



Wake Forest University
School of Medicine

Project MARVEL Survey

Project MARVEL Survey

Project MARVEL Survey

1. Please enter your student ID: _____
2. Please confirm your student ID by entering it again: _____
3. 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)
4. Please confirm your full legal first name by entering it again: _____
5. Please enter your full legal last name: _____
6. Please confirm your full legal last name by entering it again: _____
7. What is your date of birth? _____
8. Please confirm your date of birth: _____
9. In what school are you currently enrolled? [List of partner high schools]
10. What grade are you in?
 - a. 9th grade
 - b. 10th grade
 - c. 11th grade
 - d. 12th grade

First, we will ask some questions about you.

11. [WSFCS only] How many classes are you taking at the Career Center this semester?
 - a. None
 - b. One
 - c. Two
 - d. Three
 - 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? Choose all that apply.

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- 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
- 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

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20. How often do you feel really sad?
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
21. How often do you have fun with friends?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
22. How often do your parents listen to your ideas?
- Always
 - Often
 - Sometimes
 - Rarely
 - 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?
- Yes
 - No
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 haven't used this product in the past 30 days, enter 0.
25. On a scale of 0%-100% (not addicted to extremely addicted), how addicted to vapes that contain nicotine do you think you are?
26. During the past 30 days, what brand of vape with nicotine did you usually use?
- Vuse
 - JUUL
 - Elf Bar
 - NJOY
 - Breeze Smoke
 - Some other brand (Please specify): _____
 - I'm not sure
27. Have you ever been curious about using a vape with nicotine?
- Not at all
 - A little
 - Somewhat
 - Very

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28. Do you think you will use a vape with nicotine in the next year?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
29. If one of your best friends were to offer you a vape with nicotine, would you try it?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
30. Have you ever used a pen, disposable (“dispo”), or cartridge (“cart”) with something other than nicotine, even one or two puffs? This includes weed, synthetic weed, and flavored vapes without nicotine.
- Yes
 - No
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 haven’t used any of these products in the past 30 days, enter 0.
32. Have you ever smoked a cigarette, even one or two puffs?
- Yes
 - No
33. In the past 30 days, on how many days did you smoke a cigarette, even one or two puffs? If you haven’t used this product in the past 30 days, enter 0.
34. Have you ever smoked a cigar, little cigar, or cigarillo, even one or two puffs?
- Yes
 - No
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 haven’t used any of these products in the past 30 days, enter 0.
36. Have you ever smoked tobacco in a hookah, even one or two puffs?
- Yes
 - No
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.
38. Have you ever used a smokeless tobacco product such as dip, chew, snuff, or snus?
- Yes
 - No
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 haven’t used any of these products in the past 30 days, enter 0.

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40. Have you ever used an oral nicotine product such as Zyn, On!, or Lucy?
- Yes
 - No
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 haven't used this product in the past 30 days, enter 0.
42. Have you ever used any other tobacco or nicotine product such as pipe, cloves, or heat-not-burn?
- Yes
 - No
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 haven't used any of these products in the past 30 days, enter 0.

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

44. In the past 7 days, I felt stressed.
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
45. In the past 7 days, I felt that my problems kept piling up.
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
46. In the past 7 days, I felt overwhelmed.
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
47. In the past 7 days, I felt unable to manage things in my life.
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
48. In the past 7 days, my heart beat faster than usual, even when I was not exercising or playing hard.
- Never
 - Rarely
 - Sometimes
 - Often
 - Always

