

SURVEY OF SUBSTANCE USE AND RELATED RISK FACTORS (SURF) IN MASSACHUSETTS SCHOOLS

Haverhill High School
SY2024-2025 (Fall Report)

Massachusetts General Hospital/Harvard Medical School
Center for Addiction Medicine



HARVARD
MEDICAL SCHOOL



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1 Funding

This report was written by Randi Schuster, PhD (Principal Investigator) and research staff at the Massachusetts General Hospital (MGH) Center for Addiction Medicine (CAM). Funds for this study are provided by the Massachusetts Department of Public Health, Office of Youth & Young Adult Services' federal award by the Substance Abuse and Mental Health Services Administration (INTF2400H78500224455; PI: Schuster), as well as the Patient Centered Outcomes Research Institute (AU-2022C1-26355; PI: Schuster).

2 Background

Adolescence is the developmental period during which emergence of psychiatric illness is likely and vulnerability to negative effects of substance use is highest. To better inform schools about current student behavioral health needs and to monitor the effectiveness of novel interventions on student health and well-being, researchers at the MGH CAM, in partnership with schools across Massachusetts, have administered the Substance Use and Risk Factor (SURF) survey since 2016, which targets trends in mental health, substance use, and related risk and protective factors.

3 Methodology

3.1 Survey Development

Survey items were selected by a panel of experts in adolescent psychological development, drawing from standard assessment batteries and similar nationwide surveys. See the Appendix for a copy of the survey instrument and references for all validated scales included in the SURF survey. All components of the SURF survey were carefully reviewed to use inclusive and culturally sensitive language whenever possible.

The SURF survey is similar to other epidemiological reports, like the CDC's Youth Risk Behavior Surveillance System (YRBSS) survey, but differs in a few key ways:

- It is an annual, versus biannual survey, allowing for more up-to-date data and closer monitoring of trends;
- It is distributed to the entire school, as opposed to randomly selected classrooms;
- Multiple validated psychosocial instruments are embedded within the SURF survey, allowing for more robust measurement of assessed domains (see Appendix).

To increase access to the SURF survey to English language learner (ELL) students in Massachusetts (approximately 19% of students), the survey has been professionally translated by Eriksen Translations, Inc. Translations were performed according to the language needs reported by schools. As of the school year (SY) 2024-2025, the survey was translated into 21 languages, including: Amharic, Arabic, Bengali, Crioulo, Dari, English, Farsi, Filipino, French, Greek, Gujarati, Haitian Creole, Khmer, Kirundi, Mandarin, Portuguese, Russian, Spanish, Turkish, Ukrainian, and Vietnamese.

3.2 Survey Domains

The SURF survey summarizes key behavioral health indicators. Full details on the included measures are available in Appendix:

- Demographic characteristics;



- Mental health symptoms and access to mental health support;
- Substance use;
- Experiences of discrimination (high school only).

Please note that this survey only includes symptom *screeners*, and not formal diagnostic assessments.

3.3 Survey Distribution

Survey data were collected electronically through REDCap, a secure and HIPAA compliant platform for electronic data capture, and hosted on servers internal to Mass General Brigham. A unique link to the survey was distributed to administrations of each school, which distributed the link to students directly or through teachers and staff. The SURF survey was administered through an optout parental consent model in which parents were offered the option to withdraw their child from participation prior to the survey administration date. Students who were not opted out of the survey by their parents/guardians had the option to complete the survey but were told that doing so was voluntary.

3.4 Questions for Longitudinal Linkage

Beginning in SY2020-2021, questions were included at the beginning of the SURF survey to create a unique code with which student records could be linked over each subsequent survey year, without requiring the collection of names, contact number, or other personally identifying information. These questions were adapted from those asked in similar surveys. See Appendix for a list of linking code questions.

3.5 Survey Quality Control

To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Beginning in 2024, blank records were excluded from the dataset. The approach was applied retrospectively to all the waves of the data collection. The number of participants enrolled might differ from the reports distributed in prior years.

4 Participants (Across All Schools)

The SY2024-2025 SURF survey collected data from 42 high schools (N = approximately 18675 students), 4 middle schools (N = approximately 1223 students), and 2 combined middle/high schools (N = approximately 814 students).

Beginning in SY2024-2025, the SURF school reports also present data from other schools for purposes of comparison. The schools included in these comparators include only schools surveyed by the MGH SURF team in SY2024-2025 and only students in the same grades surveyed this same year at Haverhill High School. **These comparison schools were not selected to match any known characteristics of Haverhill High School, and thus may not serve as a valid comparator and should be interpreted with caution.**

Enrollment and socio-demographic information for Haverhill High School can be found in the first page of the Results. Each Results section reports information as self reported by students at the school.



5 Contact Information

For questions about the survey, please contact Dr. Randi Schuster (Principal Investigator); 617-643-6673; rschuster@mgh.harvard.edu.

6 Administration Details at Haverhill High School

- The SY2023-2024 SURF survey was administered on December 19, 2023.
- The SY2024-2025 SURF survey was administered on September 26, 2024.



7 Result Section 1: Sample Size and Completion

Table 1: Sample Size and Completion Rates of Student Participants

Sections	Count	Percent Enrollment
Started	1,459	77.0
Demographics	1,450	76.5
Substance Use	1,273	67.1
Anxiety/Depression	1,168	61.6
Suicidal Thoughts and Behavior	1,170	61.7
Psychotic Experiences	1,150	60.6
Emotional Reactivity	1,083	57.1
Discrimination	1,130	59.6
Contact	6	0.3

Percent Enrollment is the number of responses in the survey out of the total number of students enrolled in the grades surveyed as per DESE at the time this report was created. 9th-12th grade was surveyed in 2024-2025.



8 Result Section 2: Demographic Information

Table 2: Demographic Characteristics of Student Participants

Demographics		Percent (%)
Grade		
	9	25.9
	10	26.8
	11	24.4
	12	22.9
Sex		
	Male	50.4
	Female	49.6
Gender Identity		
	Boy/man/male	48.4
	Girl/woman/female	45.9
	Gender Diverse	4.3
	Not sure	0.7
	Don't want to say	0.8
Sexual Orientation		
	Heterosexual	77.5
	Sexually Diverse	16.6
	Not sure	3.2
	Don't want to say	2.8
Race		
	White	54.9
	Haitian, Black or African American	17.9
	Asian	3.5
	Hawaiian or Other Pacific Islander	2.9
	American Indian/Alaska Native	1.6
	Middle Eastern/North African	3.0
	Multiracial	16.2
Ethnicity		
	Not Hispanic/ Latino(a)	51.9
	Hispanic/ Latino(a)	48.1



9 Result Section 3: Emotional Distress

Please see the Appendix for relevant citations.

Table 3.1: Questions and Analytic Coding for Symptoms of Anxiety and Depression

Domain	Measure	Question	Response options	Analytic coding
Symptoms of anxiety and depression	Patient Health Questionnaire 4-Item (PHQ-4)	Over the last two weeks, how often have you been bothered by: 1. Feeling nervous, anxious or on edge? 2. Not being able to stop or control worrying? 3. Feeling down, depressed or hopeless? 4. Little interest or pleasure in doing things?	Not at All; Several Days; More Than Half the Days; Nearly Every Day	The response options were coded as 0, 1, 2, and 3, respectively. The PHQ-4 total score was determined by adding together the scores of each of the 4 items. Scores were rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Total score ≥ 3 for first 2 questions suggests risk for anxiety. Total score ≥ 3 for last 2 questions suggests depression.

Table 3.2: Questions and Analytic Coding for Psychotic Experiences

Domain	Measure	Question	Response options	Analytic coding
Psychotic experiences	Adolescent Psychotic-Like Symptom Screen (APSS)	Have these experiences ever happened to you? 1. Some people believe that their thoughts can be read by another person. Have other people ever read your mind? 2. Have you ever had messages sent just to you through TV or radio? 3. Have you ever thought that people are following or spying on you? 4. Have you ever heard voices or sounds that no one else can hear? 5. Have you ever felt you were under the control of some special power? 6. Have you ever seen things that other people could not see? 7. Have you ever felt like you had extraspecial powers?	No/Never; Maybe; Yes/ Definitely	The response options were coded as 0, 0.5, and 1, respectively. The APSS total score was determined by adding together the scores across each of the 7 items, with scores ≥ 2 suggestive of risk for psychotic experiences.



Table 3.3: Questions and Analytic Coding for Suicidal Thoughts and Behavior

Domain	Measure	Question	Response options	Analytic coding
Suicidal thoughts and behavior	N/A	Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. During the past 12 months... 1. Did you ever have thoughts about killing yourself (ending your life)? 2. Did you think about how you would kill yourself? 3. Did you try to kill yourself? 4. Did you hurt yourself on purpose without trying to kill yourself?	No; Yes	Items queried suicidal thoughts (i.e., ideation), development of a suicide plan, suicidal behavior/attempt, and non-suicidal self-injury (NSSI). The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

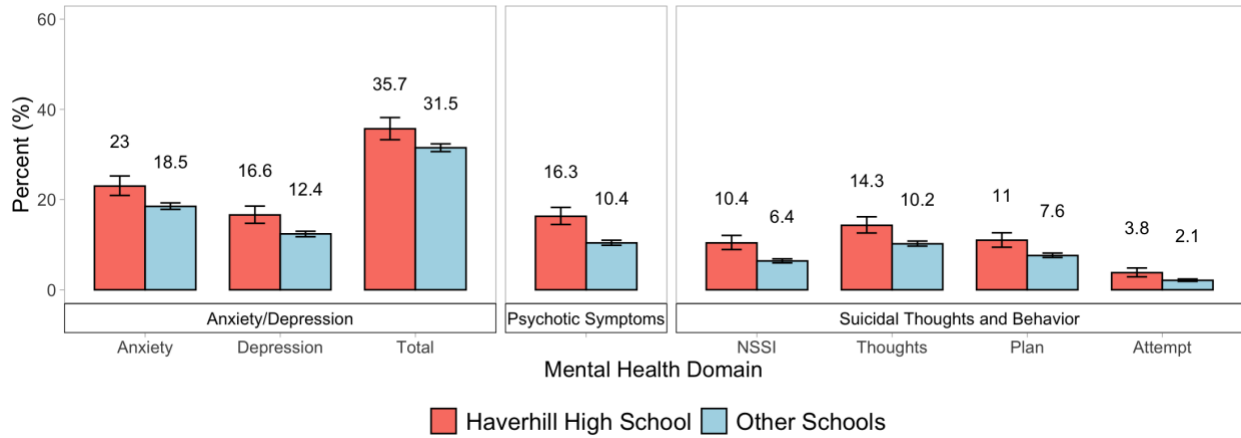
Table 3.4: Questions and Analytic Coding for Past Year Access to Formal and Informal Mental Health Supports

Domain	Measure	Question	Response options	Analytic coding
Access to formal and informal mental health support	Adapted version of the Actual Help Seeking Questionnaire (AHSQ)	In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.	I have not talked with anyone; Parent Or Caregiver; Other Relative/Family Member; Friend or Romantic Partner; Nurse; Teacher/Coach/School Administrative Staff; School Counselor; Youth Wellness Coach; Mental Health Professional (Outside of School); Pediatrician; Minister or Religious Leader; Phone/Text Helpline; Online/Social Media Support Group; Emergency Room, Inpatient, or Residential Services; Substance Use Detox or Rehab Center; I've talked with another person not listed above	Items were analyzed as presented.



