



Wake Forest University
School of Medicine

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 (2024-2025 Academic Year)?
 - ☐ 9th grade
 - ☐ 10th grade
 - ☐ 11th grade
 - ☐ 12th grade

(ASSENT FORM)

First, we will ask some questions about you.

8. What type of school do you go to?
 - ☐ Public (including Charter)
 - ☐ Private
 - ☐ Homeschool
 - ☐ 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".
 - ☐ 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?
 - ☐ None
 - ☐ One
 - ☐ Two
 - ☐ Three
 - ☐ Four
 - ☐ Five
 - ☐ Six

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

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

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

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Some other race (please specify): _____
- ☐ I prefer not to answer

14. What is your sex?

- ☐ Female
- ☐ Male
- ☐ I prefer not to answer

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

19. How often do you feel really sad?

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- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

20. How often do you have fun with friends?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

21. 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.

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

- ☐ Yes
- ☐ No

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

23. 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

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

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

_____ %

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

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

- ☐ Vuse
- ☐ JUUL
- ☐ Elf Bar
- ☐ NJOY
- ☐ Breeze Smoke
- ☐ Geek Bar
- ☐ Lost Mary
- ☐ Some other brand (Please specify): _____
- ☐ I'm not sure

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

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

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Very

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

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

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

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

28. 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

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

- ☐ Yes
- ☐ No

[If ever used vape with something other than nicotine]

30. 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

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

- ☐ Yes
- ☐ No

[If ever smoked a cigarette]

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32. 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

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

- ☐ Yes
- ☐ No

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

34. 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

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

- ☐ Yes
- ☐ No

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

36. 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

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

- ☐ Yes
- ☐ No

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

38. 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

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

- ☐ Yes
- ☐ No

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

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40. 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

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

- ☐ Yes
- ☐ No

[\[If ever used another type of tobacco/nicotine product\]](#)

42. 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.

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

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- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If does not qualify, end survey

Thank you for your responses. You do not qualify for the Project MARVEL Survey. However, you will be entered into a drawing for a \$25 electronic gift card to the store of your choice. One of out every 100 people will win a gift card.

If you win a gift card, you will receive an email from a company called Tango. Please 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 qualifies for the survey, continue

Thank you for your responses. You qualify for the Project MARVEL 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 PAGE to begin the survey.

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

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_____ ft _____ in

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

_____ pounds

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

- ☐ 0 teams
- ☐ 1 team
- ☐ 2 teams
- ☐ 3 or more teams

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

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

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

- ☐ None
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4-5 days
- ☐ 6-10 days
- ☐ 11 days or more

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

- ☐ A (93-100)
- ☐ A- (90-92)
- ☐ B+ (87-89)
- ☐ B (83-86)
- ☐ B- (80-82)
- ☐ C+ (77-79)
- ☐ C (73-76)
- ☐ C- (70-72)
- ☐ D (69 or below)

57. 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.

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

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- ☐ Yes
- ☐ No
- ☐ I'm not sure

[If diagnosed with asthma]

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

[If diagnosed with asthma]

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

- ☐ Yes
- ☐ No
- ☐ I'm not sure

[If diagnosed with asthma]

61. 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. _____

62. 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)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

63. Were you born prematurely?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

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

- ☐ Yes
- ☐ No
- ☐ I'm not sure

65. 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?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

[If had a concussion]

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

- ☐ Yes
- ☐ No
- ☐ I'm not sure

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

67. Cough first thing in the morning

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

68. Cough frequently throughout the day

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

69. Wheezing

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

70. Shortness of breath when walking

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

71. Shortness of breath during exercise or walking up stairs

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

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

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

73. Pain or tightness in the chest

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- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

74. Getting very tired in a short time

- ☐ Never
- ☐ Less than once per week
- ☐ 1-2 times per week
- ☐ Several times per week
- ☐ Every day

Please select the response that is most true for you.

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

[If diagnosed with asthma]

82. 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.

[If ever vaped nicotine]

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

[If ever vaped nicotine]

84. Have you ever vaped nicotine fairly regularly?

- ☐ Yes
- ☐ No

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

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85. 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

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

86. 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

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

87. 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]

88. 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]

89. 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): _____

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

90. 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]

91. What nicotine level do you typically use?

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

These next questions are about your experiences vaping nicotine.