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

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

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

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

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

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

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

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

- a. 0 teams
- b. 1 team
- c. 2 teams

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- d. 3 or more teams
55. Which of these best describes your sexual orientation?
- a. Straight
 - b. Lesbian or gay
 - c. Bisexual
 - d. Pansexual
 - e. Asexual
 - f. Queer
 - g. Something else
 - h. I'm not sure
 - i. 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?
- a. Less than high school
 - b. GED
 - c. High school degree
 - d. Some college or technical schooling, including Associate degree
 - e. Four-year college degree (Bachelor's degree)
 - f. More than four-year college degree (For example: MA, MS, MBA, PhD, MD, JD)
 - g. I'm not sure
57. During the past 30 days, how many whole days of school have you missed because you skipped or "cut"?
- a. None
 - b. 1 day
 - c. 2 days
 - d. 3 days
 - e. 4-5 days
 - f. 6-10 days
 - g. 11 days or more
58. Which one of the following best describes your average grades this semester?
- a. A (93-100)
 - b. A- (90-92)
 - c. B+ (87-89)
 - d. B (83-86)
 - e. B- (80-82)
 - f. C+ (77-79)
 - g. C (73-76)
 - h. C- (70-72)
 - i. 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?
- a. Yes
 - b. No

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c. I'm not sure

61. How old were you when you were 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.

- a. Yes
- b. No
- c. I'm not sure

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)?

- a. Yes
- b. No
- c. I'm not sure

65. Were you born prematurely?

- a. Yes
- b. No
- c. I'm not sure

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

- a. Yes
- b. No
- c. 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 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?

- a. Yes
- b. No
- c. I'm not sure

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

- a. Yes
- b. No
- c. 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

- a. Never

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- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

70. Cough frequently throughout the day

- a. Never
- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

71. Wheezing

- a. Never
- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

72. Shortness of breath when walking

- a. Never
- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

73. Shortness of breath during exercise or walking up stairs

- a. Never
- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

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

- a. Never
- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

75. Pain or tightness in the chest

- a. Never
- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

76. Getting very tired in a short time

- a. Never

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- b. Less than once per week
- c. 1-2 times per week
- d. Several times per week
- e. Every day

Please select the response that is most true for you.

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

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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83. In the past 7 days, it was hard to take a deep breath because of my asthma.
- Never
 - Almost never
 - Sometimes
 - Often
 - Almost always
84. In the past 7 days, my asthma bothered me.
- Never
 - Almost never
 - Sometimes
 - Often
 - 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.

85. How old were you when you first vaped nicotine?
86. Have you ever vaped nicotine fairly regularly?
- Yes
 - No
87. How soon after you wake up do you want to vape nicotine?
- Within 5 minutes
 - From 6 to 30 minutes
 - From more than 30 minutes to 1 hour
 - After more than 1 hour but less than 24 hours
 - I rarely want to vape nicotine
88. Do you use a vape that you own or do you use a vape that belongs to another person?
- I use my own vape
 - I use other people's vapes
 - I use my own vape and I use other people's vapes
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?
90. Each time you pick up a vape to use it, about how many puffs do you take?
91. Which type of nicotine vape did you use most often in the past 30 days?
- One you throw away when you're done
 - One you recharge and use pre-filled cartridges or pods in
 - One you recharge and open to refill with e-liquid
 - Another type (please specify): _____
92. What flavor of nicotine vape did you use most often during the past 30 days?
93. What nicotine level do you typically use?
- 0 mg/mL (0%) (No nicotine)

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- b. 1-10 mg/mL (0.1-1.0%)
- c. 11-24 mg/mL (1.1-2.4%)
- d. 25-49 mg/mL (2.5-4.9%)
- e. 50 mg/mL or more (5.0+%)
- f. I'm not sure

These next questions are about your experiences vaping nicotine.

94. Have you ever tried to quit vaping nicotine, but couldn't?
- a. Yes
 - b. No
95. Do you vape nicotine now because it is really hard to quit?
- a. Yes
 - b. No
96. Have you ever felt like you were addicted to nicotine?
- a. Yes
 - b. No
97. Do you ever have strong cravings to vape nicotine?
- a. Yes
 - b. No
98. Have you ever felt like you needed to vape nicotine?
- a. Yes
 - b. No
99. Is it hard to keep from vaping nicotine in places where you are not supposed to, like school?
- a. Yes
 - b. No