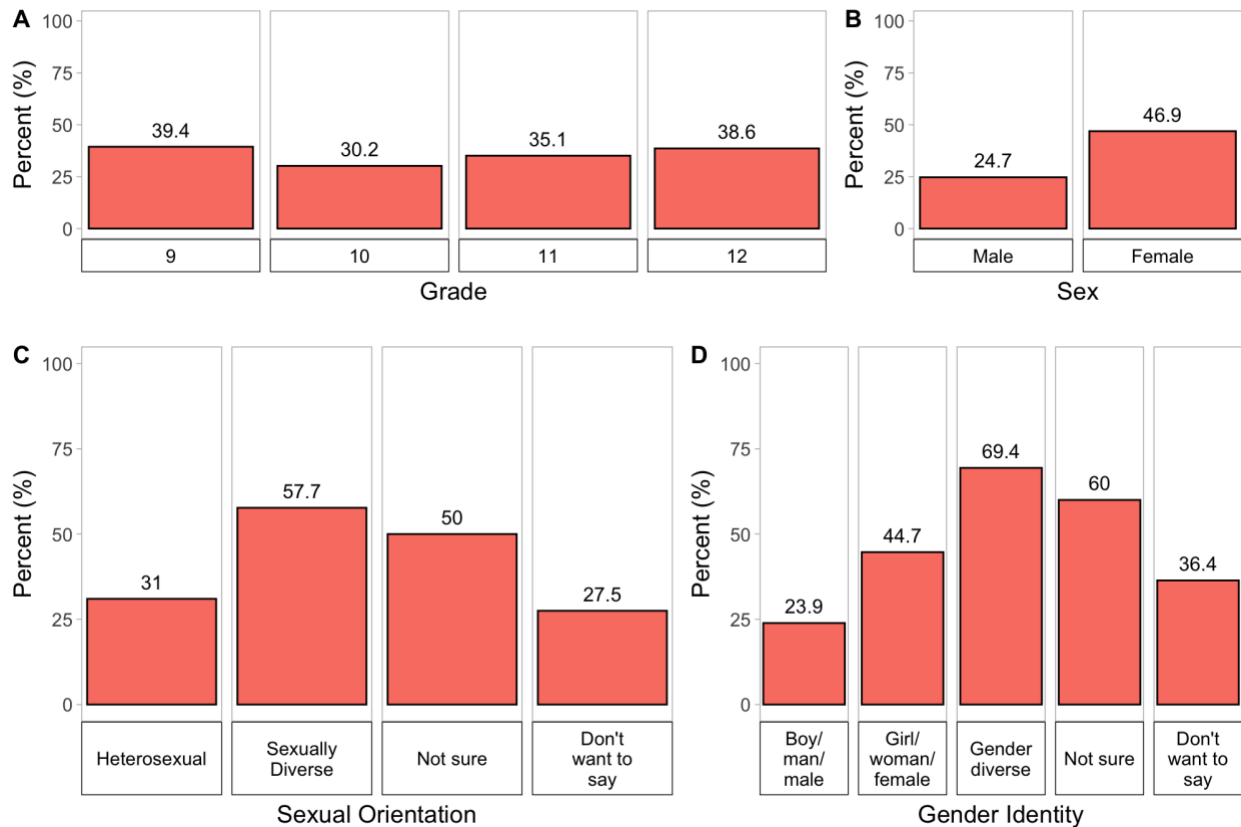
Figure 1: Rates of Psychiatric Symptoms in Full Sample in Fall 2024

The threshold for symptoms of anxiety/depression is PHQ-4 scores ≥ 3 . The threshold for psychotic symptoms is APSS scores ≥ 2 . The threshold for suicidal thoughts and behavior is students who answered “yes” for each item.



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Figure 2: Rates of Symptoms of Anxiety/Depression (PHQ-4 scores ≥ 3) Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



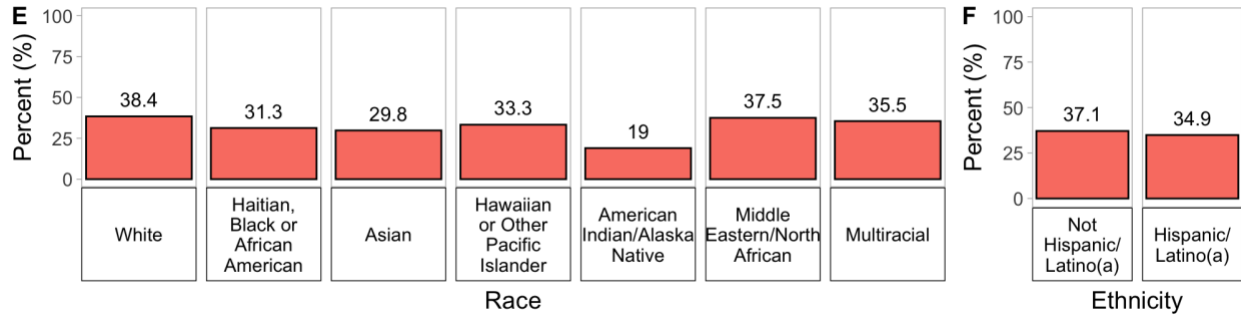


Figure 3: Rates of Psychotic Experiences (APSS scores ≥ 2) Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024

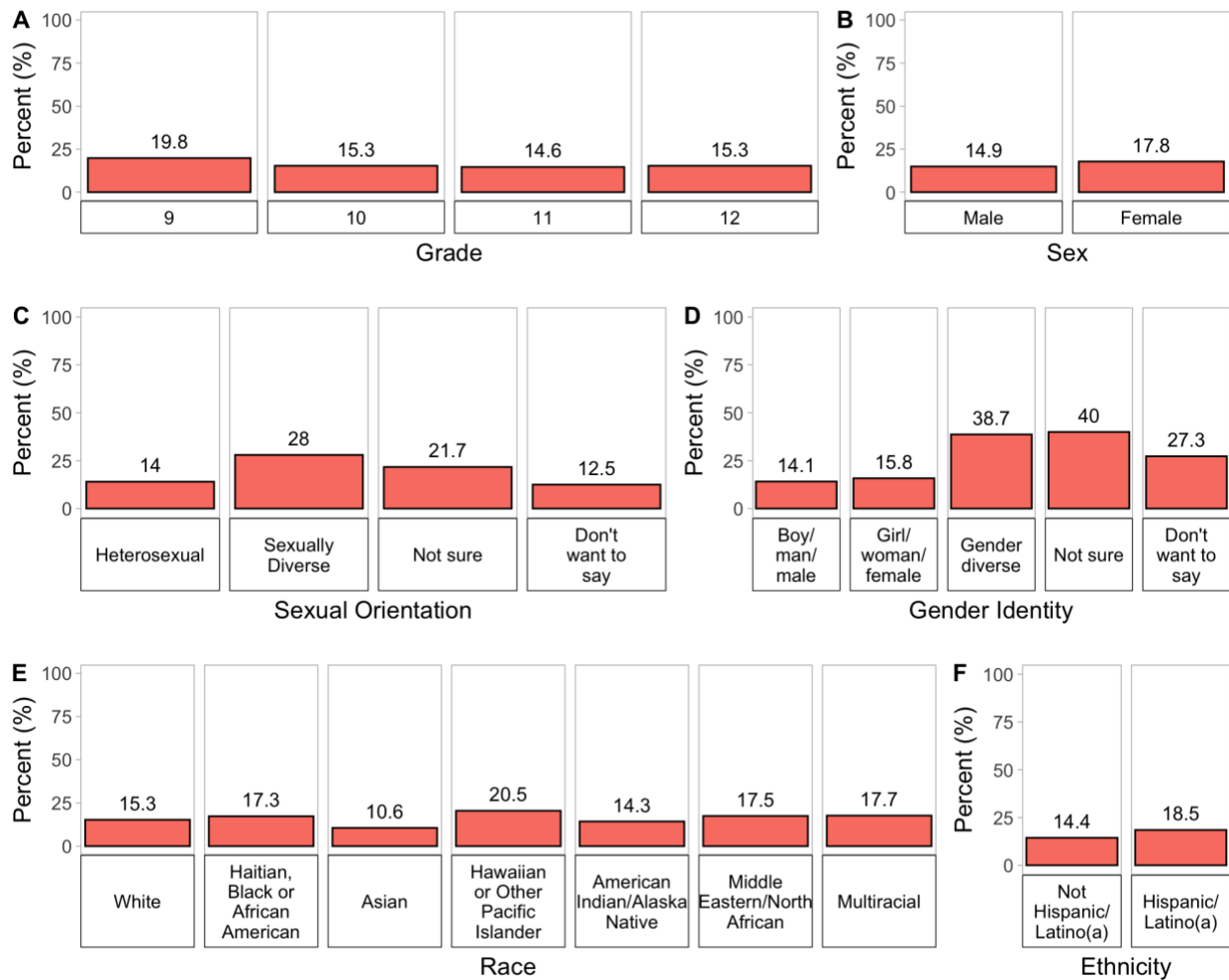


Figure 4: Rates of Suicidal Thoughts and Behavior (At Least 1 of 4 SI Questions Coded as "Yes"), Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024