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ 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]

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

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

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

- ☐ Yes
- ☐ No

102. 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.

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

103. Have your parent(s) or guardian(s) ever seen or caught you vaping nicotine?
- ☐ Yes
 - ☐ No

[If caught vaping by parents]

104. 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

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

105. Have you ever been caught vaping nicotine at school?
- ☐ Yes
 - ☐ No

[If caught vaping by someone at school]

106. 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

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

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

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

108. 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 indicate how much each statement describes you.

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

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- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

110. I finish whatever I begin.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

111. I am optimistic about my future.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

112. I feel happy.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

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

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

114. I have a lot of fun.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

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

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Very often
- ☐ Almost always

116. I love life.

- ☐ Almost never
- ☐ Sometimes

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

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- ☐ Somewhat like me
 - ☐ Mostly like me
 - ☐ Very much like me
124. I have friends that I really care about.
- ☐ Not at all like me
 - ☐ A little like me
 - ☐ Somewhat like me
 - ☐ Mostly like me
 - ☐ Very much like me
125. Once I make a plan to get something done, I stick to it.
- ☐ Not at all like me
 - ☐ A little like me
 - ☐ Somewhat like me
 - ☐ Mostly like me
 - ☐ Very much like me
126. I believe that things will work out, no matter how difficult they seem.
- ☐ Not at all like me
 - ☐ A little like me
 - ☐ Somewhat like me
 - ☐ Mostly like me
 - ☐ Very much like me
127. I am a hard worker.
- ☐ Not at all like me
 - ☐ A little like me
 - ☐ Somewhat like me
 - ☐ Mostly like me
 - ☐ Very much like me
128. I am a cheerful person.
- ☐ Not at all like me
 - ☐ A little like me
 - ☐ Somewhat like me
 - ☐ Mostly like me
 - ☐ Very much like me

The next questions are about your use of tobacco products.

[If ever smoked a cigarette]

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

[If ever smoked a cigarette]

130. Have you ever smoked cigarettes fairly regularly?

- ☐ Yes

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- ☐ No

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

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

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

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

- ☐ Yes
- ☐ No

[If ever smoked hookah]

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

[If ever smoked hookah]

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

- ☐ Yes
- ☐ No

[If ever used smokeless tobacco]

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

[If ever used smokeless tobacco]

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

- ☐ Yes
- ☐ No

[If ever used an oral nicotine product]

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

[If ever used an oral nicotine product]

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

- ☐ Yes
- ☐ No

[If ever used another tobacco/nicotine product]

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

[If ever used another tobacco/nicotine product]

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

- ☐ Yes
- ☐ 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]

Project MARVEL Survey

141. **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.

142. In the past 7 days, I felt accepted by other kids my age.
- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Often
 - ☐ Almost always
143. In the past 7 days, I was able to count on my friends.
- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Often
 - ☐ Almost always
144. In the past 7 days, I was able to talk about everything with my friends.
- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Often
 - ☐ Almost always
145. In the past 7 days, I was good at making friends.
- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Often
 - ☐ Almost always
146. In the past 7 days, my friends and I helped each other out.
- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Often
 - ☐ Almost always
147. In the past 7 days, other kids wanted to be my friend.
- ☐ Never

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- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

153. In the past 4 weeks, my family and I had fun together.

- ☐ Never

Project MARVEL Survey

- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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

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

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

158. In the past 7 days, I had difficulty falling asleep.
- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Almost always
 - ☐ Always
159. In the past 7 days, I slept through the night.
- ☐ Never

Project MARVEL Survey

- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

160. In the past 7 days, I had a problem with my sleep.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

161. In the past 7 days, I had trouble sleeping.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

162. In the past 7 days, I was sleepy during the daytime.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

163. In the past 7 days, I had a hard time concentrating because I was sleepy.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

164. In the past 7 days, I had a hard time getting things done because I was sleepy.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

165. In the past 7 days, I had problems during the day because of poor sleep.

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost always
- ☐ Always

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

Project MARVEL Survey

166. 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
167. 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
168. 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
169. 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
170. 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
171. 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
172. In the past 4 weeks, I have trouble remembering to do things like school projects or chores.
- ☐ None of the time

Project MARVEL Survey

- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ 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]

173. 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]

174. Have you ever used a pen, disposable (“dispo”), or cartridge (“cart”) that **DID NOT** contain nicotine, cannabis, THC, or CBD fairly regularly?

