ever used cannabis in another way]

200. In the past 30 days, on how many days did you use cannabis in some other way?

If you did not use cannabis in this way in the past 30 days, enter 0.

_____ days

Now we want you to focus on what's in the cannabis products you used, focusing on specific types of THC. THC is the compound that gets you high. We will ask you about delta-8, delta-9, and delta-10.

[If ever used cannabis in any form]

201. Have you ever used a cannabis product with delta-8 THC, delta-9 THC, or delta-10 THC?

zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz. Yes
aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa. No

[If ever used a THC product]

202. What types of THC did the cannabis product(s) you used contain? Check all that apply.

bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb. Delta-8 THC
cccccccccccccccccccccccccccc. Delta-9 THC
dddddddddddddddddddddddddddddd. Delta-10 THC
eeeeeeeeeeeeeeeeeeeeeeeeeeeeee. I don't know

Project MARVEL Survey

[If ever used a THC product]

203. In the past 30 days, on how many days did you use cannabis that contained any type of THC?

If you did not use cannabis that contained any type of THC in the past 30 days, enter 0.

_____ days

[If ever used delta-9 THC]

204. How old were you the first time you used cannabis containing delta-8 THC?

- ffffffffffffffffffff. 8 years old or younger
- gggggggggggggggggggggggggggggg. 9 years old
- hhhhhhhhhhhhhhhhhhhhhhhhhhhh. 10 years old
- iiiiiiiiiiiiiiiiiiii. 11 years old
- jjjjjjjjjjjjjjjjjjjjjj. 12 years old
- kkkkkkkkkkkkkkkkkkkkkkkkkkkk. 13 years old
- llllllllllllllllllllll. 14 years old
- mmmmmmmmmmmmmmmmmmmmmmmmmmmm. 15 years old
- nnnnnnnnnnnnnnnnnnnnnnnnnnnn. 16 years old
- oooooooooooooooooooooooooooo. 17 years old
- pppppppppppppppppppppppppppppp. 18 years old
- qqqqqqqqqqqqqqqqqqqqqqqqqqqq. 19 years old or older

[If ever used delta-9 THC]

205. Have you ever used cannabis containing delta-9 THC fairly regularly?

- rrrrrrrrrrrrrrrrrrrrrrrrrrrr. Yes
- ssssssssssssssssssssssssssss. No.

[If used any THC product at least 1 day in past 30 days and ever used delta-9 THC]

206. In the past 30 days, on how many days did you use cannabis containing delta-9 THC? If you did not use cannabis containing delta-9 THC in the past 30 days, enter 0.

[If ever used delta-8 THC or delta-10 THC]

207. How old were you the first time you used cannabis containing delta-8 THC or delta-10 THC?

- tttttttttttttttttttttt. 8 years old or younger
- uuuuuuuuuuuuuuuuuuuuuuuuuuuu. 9 years old
- vvvvvvvvvvvvvvvvvvvvvvvvvvvv. 10 years old
- wwwwwwwwwwwwwwwwwwwwwwwwwwww. 11 years old
- xxxxxxxxxxxxxxxxxxxxxxxxxxxx. 12 years old
- yyyyyyyyyyyyyyyyyyyyyyyyyyyyyy. 13 years old
- zzzzzzzzzzzzzzzzzzzzzzzzzzzz. 14 years old
- aaaaaaaaaaaaaaaaaaaaaaaaaaaaa. 15 years old
- bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb. 16 years old
- cccccccccccccccccccccccccccc. 17 years old
- ddddddddddddddddddddddddddddd. 18 years old
- eeeeeeeeeeeeeeeeeeeeeeeeeeeeee. 19 years old or older

[If ever used delta-8 THC or delta-10 THC]

208. Have you ever used cannabis containing delta-8 THC or delta-10 THC fairly regularly?

- ffffffffffffffffffff. Yes
- gggggggggggggggggggggggggggggg. No

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[If used any THC product at least 1 day in past 30 days and ever used delta-8 THC and/or delta-10 THC]

209. In the past 30 days, on how many days did you use cannabis containing delta-8 THC or delta-10 THC?

If you did not use cannabis containing delta-8 THC or delta-10 THC in the past 30 days, enter 0.

_____ days

Now we will ask you about your use of cannabis containing CBD. CBD is the compound that alone will not get you high.