Survey of Substance Use and Related Risk Factors in Massachusetts Schools

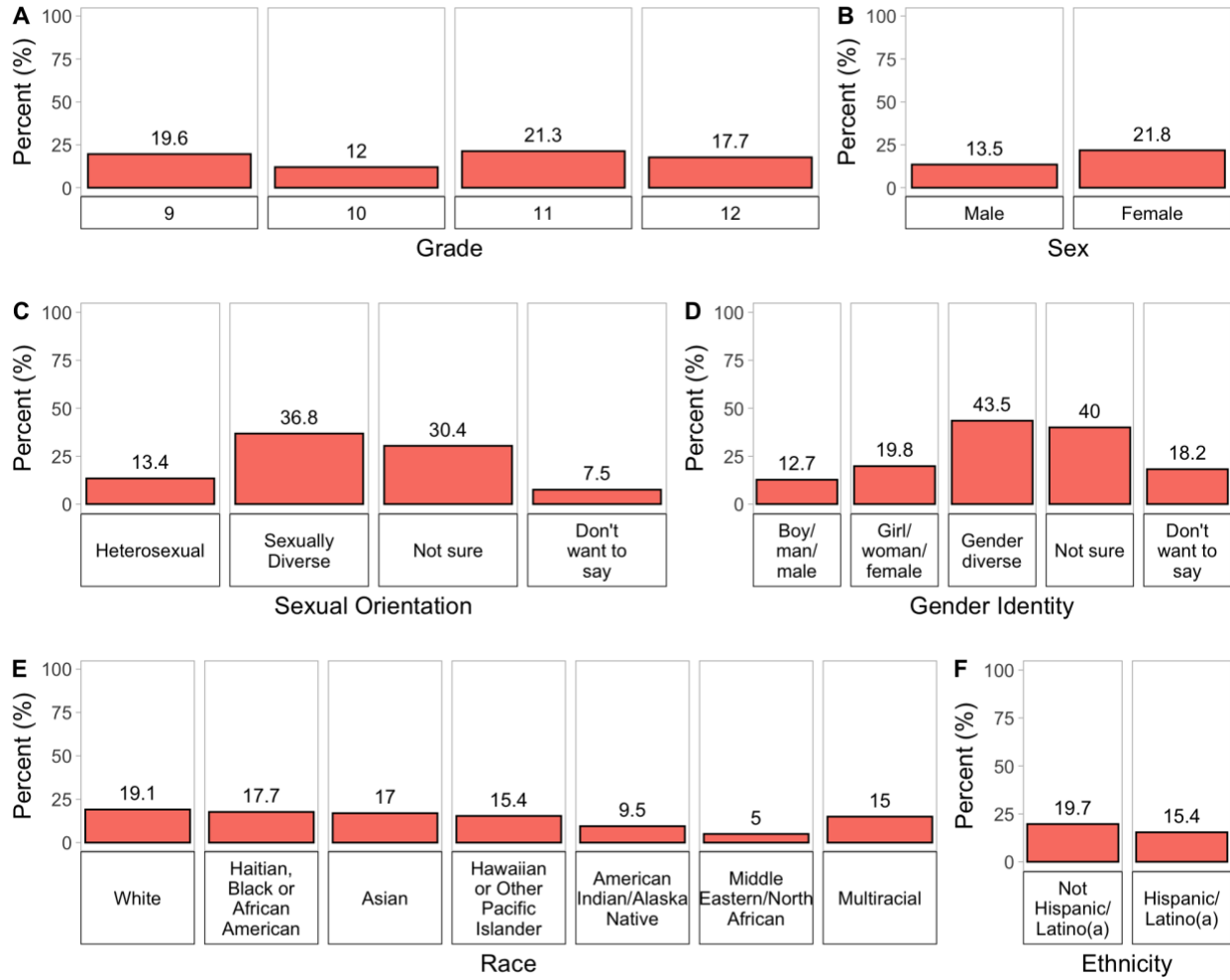


Table 3.5: Mental health percentage across all school in SY 2024-2025

Demographics	PHQ-4 scores ≥ 3			APSS scores ≥ 2	Suicidal Thoughts and Behavior			
	Anxiety	Depression	Total		Thoughts	Plan	Attempt	NSSI
Grade								
9	26.5	20.4	39.4	19.8	16.4	11.1	5.8	11.1
10	20.2	12.8	30.2	15.3	10	8.4	2	7.2
11	21.1	17.1	35.1	14.6	16.9	14	4.2	14.3
12	24.6	16.2	38.6	15.3	14.4	10.5	3	9.3
Sex								
Male	13.8	12.4	24.7	14.9	11.1	8.3	2.5	6.6
Female	32.5	21	46.9	17.8	17.8	13.8	5.1	14.4
Gender Identity								
Boy/man/male	13	12.1	23.9	14.1	10.4	7.5	2	6.1
Girl/woman/female	30.1	18.9	44.7	15.8	16.2	12.2	4.8	12.9
Gender Diverse	59.7	38.7	69.4	38.7	33.9	32.3	11.3	30.6
Not sure	50	50	60	40	40	40	10	20
Don't want to say	9.1	9.1	36.4	27.3	18.2	-	-	9.1
Sexual Orientation								
Heterosexual	18.4	12.8	31	14	11.1	8.3	2.9	6.9
Sexually Diverse	43.1	32.2	57.7	28	28	21.8	8.4	26.8
Not sure	41.3	30.4	50	21.7	28.3	21.7	4.3	17.4
Don't want to say	17.5	20	27.5	12.5	10	10	2.5	5
Race								
White	25	16.3	38.4	15.3	14.9	12.1	3.4	11.7
Haitian, Black or African American	17.3	19.3	31.3	17.3	15.6	11.1	4.9	8.6
Asian	19.1	17	29.8	10.6	19.1	8.5	4.3	6.4
Hawaiian or Other Pacific Islander	23.1	20.5	33.3	20.5	15.4	7.7	2.6	12.8
American Indian/Alaska Native	19	9.5	19	14.3	9.5	9.5	-	-
Middle Eastern/North African	22.5	20	37.5	17.5	5	2.5	2.5	2.5
Multiracial	23.2	15	35.5	17.7	11.4	10.9	5.9	10.5
Ethnicity								
Not Hispanic/ Latino(a)	25.1	16.1	37.1	14.4	15.7	12.8	4	11.5
Hispanic/ Latino(a)	21.1	17	34.9	18.5	13.1	9.2	3.5	9.3



10 Result Section 4: Substance Use

Please see the Appendix for relevant citations.

Table 4.1: Questions and Analytic Coding for Lifetime Substance Use

Domain	Measure	Question	Response options	Analytic coding
Lifetime use	N/A	<p>Have you ever used/tried:</p> <ol style="list-style-type: none"> 1. at least one full drink of alcohol? 2. marijuana? 3. a vape for nicotine or flavors? 4. smoking a cigarette? 5. smoking a cigar, cigarillo, or little cigar? 6. smokeless tobacco? 7. prescription drugs not used as prescribed (e.g., Adderall, Ritalin, Xanax, oxycodone, codeine)? 8. hallucinogens or dissociative drugs (e.g., mushrooms, LSD, Acid, PCP, ketamine, DXM)? 9. club drugs (e.g., Ecstasy, MDMA, Molly, GHB)? 10. cocaine (e.g., powder, crack, or freebase)? 11. methamphetamine (also called speed, crystal meth, crank, ice, or meth)? 12. heroin or fentanyl (e.g., smack, junk, or China White)? 13. inhalants (e.g., whippets, snied glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays)? 14. anabolic steroids (e.g., juice, pumpers, tren, dbol, roids)? 15. I have never tried any of the above drugs 	No; Yes	The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

Table 4.2: Questions and Analytic Coding for Past 4-Week Substance Use

Domain	Measure	Question	Response options	Analytic coding
Frequency of past 4-week use	N/A	<p>In the past 4 weeks (on average), how often did you:</p> <ol style="list-style-type: none"> 1. drink alcohol (at least 1 full drink, not just a sip)? 2. use marijuana? 3. use a vape for nicotine or flavors? 4. smoke cigarettes? 5. smoke cigars, cigarillos, little cigars? 6. use smokeless tobacco? 	<p>0 times; Only Once; Less than once a week; On at least one day a week; 2-3 days a week; 4-6 days per week; Everyday</p>	The response options were coded as 0, 1, 2, 3, 4, 5, and 6, respectively. Options 1-6 were aggregated to reflect current (past 30-day) use. Options 0-2 were aggregated to reflect use less than 1 day/week. Options 3-4 were aggregated to reflect use 1-3 days/week. Options 5-6 were aggregated to reflect daily/near daily substance use.



Table 4.3: Questions and Analytic Coding for Intent to Quit Substance Use

Domain	Measure	Question	Response options	Analytic coding
Intent to quit or reduce in next 4 weeks	N/A	In the next 4 weeks, are you seriously considering quitting or reducing... 1. your use of alcohol? 2. your use of marijuana? 3. your use of vapes for nicotine?	No; Yes, I'm planning to reduce (but not quit) [substance] use in the next 4 weeks; Yes, I'm planning to quit [substance] use completely in the next 4 weeks	The response options were coded as 0, 1, and 2, respectively. Items were analyzed as presented.

Table 4.4: Questions and Analytic Coding for Craving

Domain	Measure	Question	Response options	Analytic coding
Craving (for cannabis [marijuana] and tobacco only)	N/A	How soon after you wake up do you want (or have a craving) to: 1. use marijuana? 2. use a nicotine/tobacco product of any kind?	10min; 11-31min; 31-60min; 1hour or more; Never	The response options were coded as 1, 2, 3, 4, and 5, respectively. Options 1, 2, and 3 were aggregated to reflect craving within the first hour. Option 4 reflects craving more than 1 hour later, and option 5 reflects never having a craving.

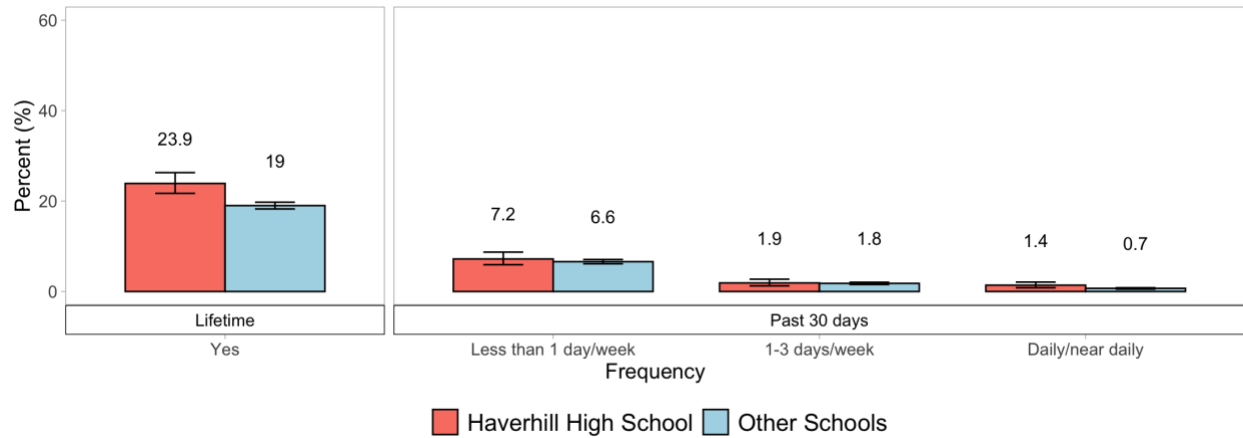
Table 4.5: Questions and Analytic Coding for Substance Use on School Property

Domain	Measure	Question	Response options	Analytic coding
Substance use on school property	N/A	During the past 12 months, have you used alcohol, marijuana, nicotine (vapes, cigarettes, etc.), or other drugs on school property?	No; Yes	The response options are coded as 0 and 1, respectively. Items were analyzed as presented.