- ☐ Yes
- ☐ No

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

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

- ☐ Caffeine
- ☐ Melatonin
- ☐ Vitamins
- ☐ Flavors
- ☐ Other (please specify): _____
- ☐ 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).

176. 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]

177. 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]

Project MARVEL Survey

178. In the past 30 days, on how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages?
- ☐ 0 occasions
 - ☐ 1-2 occasions
 - ☐ 3-5 occasions
 - ☐ 6-9 occasions
 - ☐ 10-19 occasions
 - ☐ 20-39 occasions
 - ☐ 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.

179. Have you ever used cannabis in any form?
- ☐ Yes
 - ☐ No

[\[If ever used cannabis in any form\]](#)

180. How old were you the first time you used cannabis in any form?

[\[If ever used cannabis in any form\]](#)

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

[\[If ever smoked cannabis in a joint, bowl, bong, or hookah\]](#)

182. Have you ever smoked cannabis in a joint, bowl, bong, or hookah fairly regularly?
- ☐ Yes
 - ☐ No

[\[If ever smoked cannabis in blunt\]](#)

Project MARVEL Survey

183. Have you ever smoked cannabis in a blunt (cigar wrapper filled with cannabis) fairly regularly?
- ☐ Yes
 - ☐ No

[If ever smoked cannabis in a spliff]

184. Have you ever smoked cannabis in a spliff (mix of loose tobacco and cannabis in a rolling paper) fairly regularly?
- ☐ Yes
 - ☐ No

[If ever vaped cannabis oil]

185. Have you ever vaped cannabis oil in a weed pen, dispo, or cart fairly regularly?
- ☐ Yes
 - ☐ No

[If ever vaped cannabis concentrate]

186. Have you ever vaped cannabis by heating a solid concentrate such as budder, hash, or shatter fairly regularly?
- ☐ Yes
 - ☐ No

[If ever used dabs]

187. Have you ever used dabs fairly regularly?
- ☐ Yes
 - ☐ No

[If ever used edibles]

188. Have you ever eaten or drank cannabis (used edibles) fairly regularly?
- ☐ Yes
 - ☐ No

[If ever used cannabis in another way]

189. Have you ever used cannabis in some other way fairly regularly?
- ☐ Yes
 - ☐ No

[If ever used cannabis in any form]

190. 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]

Project MARVEL Survey

191. 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]

192. 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]

193. 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

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

194. 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]

195. 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]

196. 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]

Project MARVEL Survey

197. 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]

198. 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]

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

- ☐ Yes
- ☐ No

[If ever used a THC product]

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

- ☐ Delta-8 THC
- ☐ Delta-9 THC
- ☐ Delta-10 THC
- ☐ I don't know

[If ever used a THC product]

201. 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]

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

[If ever used delta-9 THC]

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

- ☐ Yes
- ☐ No

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

204. 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]

Project MARVEL Survey

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

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

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

- a. Yes
- b. No

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

207. 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]

208. Have you ever used cannabis containing CBD?

- ☐ Yes
- ☐ No

[If ever used CBD]

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

[If ever used CBD]

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

- ☐ Yes
- ☐ No

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

211. 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]

212. Have you ever been curious about using cannabis?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Very

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

Project MARVEL Survey

213. Do you think you will use cannabis in the next year?

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

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

214. If one of your best friends were to offer you cannabis, would you try it?

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

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

215. During the past year, did you think your use of cannabis was out of control?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

216. During the past year, did the idea of not being able to use cannabis make you anxious or worried?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

217. During the past year, did you worry about your use of cannabis?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

218. During the past year, did you wish you could stop using cannabis?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

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

Project MARVEL Survey

219. During the past year, how difficult did you find it to stop or go without cannabis?
- ☐ Not difficult
 - ☐ Quite difficult
 - ☐ Very difficult
 - ☐ Impossible
220. 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
221. 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
222. How often are you around friends when they are vaping nicotine?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Very often
223. How often are you around family members when they are vaping nicotine?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Very often
224. How often do you see people at school vaping nicotine?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Very often
225. On a typical day, are you exposed to vapor from a nicotine vape in any of the following locations? Check all that apply.