[If ever used cannabis in any form]

210. Have you ever used cannabis containing CBD?

hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh. Yes

iiiiiiiiiiiiiiiiiiii. No

[If ever used CBD]

211. How old were you the first time you used cannabis containing CBD?

jjjjjjjjjjjjjjjjjjjj. 8 years old or younger

kkkkkkkkkkkkkkkkkkkkkkkkkkkkkk. 9 years old

llllllllllllllllllll. 10 years old

mmmmmmmmmmmmmmmmmmmmmmmmmmmm. 11 years old

nnnnnnnnnnnnnnnnnnnnnnnnnnnnnn. 12 years old

oooooooooooooooooooooooooooo. 13 years old

pppppppppppppppppppppppppppppp. 14 years old

qqqqqqqqqqqqqqqqqqqqqqqqqqqq. 15 years old

rrrrrrrrrrrrrrrrrrrrrrrrrrrrrr. 16 years old

ssssssssssssssssssssssssssss. 17 years old

tttttttttttttttttttttttttttttt. 18 years old

uuuuuuuuuuuuuuuuuuuuuuuuuuuuuu. 19 years old or older

[If ever used CBD]

212. Have you ever used cannabis containing CBD fairly regularly?

vvvvvvvvvvvvvvvvvvvvvvvvvvvvvv. Yes

wwwwwwwwwwwwwwwwwwwwwwwwwwww. No

[If used cannabis in any form at least 1 day in past 30 days and ever used CBD]

213. In the past 30 days, on how many days did you use cannabis containing CBD?

If you did not use cannabis containing CBD in the past 30 days, enter 0.

_____ days

[If never used cannabis in any form or have used cannabis in any form but not in past 30 days]

214. Have you ever been curious about using cannabis?

xxxxxxxxxxxxxxxxxxxxxxxxxxxx. Not at all

yyyyyyyyyyyyyyyyyyyyyyyyyy. A little

zzzzzzzzzzzzzzzzzzzzzzzzzzzz. Somewhat

aaaaaaaaaaaaaaaaaaaaaaaaaaaa. Very

Project MARVEL Survey

[If never used cannabis in any form or have used cannabis in any form but not in past 30 days]

215. Do you think you will use cannabis in the next year?
bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb. Definitely no
ccccccccccccccccccccccccccc. Probably no
ddddddddddddddddddddddddddd. Probably yes
eeeeeeeeeeeeeeeeeeeeeeeeeee. Definitely yes

[If never used cannabis in any form or have used cannabis in any form but not in past 30 days]

216. If one of your best friends were to offer you cannabis, would you try it?
fffffffffffffffffffffffffff. Definitely no
gggggggggggggggggggggggggggg. Probably no
hhhhhhhhhhhhhhhhhhhhhhhhhhh. Probably yes
iiiiiiiiiiiiiiiiiiiiiii. Definitely yes

[If used cannabis in any form at least 1 day in past 30 days]

217. During the past year, did you think your use of cannabis was out of control?
jjjjjjjjjjjjjjjjjjjjjj. Never
kkkkkkkkkkkkkkkkkkkkkkkkkkk. Almost never
llllllllllllllllllllll. Sometimes
mmmmmmmmmmmmmmmmmmmmmmmmmm. Often
nnnnnnnnnnnnnnnnnnnnnnnnnnn. Almost always

[If used cannabis in any form at least 1 day in past 30 days]

218. During the past year, did the idea of not being able to use cannabis make you anxious or worried?
oooooooooooooooooooooooooooo. Never
pppppppppppppppppppppppppppp. Almost never
qqqqqqqqqqqqqqqqqqqqqqqqqqq. Sometimes
rrrrrrrrrrrrrrrrrrrrrrrrrrrrr. Often
sssssssssssssssssssssssssssss. Almost always

[If used cannabis in any form at least 1 day in past 30 days]

219. During the past year, did you worry about your use of cannabis?
tttttttttttttttttttttttttttt. Never
uuuuuuuuuuuuuuuuuuuuuuuuuuuu. Almost never
vvvvvvvvvvvvvvvvvvvvvvvvvvvvv. Sometimes
wwwwwwwwwwwwwwwwwwwwwwwwwww. Often
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx. Almost always

[If used cannabis in any form at least 1 day in past 30 days]

220. During the past year, did you wish you could stop using cannabis?
yyyyyyyyyyyyyyyyyyyyyyyyyyyyy. Never
zzzzzzzzzzzzzzzzzzzzzzzzzzzzz. Almost never
aaaaaaaaaaaaaaaaaaaaaaaaaaaaa. Sometimes
bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb. Often
ccccccccccccccccccccccccccccccc. Almost always