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

100. Did you find it hard to concentrate because you couldn't vape nicotine?
- a. Yes
 - b. No
101. Did you feel more irritable because you couldn't vape nicotine?
- a. Yes
 - b. No
102. Did you feel a strong need or urge to vape nicotine?
- a. Yes
 - b. No
103. Did you feel nervous, restless, or anxious because you couldn't vape nicotine?
- a. Yes
 - b. 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.
105. Have your parent(s) or guardian(s) ever seen or caught you vaping nicotine?
- Yes
 - No
106. Did your parent(s) or guardian(s)... (check all that apply)
- Talk to you about vaping nicotine
 - Take away your nicotine vape
 - Take away your privileges or punish you
 - Do nothing
107. Have you ever been caught vaping nicotine at school?
- Yes
 - No
108. Did someone at your school... (check all that apply)
- Talk to you about vaping nicotine
 - Take away your nicotine vape
 - Take away privileges or punish you
 - Contact your parent/guardian
 - Do nothing
109. Has a friend, peer, or significant other ever told you they don't like it when you vape nicotine?
- Yes
 - No
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)
- Cough
 - Dizziness or lightheadedness
 - Headache or migraine
 - Dry or irritated mouth or throat
 - Shortness of breath
 - Change in or loss of taste
 - Other (please specify): _____
 - I did not experience any symptoms

Please read each of the following statements and indicated 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.
- Almost never
 - Sometimes
 - Often
 - Very often
 - Almost always
112. I finish whatever I begin.

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- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

113. I am optimistic about my future.

- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

114. I feel happy.

- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

115. When I do an activity, I enjoy it so much that I lose track of time.

- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

116. I have a lot of fun.

- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

117. I get completely absorbed in what I am doing.

- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

118. I love life.

- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

119. I keep at my schoolwork until I have done with it.

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- a. Almost never
- b. Sometimes
- c. Often
- d. Very often
- e. Almost always

120. When I have a problem, I have someone who will be there for me.
- a. Almost never
 - b. Sometimes
 - c. Often
 - d. Very often
 - e. Almost always
121. I get so involved in activities that I forget about everything else.
- a. Almost never
 - b. Sometimes
 - c. Often
 - d. Very often
 - e. Almost always
122. When I am learning new, I lose track of how much time has passed.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
123. In uncertain times, I expect the best.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
124. There are people in my life who really care about me.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
125. I think good things are going to happen to me.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
126. I have friends that I really care about.

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- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
127. Once I make a plan to get something done, I stick to it.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
128. I believe that things will work out, no matter how difficult they seem.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
129. I am a hard worker.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me
130. I am a cheerful person.
- a. Not at all like me
 - b. A little like me
 - c. Somewhat like me
 - d. Mostly like me
 - e. Very much like me

The next questions are about your use of tobacco products.

131. How old were you when you first smoked a cigarette?
132. Have you ever smoked cigarettes fairly regularly?
- a. Yes
 - b. No
133. How old were you when you first smoked a cigar, little cigar, or cigarillo?
134. Have you ever smoked cigars, little cigars, or cigarillos fairly regularly?
- a. Yes
 - b. No

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135. How old were you when you first smoked tobacco in a hookah?
136. Have you ever smoked tobacco in a hookah fairly regularly?
a. Yes
b. No
137. How old were you when you first used a smokeless tobacco product?
138. Have you ever used smokeless tobacco products fairly regularly?
a. Yes
b. No
139. How old were you when you first used an oral nicotine product?
140. Have you ever used an oral nicotine product fairly regularly?
a. Yes
b. No
141. How old were you when you first used the other tobacco or nicotine product?
142. Have you ever used any other tobacco or nicotine product fairly regularly?
a. Yes
b. No

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

143. In the past 7 days, I felt accepted by other kids my age.
a. Never
b. Almost never
c. Sometimes
d. Often
e. Almost always
144. In the past 7 days, I was able to count on my friends.
a. Never
b. Almost never
c. Sometimes
d. Often
e. Almost always
145. In the past 7 days, I was able to talk about everything with my friends.
a. Never
b. Almost never
c. Sometimes
d. Often
e. Almost always
146. In the past 7 days, I was good at making friends.
a. Never
b. Almost never