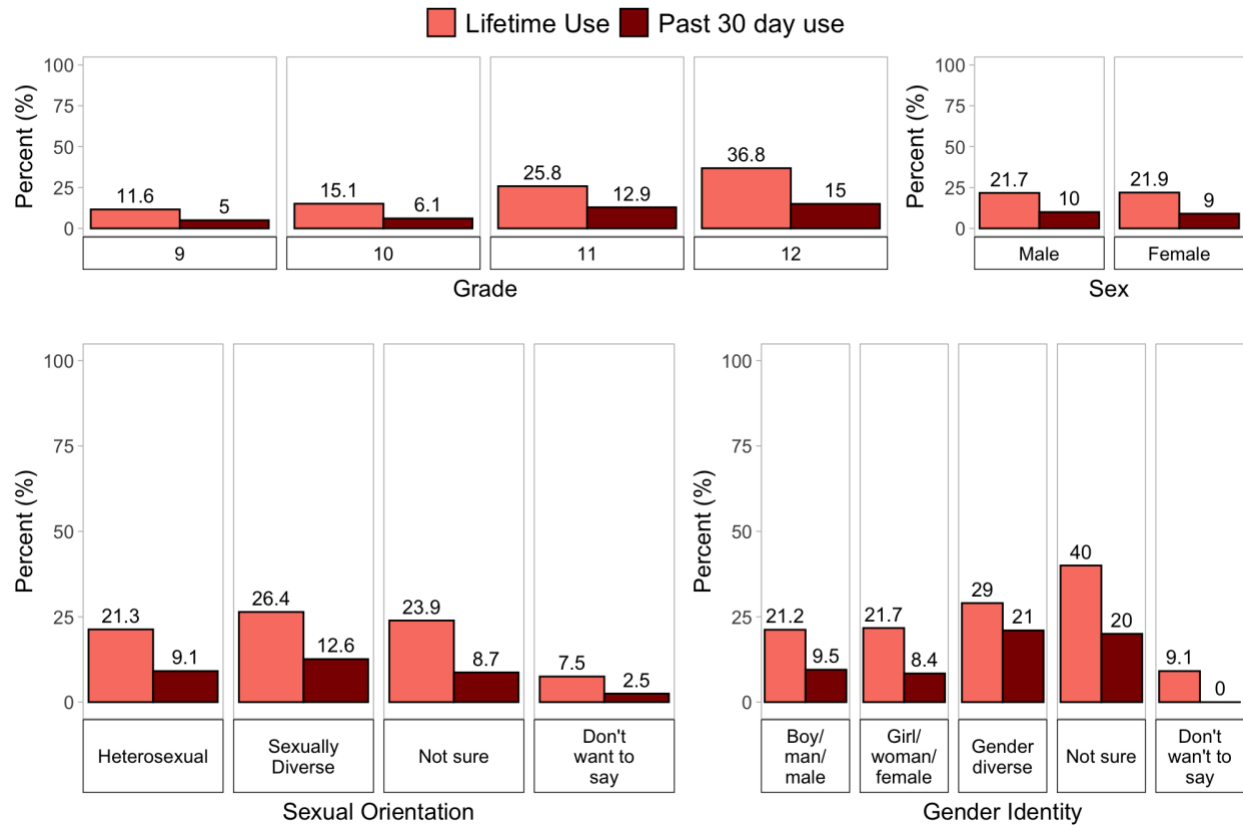
10.1 Alcohol

Figure 5: Rates of Lifetime and Current (Past 30-Day) Alcohol Use in Full Sample in Fall 2024



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Figure 6: Rates of Lifetime and Current (Past 30-Day) Alcohol Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



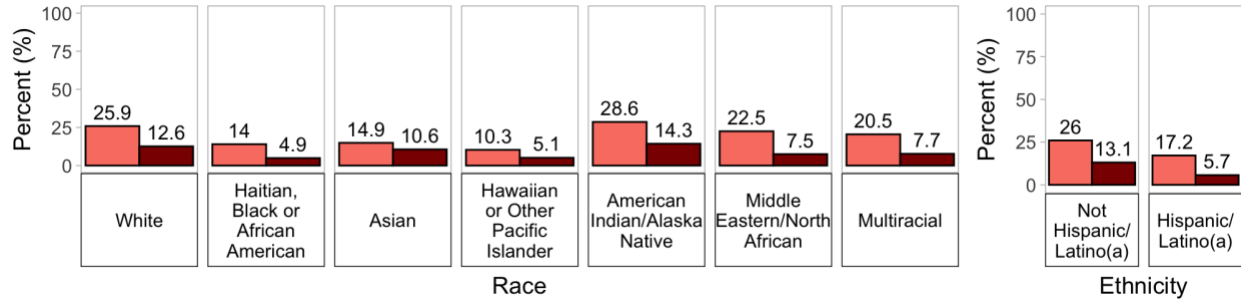
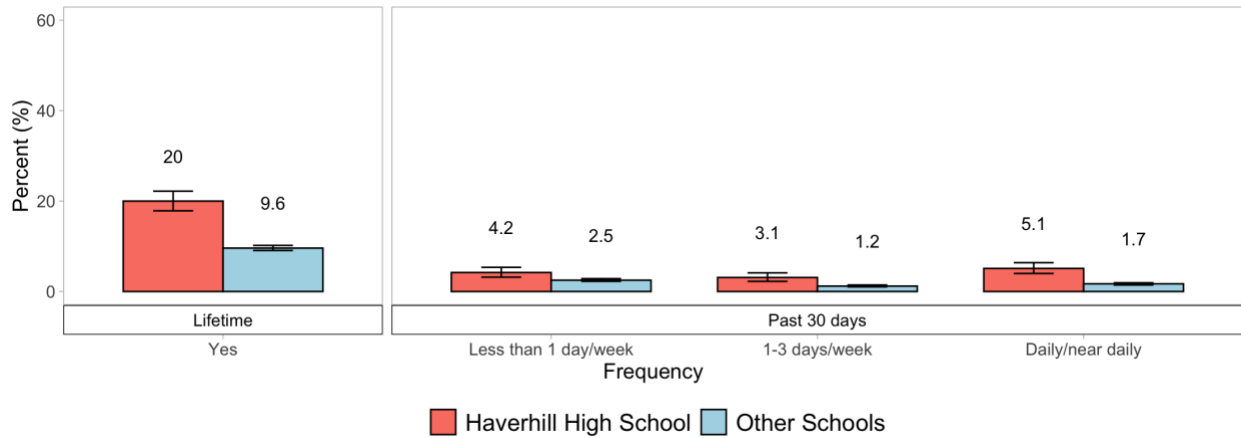


Table 5: Percent of Students with Current Alcohol Use (N = 139) with Plans to Quit or Reduce Drinking in Next 4 Weeks in Fall 2024

In the next 4 weeks, are you seriously considering quitting or reducing your use of alcohol?	Percent (%)
No	67.6
Yes, I'm planning to reduce (but not quit) in next 4 weeks	14.4
Yes, I'm planning to quit completely in the next 4 weeks	18.0

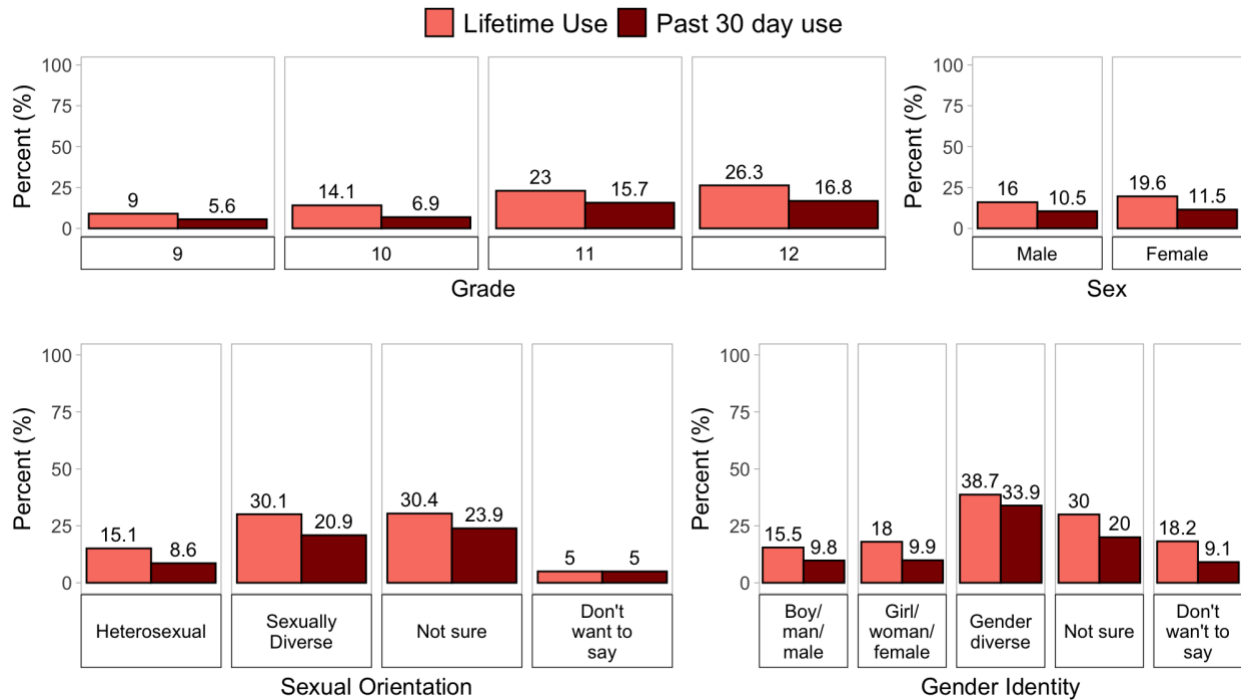
10.2 Cannabis

Figure 7: Rates of Lifetime and Current (Past 30-Day) Cannabis Use in Full Sample in Fall 2024



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Figure 8: Rates of Lifetime and Current (Past 30-Day) Cannabis Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



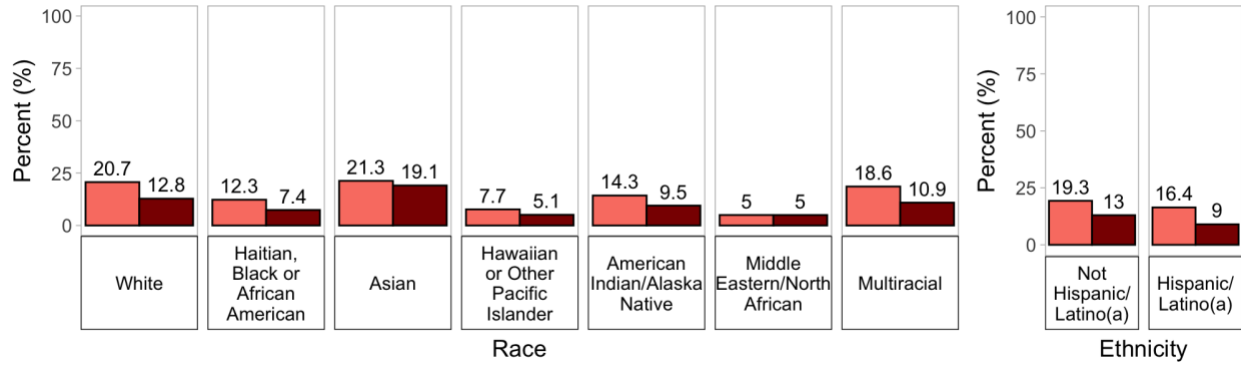
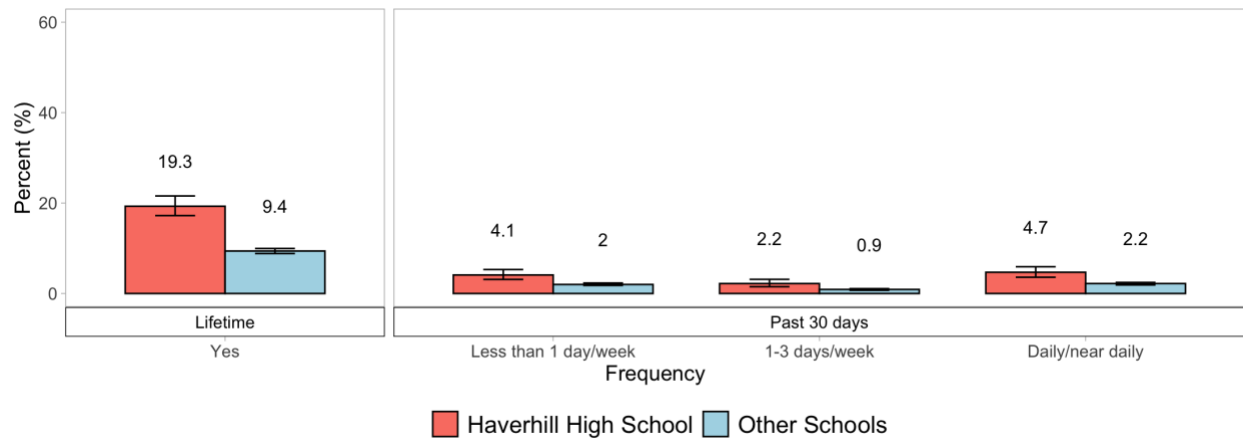