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[If used cannabis in any form at least 1 day in past 30 days]

221. During the past year, how difficult did you find it to stop or go without cannabis?
dddddddddddddddddddddddddd. Not difficult
eeeeeeeeeeeeeeeeeeeeeeeeeee. Quite difficult
ffffffffffffffffffffffffffff. Very difficult
gggggggggggggggggggggggggg. Impossible

222. In the past 30 days, have you used any of the following drugs without a prescription or for reasons other than what they were prescribed? Check all that apply.
hhhhhhhhhhhhhhhhhhhhhhhhhh. Adderall, Ritalin, Vyvanse, or other stimulant
iiiiiiiiiiiiiiiiiiiiiiiiiii. Valium, Klonopin, Ativan, Xanax, or Ketamine
jjjjjjjjjjjjjjjjjjjjjjjjjj. Oxycontin, Percocet, or Vicodin
kkkkkkkkkkkkkkkkkkkkkkkkkk. Other prescription drug (please specify): _____
lllllllllllllllllllllllllll. None
mmmmmmmmmmmmmmmmmmmmmmmm. I prefer not to answer

223. In the past 30 days, have you used any of the following illicit drugs? Check all that apply.
nnnnnnnnnnnnnnnnnnnnnnnnnn. Molly or Ecstasy
oooooooooooooooooooooooooooo. 'shrooms, LSD/acid, or DMT
pppppppppppppppppppppppppppp. Cocaine, amphetamine, or methamphetamine
qqqqqqqqqqqqqqqqqqqqqqqqqqq. Heroin or fentanyl
rrrrrrrrrrrrrrrrrrrrrrrrrrrr. Other drug (please specify): _____
sssssssssssssssssssssssssss. None
tttttttttttttttttttttttttttt. I prefer not to answer

224. How often are you around friends when they are vaping nicotine?
uuuuuuuuuuuuuuuuuuuuuuuuuuu. Never
vvvvvvvvvvvvvvvvvvvvvvvvvvvv. Rarely
wwwwwwwwwwwwwwwwwwwwwwwwww. Sometimes
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx. Often
yyyyyyyyyyyyyyyyyyyyyyyyyyyyyy. Very often

225. How often are you around family members when they are vaping nicotine?
zzzzzzzzzzzzzzzzzzzzzzzzzzzz. Never
aaaaaaaaaaaaaaaaaaaaaaaaaaaaa. Rarely
bbbbbbbbbbbbbbbbbbbbbbbbbbbbb. Sometimes
cccccccccccccccccccccccccccc. Often
ddddddddddddddddddddddddddddd. Very often

226. How often do you see people at school vaping nicotine?
eeeeeeeeeeeeeeeeeeeeeeeeeeee. Never
ffffffffffffffffffffffffffff. Rarely
gggggggggggggggggggggggggggg. Sometimes
hhhhhhhhhhhhhhhhhhhhhhhhhhhh. Often
iiiiiiiiiiiiiiiiiiiiiiiiiii. Very often

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227. On a typical day, are you exposed to vapor from a nicotine vape in any of the following locations? Check all that apply.

- jjjjjjjjjjjjjjjjjjjjjj. Home
- kkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk. Workplace
- llllllllllllllllllllll. Vehicle
- mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm. School
- nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn. Other setting (please specify): _____
- oooooooooooooooooooooooooooooooooooo. None

228. On a typical day, are you exposed to cigarette or cigar smoke in any of the following locations? Check all that apply.

- pppppppppppppppppppppppppppppppppppppp. Home
- qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq. Workplace
- rr. Vehicle
- ssssssssssssssssssssssssssssssssssssss. School
- tt. Other setting (please specify): _____
- uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu. None

229. On a typical day, are you exposed to smoke or vapor from cannabis, including from a weed pen, joint, blunt, bowl, or bong, in any of the following locations? Check all that apply.

- vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv. Home
- wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww. Workplace
- xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx. Vehicle
- yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy. School
- zz. Other setting (please specify): _____
- aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa. None

Your Contact Information

Project MARVEL includes more studies that you may be eligible for. If you are eligible and you choose to participate in the other studies, you will receive gift card incentives.

We need your contact information so that we can reach you if you are eligible to participate in other Project MARVEL studies. However, you are not required to provide any contact information.

As a reminder, your responses will not be shared with anyone outside of the study team, such as parents, guardians, teachers, coaches, or other school officials.