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- c. Sometimes
- d. Often
- e. Almost always

147. In the past 7 days, my friends and I helped each other out.

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

148. In the past 7 days, other kids wanted to be my friend.

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

149. In the past 7 days, other kids wanted to be with me.

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

150. In the past 7 days, other kids wanted to talk to me.

- a. Never
- b. Almost never
- c. Sometimes
- d. Often
- e. Almost always

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

151. In the past 4 weeks, I felt I had a strong relationship with my family.

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

152. In the past 4 weeks, I felt really important to my family.

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

153. In the past 4 weeks, I got all the help I needed from my family.

- a. Never

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- b. Rarely
- c. Sometimes
- d. Often
- e. Always

154. In the past 4 weeks, my family and I had fun together.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always

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

155. Thinking about my life, I feel hopeful about my future.
- a. Not at all
 - b. A little bit
 - c. Somewhat
 - d. Quite a bit
 - e. Very much
156. Thinking about my life, I can reach my goals in life.
- a. Not at all
 - b. A little bit
 - c. Somewhat
 - d. Quite a bit
 - e. Very much
157. Thinking about my life, my life is filled with meaning.
- a. Not at all
 - b. A little bit
 - c. Somewhat
 - d. Quite a bit
 - e. Very much
158. Thinking about my life, my life has purpose.
- a. Not at all
 - b. A little bit
 - c. Somewhat
 - d. Quite a bit
 - e. Very much

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

159. In the past 7 days, I had difficulty falling asleep.
- a. Never
 - b. Almost never
 - c. Sometimes
 - d. Almost always
 - e. Always

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160. In the past 7 days, I slept through the night.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always
161. In the past 7 days, I had a problem with my sleep.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always
162. In the past 7 days, I had trouble sleeping.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always
163. In the past 7 days, I was sleepy during the daytime.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always
164. In the past 7 days, I had a hard time concentrating because I was sleepy.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always
165. In the past 7 days, I had a hard time getting things done because I was sleepy.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always
166. In the past 7 days, I had problems during the day because of poor sleep.
- Never
 - Almost never
 - Sometimes
 - Almost always
 - Always

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

167. In the past 4 weeks, I have to use written lists more often than other people my age so I will not forget things.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
168. In the past 4 weeks, it is hard for me to pay attention to one thing for more than 5-10 minutes.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
169. In the past 4 weeks, I have trouble keeping track of what I am doing if I get interrupted.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
170. In the past 4 weeks, I have to read things several times to understand them.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
171. In the past 4 weeks, I forget things easily.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
172. In the past 4 weeks, I have to work really hard to pay attention or I make mistakes.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
173. In the past 4 weeks, I have trouble remembering to do things like school projects or chores.
- None of the time
 - A little of the time
 - Some of the time
 - Most of the time

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- e. All of the time
174. How old were you the first time used a pen, disposable (“dispo”), or cartridge (“cart”)?
175. Have you ever used a pen, disposable (“dispo”), or cartridge (“cart”) fairly regularly?
- a. Yes
 - b. No
176. In the past 30 days, which substance(s) have you used in a pen, disposable (“dispo”), or cartridge (“cart”) ? Check all that apply.
- a. Weed, THC, delta-9, delta-8, and/or delta-10
 - b. CBD
 - c. Caffeine
 - d. Melatonin
 - e. Vitamins
 - f. Other (please specify): _____
 - g. 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).

177. 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.
178. 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)?
179. In the past 30 days, on how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages?
- a. 0 occasions
 - b. 1-2 occasions
 - c. 3-5 occasions
 - d. 6-9 occasions
 - e. 10-19 occasions
 - f. 20-39 occasions
 - g. 40 or more occasions

The next questions ask about your use of cannabis products. This includes delta-8, delta-9 (also called THC, marijuana, weed), and delta-10.

180. Have you ever used any of the following cannabis products? (Yes / No / I’m not sure / I prefer not to answer)
- a. Delta-8
 - b. Delta-9 (also called THC, marijuana, weed)
 - c. Delta-10
181. How old were you the first time you used delta-9 (THC, marijuana, weed)?