Table 6: Percent of Students with Current Cannabis Use (N = 160) with Plans to Quit or Reduce Drinking in Next 4 Weeks in Fall 2024

In the next 4 weeks, are you seriously considering quitting or reducing your use of cannabis?	Percent (%)
No	51.2
Yes, I'm planning to reduce (but not quit) in next 4 weeks	35.6
Yes, I'm planning to quit completely in the next 4 weeks	13.1

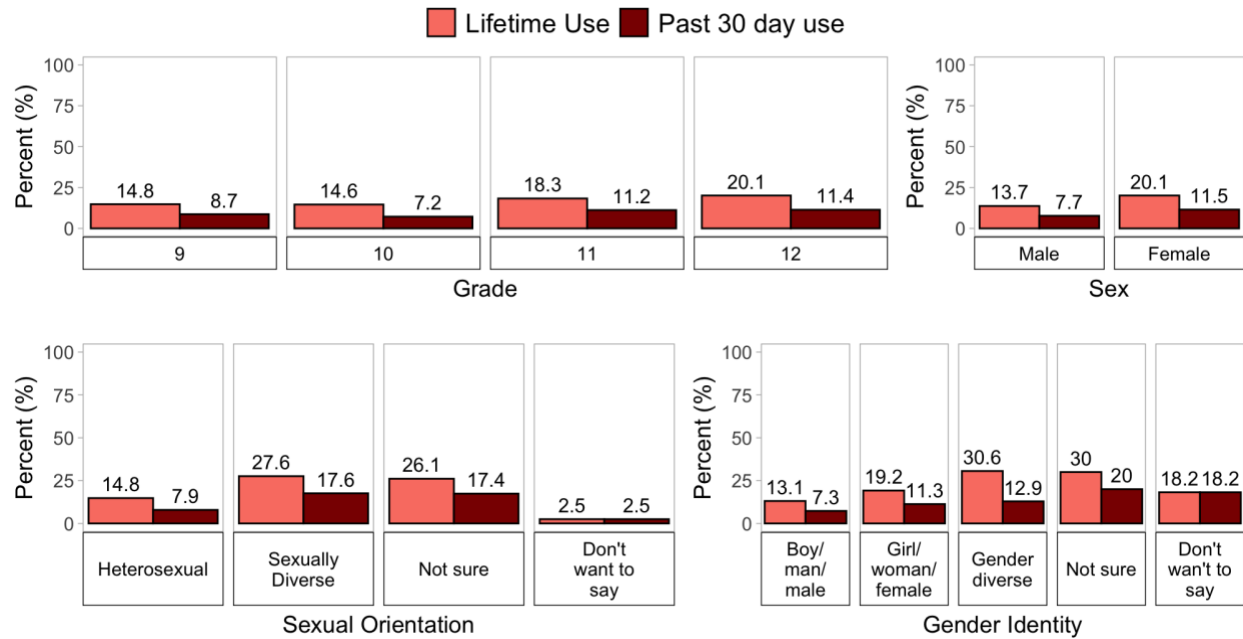
10.3 Electronic Cigarettes

Figure 9: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarette Use in Full Sample



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Figure 10: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarettes Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



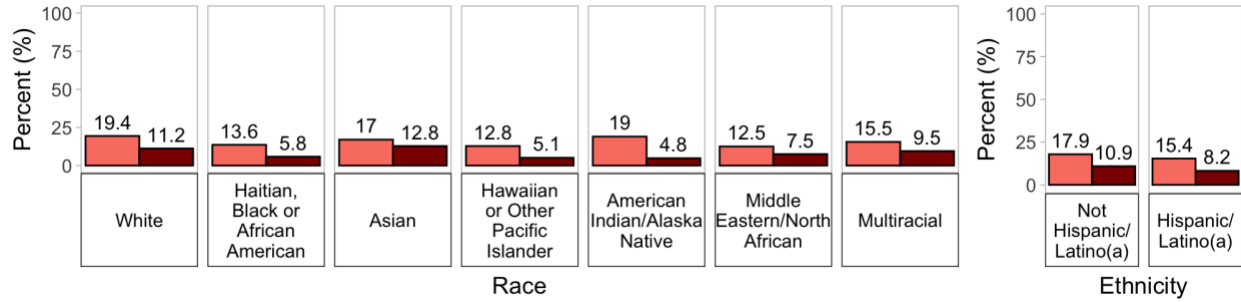
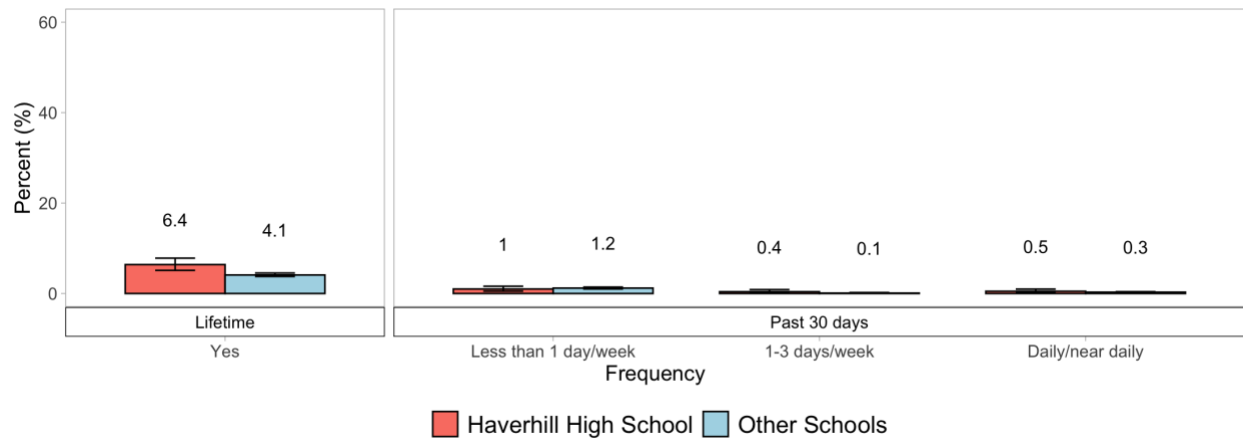


Table 7: Percent of Students with Current Electronic Cigarette Use (N = 139) with Plans to Quit or Reduce Drinking in Next 4 Weeks in Fall 2024

In the next 4 weeks, are you seriously considering quitting or reducing your use of electronic cigarettes?	Percent (%)
No	34.3
Yes, I'm planning to reduce (but not quit) in next 4 weeks	28.4
Yes, I'm planning to quit completely in the next 4 weeks	37.3

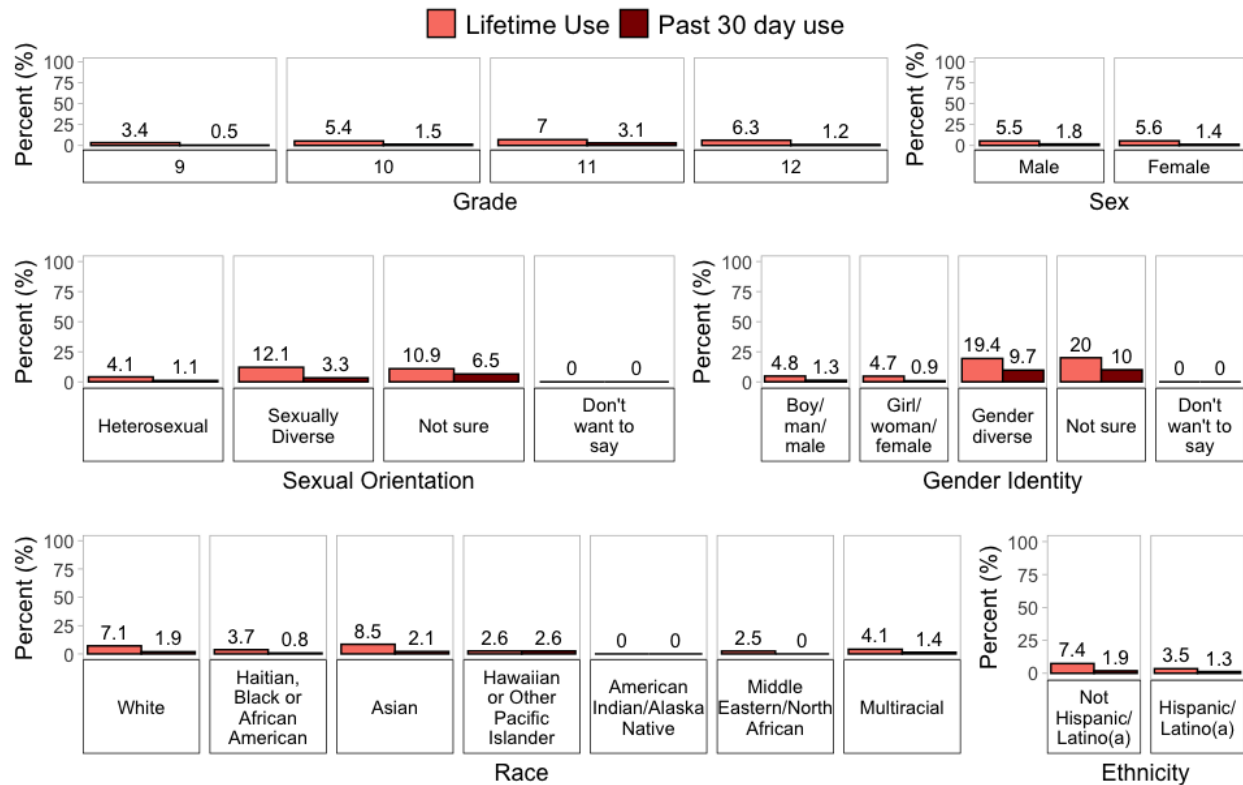
10.4 Cigarettes

Figure 11: Rates of Lifetime and Current (Past 30-Day) Cigarettes Use in Full Sample in Fall 2024