- 230. Your first name: _____
- 231. Your preferred name (if different from above): _____
- 232. Your last name: _____

[\[If parent/guardian gave permission for contact by email\]](#)

233. Your parent/guardian has given us permission to contact you using your email address, but here you have the option to accept or decline this contact. If you would like to receive study-related emails, including invitations and reminders, please enter your preferred email address: _____

Project MARVEL Survey

(Please note that if you use your school email address, school administrators may see that you are invited to participate in other Project MARVEL studies, but they will not be able to see any of your responses to the survey questions. If you prefer to use your personal email address, please list that.)

[If parent/guardian gave permission for contact by email]

234. Re-enter your email address: _____

[If parent/guardian gave permission for contact by cell phone]

235. Your parent/guardian has given us permission to contact you using your cell phone, but here you have the option to accept or decline this contact. If you would like to receive study-related texts and/or calls, including invitations and reminders, please enter your cell phone number with area code:

(___) ___ - ____

[If parent/guardian gave permission for contact by cell phone]

236. Re-enter your cell phone number:

(___) ___ - ____

You are almost finished with the survey.

Project MARVEL involves other research studies for which you may be eligible. These include a Lab Study, where you would complete some questionnaires, provide biological samples (urine, blood, nasal swabs), and a Qualitative Study, where you would do an interview with one of our study staff, who will ask you about your health, habits, and daily life. Just like this survey, you will receive gift cards for completing those studies. You can earn up to \$440 for the Lab Study and up to \$100 for the Qualitative Study.

If you are selected to participate in the other studies, we will need to contact your parent(s) or guardian(s) to confirm your eligibility, even if you are 18 or older. Please provide contact information for at least one parent or guardian, below. Just like with this survey, any responses you provide will NOT be shared with anyone outside of the study team.

You are not required to provide any contact information for your parent(s) or guardian(s). If you would like to skip this page, please click NEXT and then CONTINUE on the pop-up. The next page will confirm your email address for the electronic gift card and allow you to SUBMIT the survey.

Parent or Guardian #1

237. First name: _____

238. Last name: _____

239. What is this parent/guardian's relationship to you?
bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb. Mother / Stepmother
cccccccccccccccccccccccccccccc. Foster mother
dddddddddddddddddddddddddddddd. Father / Stepfather
eeeeeeeeeeeeeeeeeeeeeeeeeeeeeee. Foster father
ffffffffffffffffffffffffffff. Grandmother
gggggggggggggggggggggggggggggg. Grandfather

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hh. Other related adult
iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii. Other non-related adult

- 240. Cell phone number (with area code): _____
- 241. Home phone number (with area code), if different from cell phone number: _____
- 242. Email address: _____
- 243. What is their preferred or primary language?
jj. English
kk. Spanish
ll. Another language (please specify): _____

Parent or Guardian #2

- 244. First name: _____
- 245. Last name: _____
- 246. What is this parent/guardian's relationship to you?
 - a. Mother / Stepmother
 - b. Foster mother
 - c. Father / Stepfather
 - d. Foster father
 - e. Grandmother
 - f. Grandfather
 - g. Other related adult
 - h. Other non-related adult
- 247. Cell phone number (with area code): _____
- 248. Home phone number (with area code), if different from cell phone number: _____
- 249. Email address: _____
- 250. What is their preferred or primary language?
mm. English
nn. Spanish
oooooooooooooooooooooooooooooooooooo. Another language (please specify): _____

Survey Compensation

Please confirm your email address for payment below.

Your \$15 payment will come from Tango, a site where you can choose from a variety of gift cards. It may take 1-2 business days for the gift card email to arrive. Please check your spam folder if you do not receive the email.

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You will also be entered into the weekly drawing for a \$25 electronic gift card. One out of every 100 people will win a gift card. The winners are drawn every Friday.

The email address we have on file for you is: [\(student's email address\)](#)

251. If you would like to use a different email address instead, please enter it: _____

End Page

Thank you for your responses!

Project MARVEL is about students' health and wellbeing. If you are feeling stressed or have other emotional or mental health concerns, you are not alone. Help is available. We have put together some resources about health and wellbeing that you can read and share with family and friends. Visit the Project MARVEL website at <https://school.wakehealth.edu/departments/social-sciences-and-health-policy/project-marvel>

If you or someone you know is struggling or in crisis, you can call or text 988 or chat 988lifeline.org to get help anytime. You can also call 911 or go to your nearest hospital emergency department if you need help right away.