Project MARVEL Survey

- ☐ Home
- ☐ Workplace
- ☐ Vehicle
- ☐ School
- ☐ Other setting (please specify): _____
- ☐ None

226. On a typical day, are you exposed to cigarette or cigar smoke in any of the following locations?

Check all that apply.

- ☐ Home
- ☐ Workplace
- ☐ Vehicle
- ☐ School
- ☐ Other setting (please specify): _____
- ☐ None

227. 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.

- ☐ Home
- ☐ Workplace
- ☐ Vehicle
- ☐ School
- ☐ Other setting (please specify): _____
- ☐ None

BACKUP CONTACT INFORMATION

228. If you have a preferred name that you use (like a nickname), please enter it here: _____

229. Please provide another email address (if you have one) that we may use to contact you if we can't reach you by your primary email: _____

230. Re-enter your email address: _____

OPTIONAL: If we are unable to contact you using either of the email addresses and/or cell phone number you provided when you agree to participate, we'd like to be able to ask someone who knows you for your current contact information. Please provide a name and contact information for one parent or guardian.

*This person will learn that you are participating in the Project MARVEL Survey, but we will **not** share any of your responses with them.*

If you do not want to provide this information, you may leave this section blank and click Next to continue the survey.

231. First name: _____

232. Last name: _____

233. What is this parent/guardian's relationship to you?

Project MARVEL Survey

- ☐ Mother / Stepmother
- ☐ Foster mother
- ☐ Father / Stepfather
- ☐ Foster father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Other related adult
- ☐ Other non-related adult

234. Cell phone number (with area code): _____

235. Home phone number (with area code), if different from cell phone number: _____

236. Email address: _____

237. What is their preferred or primary language?

- ☐ English
- ☐ Spanish
- ☐ Another language (please specify): _____

FUTURE PROJECT MARVEL STUDIES

Project MARVEL includes other studies that you may be eligible for. If you are eligible and choose to participate in the other studies, you will receive additional gift card incentives. You can learn about the other Project MARVEL studies on the Project MARVEL Website, linked at the end of this survey.

Please indicate whether you agree to allow the study team to contact you for future Project MARVEL studies. You may choose to participate or not to participate in the studies at the time you are contacted. 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.

238. May we contact you about future Project MARVEL study opportunities?

***Required**

- ☐ Yes
- ☐ No

[\[If ok to contact student\]](#)

For some Project MARVEL studies, we will need to contact your parent(s) or guardian(s) to ask them some questions, **even if you are 18 or older**.

Just like with this survey, any responses you provide will NOT be shared with your parents or guardians.

[\[If student provided parent/guardian information for backup contact\]](#)

Project MARVEL Survey

You entered this parent/guardian on the previous page: ([Parent/guardian name from previous page](#))

239. May we contact this person about future Project MARVEL studies?
- ☐ Yes
 - ☐ No

[\[If ok to contact that parent/guardian\]](#)

If there is a second parent or guardian we can contact, please enter their information below.

[\[If not ok to contact that parent/guardian\]](#)

Is there another parent/guardian you would like us to contact about future Project MARVEL Studies?

- ☐ Yes
- ☐ No

[\[Second parent/guardian\]](#)

Parent or Guardian #2

240. First name: _____
241. Last name: _____
242. 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
243. Cell phone number (with area code): _____
244. Home phone number (with area code), if different from cell phone number: _____
245. Email address: _____
246. What is their preferred or primary language?
- ☐ English
 - ☐ Spanish
 - ☐ Another language (please specify): _____

[\[If student did not provide parent/guardian information on previous page\]](#)

Please enter contact information for up to two parents or guardians below.

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

Project MARVEL Survey

247. First name: _____
248. Last name: _____
249. 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
250. Cell phone number (with area code): _____
251. Home phone number (with area code), if different from cell phone number: _____
252. Email address: _____
253. What is their preferred or primary language?
- ☐ English
 - ☐ Spanish
 - ☐ Another language (please specify): _____

Parent or Guardian #2

254. First name: _____
255. Last name: _____
256. 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
257. Cell phone number (with area code): _____
258. Home phone number (with area code), if different from cell phone number: _____
259. Email address: _____
260. What is their preferred or primary language?

Project MARVEL Survey

- English
- Spanish
- 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.

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)

261. 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.