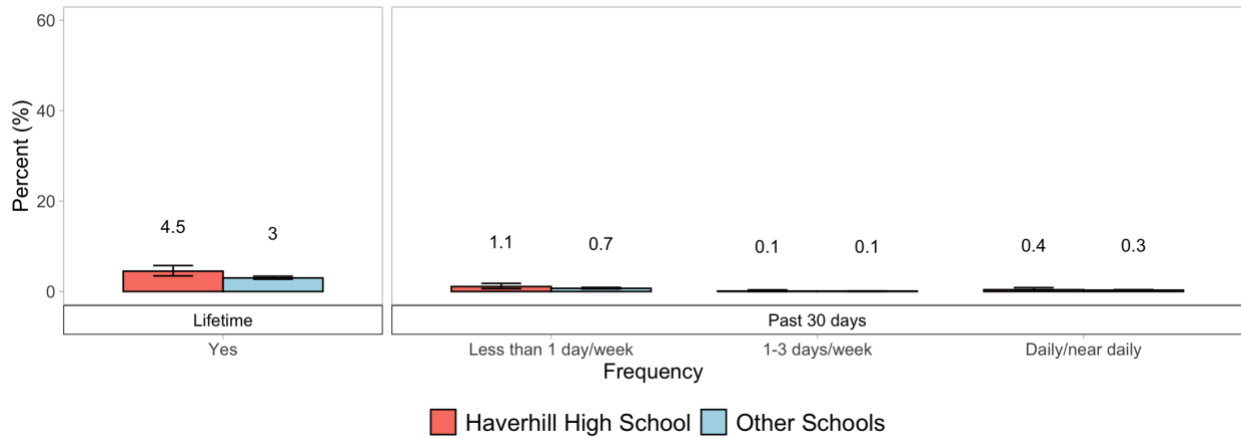
Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Figure 12: Rates of Lifetime and Current (Past 30-Day) Cigarettes Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



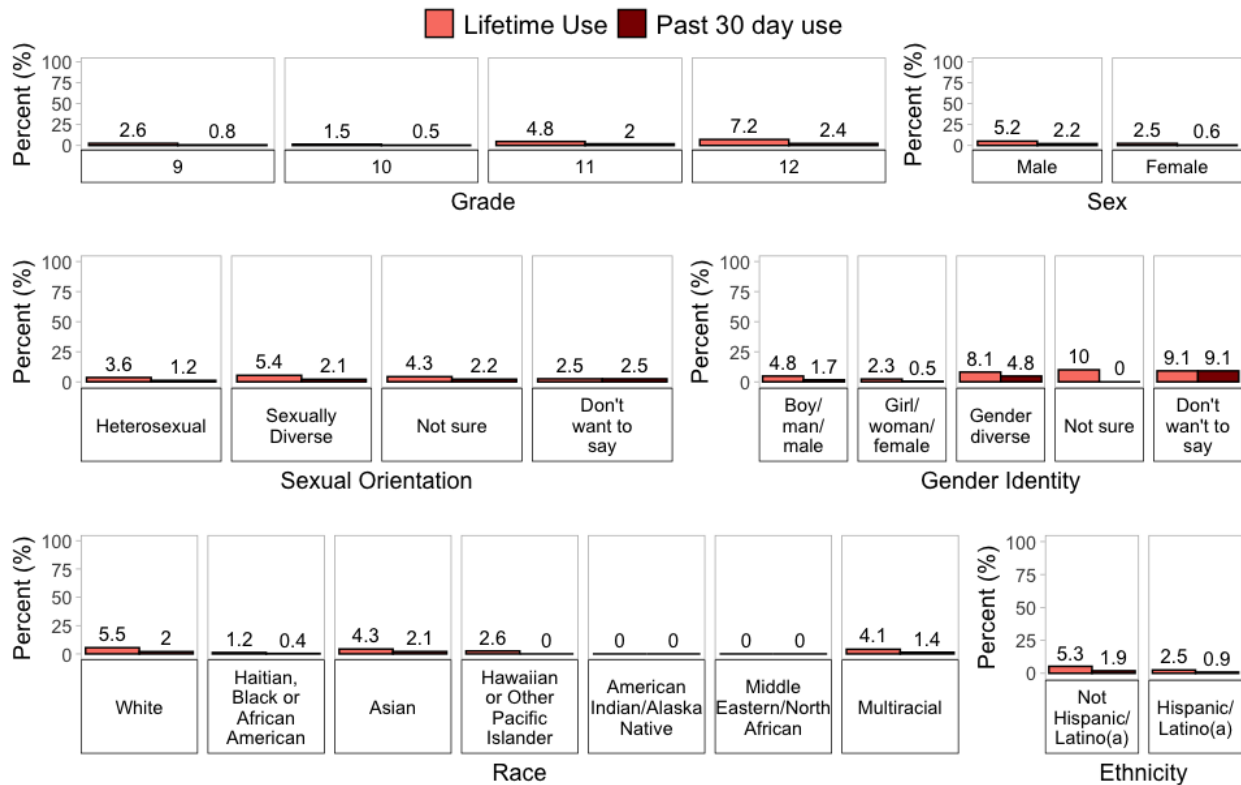
10.5 Cigars

Figure 13: Rates of Lifetime and Current (Past 30-Day) Cigar Use in Full Sample in Fall 2024



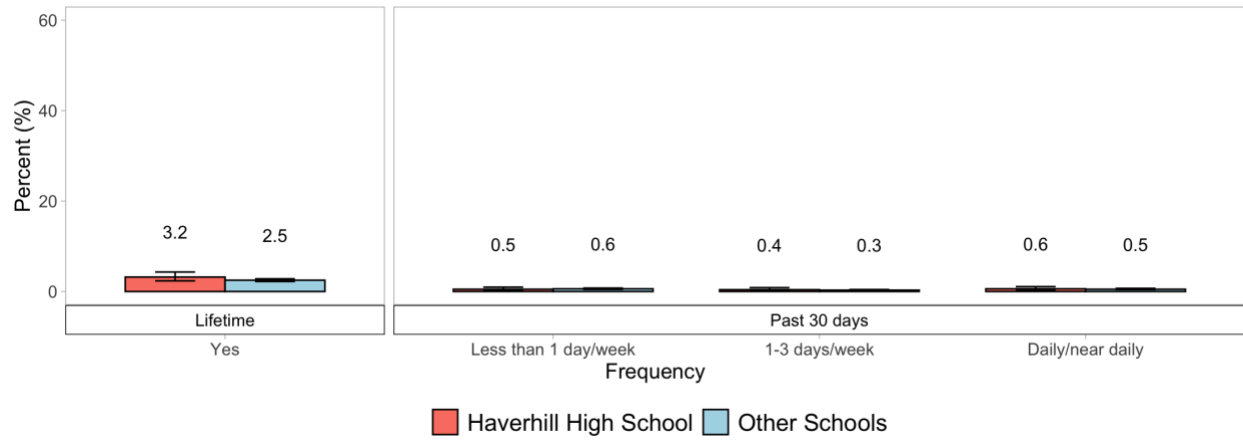
Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Figure 14: Rates of Lifetime and Current (Past 30-Day) Cigars Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



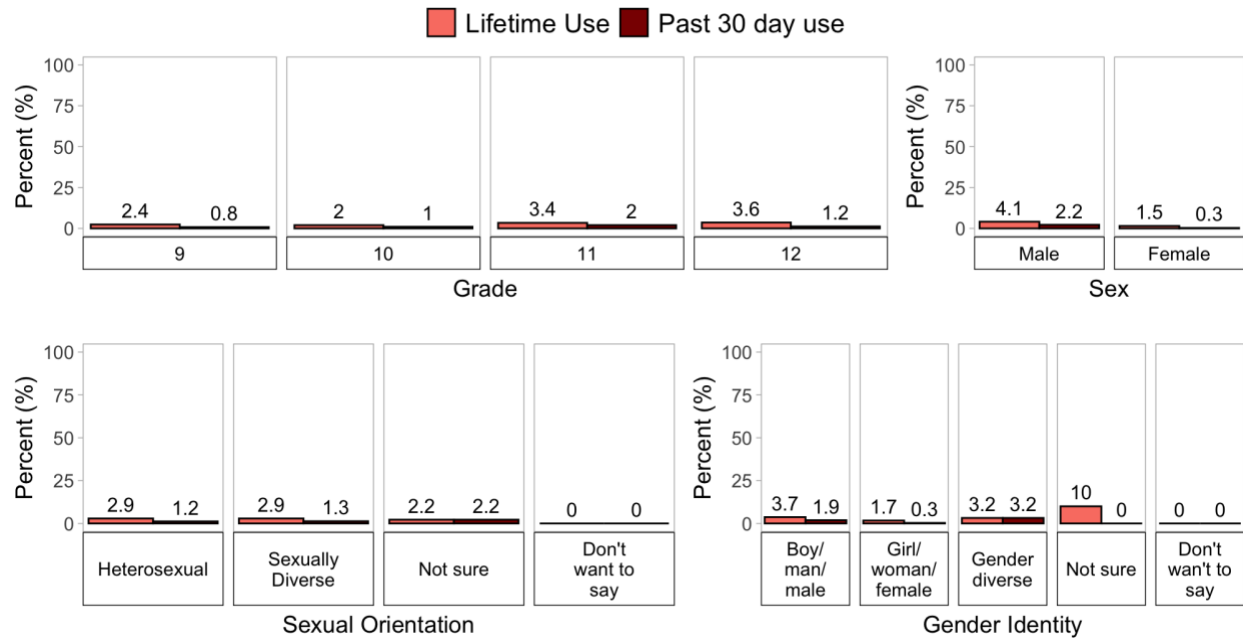
10.6 Smokeless Tobacco

Figure 15: Rates of Lifetime and Current (Past 30-Day) Smokeless Tobacco Use in Full Sample in Fall 2024

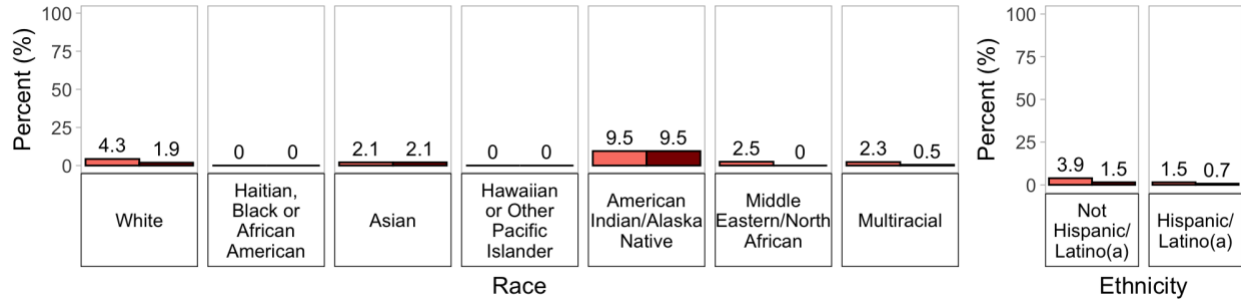


Note: The y-axis has been truncated to aid in visual interpretation of the error bars