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182. Have you ever used delta-9 (THC, marijuana, weed) fairly regularly?
- Yes
 - No
183. The last time you used delta-9 (THC, marijuana, weed), how did you use it?
- I smoked it (rolling papers, bowl, bong, blunt, hookah)
 - I vaped it / used a weed pen)
 - I ate or drank it
 - I used it some other way (please specify): _____
184. In the past 30 days, on how many days did you use delta-9 (THC, marijuana, weed). If you did not use delta-9 in the past 30 days, enter 0.
185. How old were you the first time you used delta-8 or delta-10?
186. Have you ever used delta-8 or delta-10 fairly regularly?
- Yes
 - No
187. The last time you used delta-8 or delta-10, how did you use it?
- I smoked it (rolling papers, bowl, bong, blunt, hookah)
 - I vaped it / used a weed pen
 - I ate or drank it
 - I used it in some other way (please specify): _____
188. In the past 30 days, on how many days did you use delta-8 and/or delta-10? If you did not use delta-8 or delta-10 in the past 30 days, enter 0.
189. 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.
- Adderall, Ritalin, Vyvanse, or other stimulant
 - Valium, Klonopin, Ativan, Xanax, or Ketamine
 - Oxycontin, Percocet, or Vicodin
 - Other prescription drug (please specify): _____
 - None
 - I prefer not to answer
190. In the past 30 days, have you used any of the following illicit drugs? Check all that apply.
- Molly or Ecstasy
 - 'shrooms, LSD/acid, or DMT
 - Cocaine, amphetamine, or methamphetamine
 - Heroin or fentanyl
 - Other drug (please specify): _____
 - None
 - I prefer not to answer
191. How often are you around friends when they are vaping nicotine?
- Never

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- b. Rarely
- c. Sometimes
- d. Often
- e. Very often

192. How often are you around family members when they are vaping nicotine?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Very often

193. How often do you see people at school vaping nicotine?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Very often

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

- a. Home
- b. Workplace
- c. Vehicle
- d. School
- e. Other setting (please specify): _____
- f. None

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

- a. Home
- b. Workplace
- c. Vehicle
- d. School
- e. Other setting (please specify): _____
- f. None

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

- a. Home
- b. Workplace
- c. Vehicle
- d. School
- e. Other setting (please specify): _____
- f. None

Your Contact Information

Project MARVEL Survey

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.

197. Your first name: _____
198. Your preferred name (if different from above): _____
199. Your last name: _____
200. 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: _____
(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.)
201. Re-enter your email address: _____
202. 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:

203. Re-enter your cell phone number: _____

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. 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

204. First name: _____
205. Last name: _____

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206. What is this parent/guardian's relationship to you?
- Mother / Stepmother
 - Foster mother
 - Father / Stepfather
 - Foster father
 - Grandmother
 - Grandfather
 - Other related adult
 - Other non-related adult
207. Does this parent or guardian understand, speak, and read English?
- Yes
 - No
208. If no, what is their preferred or primary language?
209. Cell phone number (with area code): _____
210. Home phone number (with area code), if different from cell phone number: _____
211. Email address: _____

Parent or Guardian #2

212. First name: _____
213. Last name: _____
214. What is this parent/guardian's relationship to you?
- Mother / Stepmother
 - Foster mother
 - Father / Stepfather
 - Foster father
 - Grandmother
 - Grandfather
 - Other related adult
 - Other non-related adult
215. Does this parent or guardian understand, speak, and read English?
- Yes
 - No
216. If no, what is their preferred or primary language?
217. Cell phone number (with area code): _____
218. Home phone number (with area code), if different from cell phone number: _____

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219. Email address: _____

Please complete this page by clicking SUBMIT to receive your gift card. An email is required for the gift card.

Thank you for completing Wave 1 of the Project MARVEL Survey! Wave 2 will be sent to you in about 6 months.

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.

Contact the study team at marvelstudy@wakehealth.edu or 336-716-4313 with any questions or concerns.

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

220. 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.