Figure 16: Rates of Lifetime and Current (Past 30-Day) Smokeless Tobacco Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity in Fall 2024



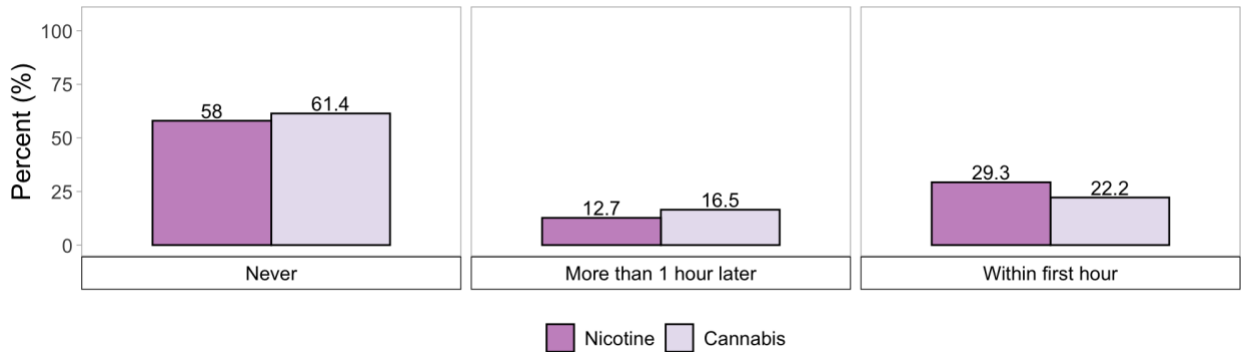
Survey of Substance Use and Related Risk Factors in Massachusetts Schools



10.7 Craving

Students who reported any cannabis (N = 160) or tobacco product use in the past 30 days (N = 200) were asked how soon after waking up do they want (or have a craving) to use.

Figure 17: Rate of Craving Among Students with Past 30-Day Cannabis or Tobacco Use in Fall 2024



10.8 Substance Use on School Property

Students who reported lifetime use of any substance (N = 465) were asked whether they have used substances on school property in the last 12 months.

Figure 18: Percent of Substance Use on School Property in the Past Year

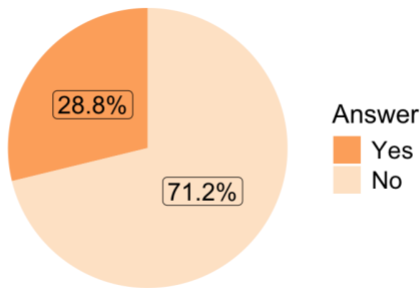


Table 8: Access to Formal and Informal Mental Health Supports in the Past Year Among Students in Full Sample, with Symptoms of Anxiety/Depression, and with Daily/Near Daily Substance Use

In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.	Full Sample	At Risk for Depression or Anxiety (PHQ-4 \geq 3)	Daily/Near Daily Substance Use
School Counselor	6.0	12.7	14.6
Teacher/Coach/School Administrative Staff	7.5	12.9	9.5
Youth Wellness Coach	0.6	0.8	0.0
Mental Health Professional (Outside of School)	9.7	21.3	23.4
Phone/Text Helpline	1.2	2.9	1.5
Substance Use Detox or Rehab Center	0.2	0.2	0.0
Pediatrician	6.4	12.7	12.4
Nurse	2.5	4.0	4.4
Parent Or Caregiver	35.9	48.9	36.5
Other Relative/Family Member	19.0	26.9	24.8
Friend or Romantic Partner	36.0	58.0	50.4
Online/Social Media Support Group	1.1	2.1	1.5
Emergency Room, Inpatient, or Residential Services	1.2	2.9	3.6
Minister or Religious Leader	1.7	3.5	1.5
I've talked with another person not listed above	1.5	2.3	3.6
I have not talked with anyone	19.3	15.7	19.0



Figure 19: Percent of Students Who Reported Close Connections to Either a Friend or Parent/Adult or Teacher/Adult in Fall 2024

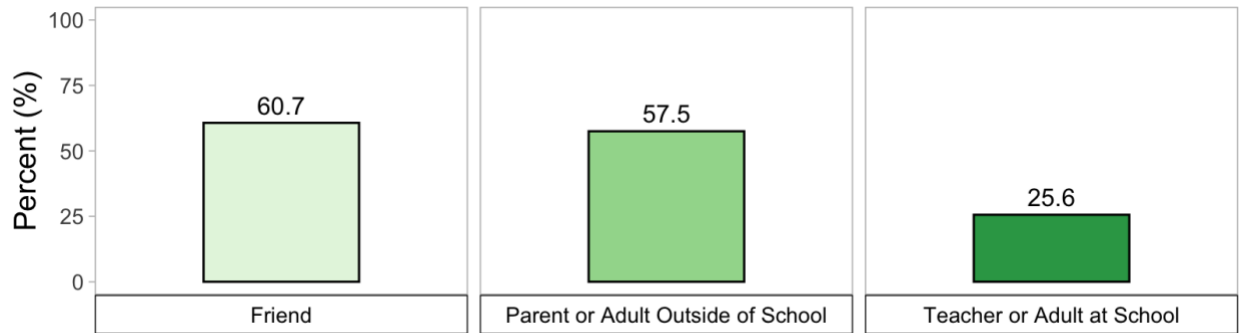
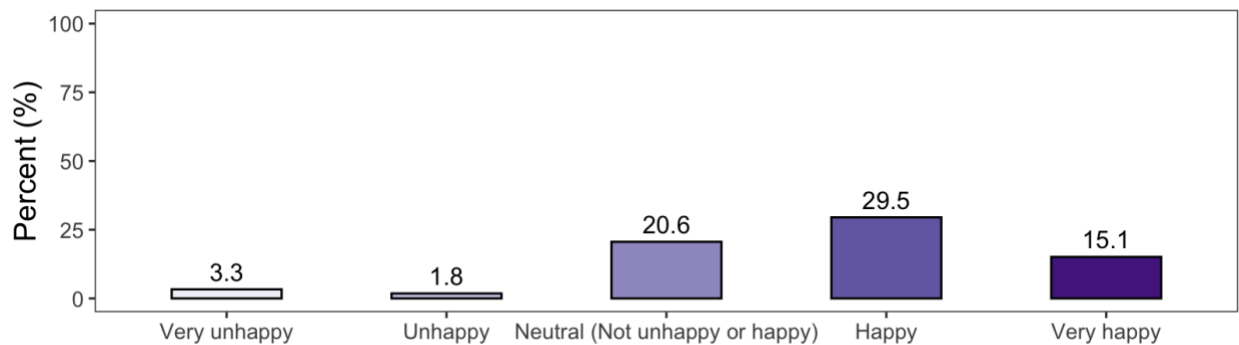


Figure 20: Percent of Students Who Reported Happiness with the Support They Receive from the People in Their Lives in Fall 2024



11 Result Section 5: Experiences of Discrimination

Please see the Appendix for relevant citations.

Table 9: Questions and Analytic Coding for Experiences of Discrimination Related to Race or Ethnicity

Domain	Measure	Question	Response options	Analytic coding
Discrimination related to race or ethnicity	Adolescent Discrimination Distress Index: occasions when racial-ethnic discrimination was at least partly responsible for your 15-item (ADDI)	<p>Tell us if you have experienced each of the following types of discrimination because of your race or ethnicity. For these questions, we are only interested in experience.</p> <ol style="list-style-type: none"> 1. You were discouraged from joining an advanced level class because of your race or ethnicity. 2. You were wrongly disciplined or given after-school detention because of your race or ethnicity. 3. You were given a lower grade than you deserved because of your race or ethnicity. 4. You were discouraged from joining a club because of your race or ethnicity. 5. Others your age did not include you in their activities because of your race or ethnicity. 6. People expected more of you than they expected of others your age because of your race or ethnicity. 7. People expected less of you than they expected of others your age because of your race or ethnicity. 8. People assumed your English was poor because of your race or ethnicity. 9. You were hassled by police because of your race or ethnicity. For example, you were given a hard time or harassed. 10. You were hassled by a store clerk or store guard because of your race or ethnicity. For example, you were given a hard time or harassed. 11. You were called racially insulting names because of your race or ethnicity. 12. You received poor service at a restaurant or store because of your race or ethnicity. 13. People acted as if they thought you were not smart because of your race or ethnicity. 14. People acted as if they were afraid of you because of your race or ethnicity. 15. You were threatened because of your race or ethnicity. 	No; Yes	<p>The response options were coded as 0 and 1, respectively.</p> <p>Items were grouped according to domain in which discrimination may have been experienced (i.e., educational, peer, and institutional). For each item endorsed, participants were asked how upsetting that experience was on a scale of 1-5.</p>



Table 10: Questions and Analytic Coding for Experiences of Discrimination Related to Personal Identities

Domain	Measure	Question	Response options	Analytic coding
Experiences of discrimination related to personal identities	N/A	In the past 12 months, have you experienced discrimination related to any of the following other aspects of who you are? Check all that apply. 1. Your gender identity or what others think it is 2. Your sexual orientation or what others think it is 3. Your religion or what others think it is 4. A disability you have or others think you have 5. How much money your family has or how much others think they have 6. Other 7. I have not experienced discrimination in the last 12 months	No; Yes	The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

Table 11: ADDI Results in Full Sample in SY 2024-2025

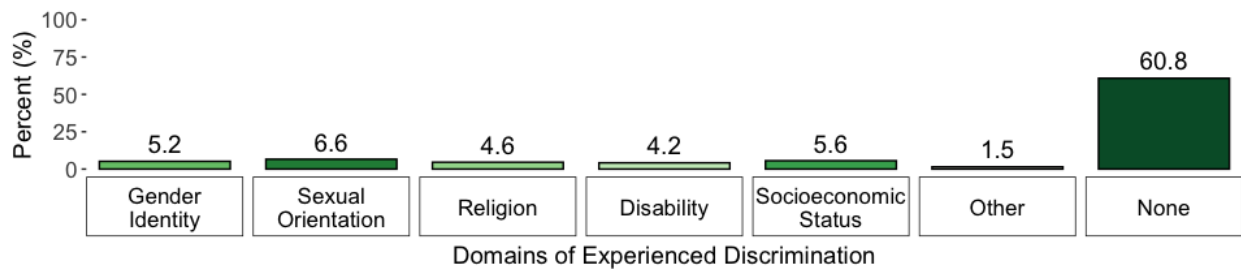
After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.						
Have you experienced this?			If yes, did it upset you?			
Yes (%)			Not at all	Slightly	Moderately	Extremely
Educational						
	Discouraged from joining an advanced level class	5.3	27.1	20.3	11.9	40.6
	Wrongly disciplined or given after-school detention	7.4	12.5	13.6	22.7	51.1
	Given a lower grade than you deserved	5.2	8.2	21.3	23	47.5
Peer						
	Discouraged from joining a club	4.4	30.2	17	13.2	39.6
	Others your age did not include you in their activities	8.5	16	30	20	34
	People assumed your English was poor	13.8	36.6	21.3	15.2	26.9
	You were called racially insulting names	19.7	32.5	24.7	15.2	27.7
	You were threatened	6.4	20.5	17.8	19.2	42.4
Institutional						
	People expected more of you than others your age	12.8	29.1	26.5	21.9	22.5
	People expected less of you than others your age	7.5	16.7	25	26.2	32.2
	You were hassled by police	3.9	10.9	15.2	21.7	52.1
	You were hassled by a store clerk or store guard	5.9	11.8	20.6	16.2	51.5
	You received poor service at a restaurant or store.	5.6	12.3	27.7	21.5	38.4
	People acted as if they thought you were not smart	10.6	27	16.7	19	37.3
	People acted as if they were afraid of you	8	29	22.6	17.2	31.2



Table 12: ADDI Results Among Racially Minoritized Participants (Individuals Who Identify as Anything Other Than Non-Hispanic/White) (N = 403) in SY 2024-2025

After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.					
	Have you experienced this?	If yes, did it upset you?			
	Yes (%)	Not at all	Slightly	Moderately	Extremely
Educational					
Discouraged from joining an advanced level class	8.4	28	20	12	40
Wrongly disciplined or given after-school detention	11.9	5.3	18.4	15.8	60.5
Given a lower grade than you deserved	8.8	7.1	21.4	17.9	53.5
Peer					
Discouraged from joining a club	6.6	23.8	14.3	19	42.8
Others your age did not include you in their activities	9.7	16.1	25.8	19.4	38.7
People assumed your English was poor	24	37.7	22.1	15.6	24.7
You were called racially insulting names	26.6	28.9	25.3	9.6	36.2
You were threatened	6.9	28.6	14.3	14.3	42.8
Institutional					
People expected more of you than others your age	14.7	36.2	29.8	4.3	29.7
People expected less of you than others your age	10.1	10	26.7	23.3	40
You were hassled by police	5.3	5.9	11.8	41.2	41.2
You were hassled by a store clerk or store guard	9.1	3.6	25	17.9	53.6
You received poor service at a restaurant or store.	9.9	12.9	29	16.1	41.9
People acted as if they thought you were not smart	17.2	27.8	11.1	22.2	38.9
People acted as if they were afraid of you	12.3	39.5	18.4	13.2	28.9

Figure 21: Experiences of Discrimination Related to Other Personal Identities in Full Sample in SY 2024-2025



12 Result Section 6: Comparison Across SY2023-2024 and SY2024-2025

The following tables reflect the same questions asked in Result Sections 1-5 and include survey responses from both SY2023-2024 and SY2024-2025 survey administrations. Values in Table 1 are presented as the number of responses, and all subsequent table values are presented as percentages.

12.1 Sample Size and Percent Enrollment

Table 1: Sample Size of Student Participants by Survey Year

Count	2023-2024	2024-2025
Grade Surveyed	9th-12th	9th-12th
Started	1087	1459
Demographics	1077	1450
Substance Use	1037	1270
Anxiety/Depression	992	1168
Suicidal Thoughts and Behavior	986	1170
Psychotic Experiences	970	1150
Emotional Reactivity	940	1083
Discrimination	883	1130
Contact	204	6

Table 2: Percent Enrollment of Student Participants by Survey Year

Percent Enrollment	2023-2024	2024-2025
Started	55.5	77.0
Demographics	55.0	76.5
Substance Use	52.9	67.0
Anxiety/Depression	50.6	61.6
Suicidal Thoughts and Behavior	50.3	61.7
Psychotic Experiences	49.5	60.6
Emotional Reactivity	48.0	57.1
Discrimination	45.0	59.6
Contact	10.4	0.3



12.2 Demographic Information

Note that the table below reflects rates among students surveyed within a given year. See Section 12.1, Table 1 for grades surveyed by year.

Table 3: Demographic Characteristics of Student Participants by Survey Year

Demographics		2023-2024	2024-2025
Grade			
	9	30.8	25.9
	10	23.8	26.8
	11	23.3	24.4
	12	22.1	22.9
Sex			
	Male	48.1	50.4
	Female	51.9	49.6
Gender Identity			
	Boy/man/male	46.9	48.4
	Girl/woman/female	47.5	45.9
	Gender Diverse	4.1	4.3
	Not sure	0.4	0.7
	Don't want to say	1.2	0.8
Sexual Orientation			
	Heterosexual	73.7	77.5
	Sexually Diverse	17.6	16.6
	Not sure	4.2	3.2
	Don't want to say	4.5	2.8
Race			
	White	52.0	54.9
	Haitian, Black or African American	13.9	17.9
	Asian	2.9	3.5
	Hawaiian or Other Pacific Islander	0.6	2.9
	American Indian/Alaska Native	0.5	1.6
	Middle Eastern/North African	1.5	3.0
	Multiracial	9.2	16.2
Ethnicity			
	Not Hispanic/ Latino(a)	56.3	51.9
	Hispanic/ Latino(a)	43.7	48.1



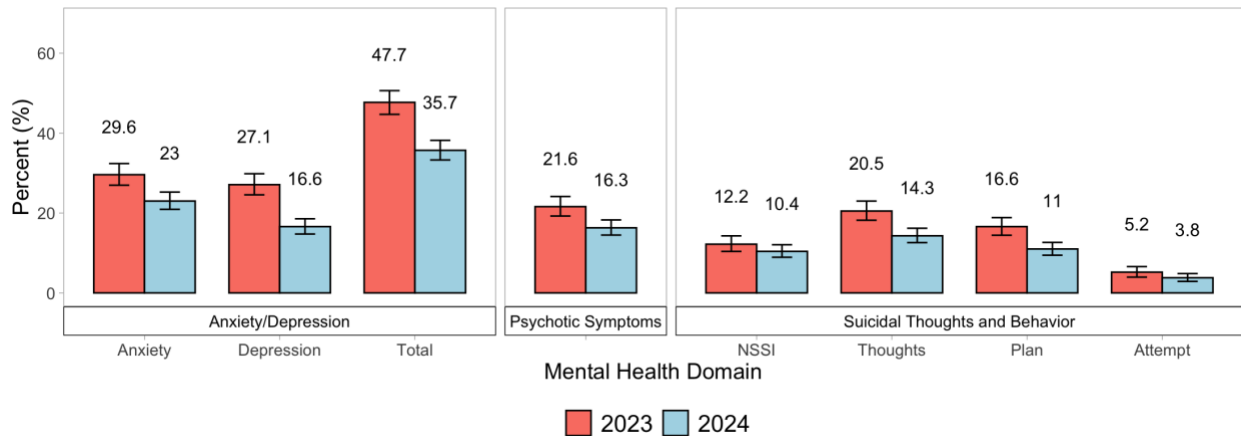
12.3 Emotional Distress

Note that the table below reflects rates among students surveyed within a given year. See Section 12.1, Table 1 for grades surveyed by year.

Table 4: Rates of Psychiatric Symptoms in Full Sample by Survey Year

The threshold for symptoms of anxiety/depression is PHQ-4 scores ≥ 3 . The threshold for psychotic symptoms is APSS scores ≥ 2 . The threshold for suicidal thoughts and behavior is students who answered “yes” for each item.

Mental Health Domain	2023-2024	2024-2025
Anxiety/Depression		
Anxiety	29.6	23.0
Depression	27.1	16.6
Total	47.7	35.7
Psychotic Symptoms		
	21.6	16.3
Suicidal Thoughts and Behavior		
NSSI	12.2	10.4
Thoughts	20.5	14.3
Plan	16.6	11.0
Attempt	5.2	3.8



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 5: Rates of Symptoms of Anxiety/Depression (PHQ-4 scores ≥ 3) by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

Demographics		2023-2024	2024-2025
Grade			
	9	47.5	39.4
	10	42.9	30.2
	11	48.2	35.1
	12	52.5	38.6
Sex			
	Female	57.8	46.9
	Male	37.1	24.7
Sexual Orientation			
	Heterosexual	41.1	31
	Sexually Diverse	71.6	57.7
	Not sure	73.3	50
	Don't want to say	45.8	27.5
Gender Identity			
	Boy/man/male	35.6	23.9
	Don't want to say	69.2	36.4
	Gender Diverse	86.4	69.4
	Girl/woman/female	55.3	44.7
	Not sure	‡	60
Race			
	White	47.8	38.4
	Asian	48.4	29.8
	Haitian, Black or African American	47.7	31.3
	Hawaiian or Other Pacific Islander	‡	33.3
	American Indian/Alaska Native	‡	19
	Middle Eastern/North African	37.5	37.5
	Multiracial	54	35.5
Ethnicity			
	Hispanic/ Latino(a)	50.3	34.9
	Not Hispanic/ Latino(a)	46	37.1

Table 6: Rates of Symptoms of Psychotic Experiences (APSS scores ≥ 2) by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

Demographics		2023-2024	2024-2025
Grade			
	9	23	19.8
	10	23.9	15.3
	11	21.3	14.6
	12	17.5	15.3
Sex			
	Female	22.6	17.8
	Male	20.8	14.9
Sexual Orientation			
	Heterosexual	18	14
	Sexually Diverse	32.6	28
	Not sure	31.1	21.7
	Don't want to say	29.2	12.5
Gender Identity			
	Boy/man/male	20.4	14.1
	Don't want to say	46.2	27.3
	Gender Diverse	43.2	38.7
	Girl/woman/female	20.3	15.8
	Not sure	‡	40
Race			
	White	18.9	15.3
	Asian	25.8	10.6
	Haitian, Black or African American	27.2	17.3
	Hawaiian or Other Pacific Islander	‡	20.5
	American Indian/Alaska Native	‡	14.3
	Middle Eastern/North African	12.5	17.5
	Multiracial	31	17.7
Ethnicity			
	Hispanic/ Latino(a)	24.3	18.5
	Not Hispanic/ Latino(a)	19.7	14.4

Table 7: Rates of Suicidal Thoughts and Behavior (At Least 1 of 4 SI Questions Coded as “Yes”) by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity

Demographics		2023-2024	2024-2025
Grade			
	9	20.9	19.6
	10	25.1	12
	11	25.7	21.3
	12	25.8	17.7
Sex			
	Female	28.7	21.8
	Male	19.2	13.5
Sexual Orientation			
	Heterosexual	17.3	13.4
	Sexually Diverse	51.6	36.8
	Not sure	40	30.4
	Don't want to say	14.6	7.5
Gender Identity			
	Boy/man/male	18.2	12.7
	Don't want to say	53.8	18.2
	Gender Diverse	72.7	43.5
	Girl/woman/female	24.8	19.8
	Not sure	‡	40
Race			
	White	23.9	19.1
	Asian	29	17
	Haitian, Black or African American	27.2	17.7
	Hawaiian or Other Pacific Islander	‡	15.4
	American Indian/Alaska Native	‡	9.5
	Middle Eastern/North African	6.2	5
	Multiracial	32	15
Ethnicity			
	Hispanic/ Latino(a)	23.2	15.4
	Not Hispanic/ Latino(a)	25.3	19.7

For Tables 8.1-8.3, participants were asked: “In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.”

Table 8.1: Access to Formal and Informal Mental Health Supports Among Students in Full Sample Prior to Survey Year

Source	2023-2024	2024-2025
School Counselor	8.7	6.0
Teacher/Coach/School Administrative Staff	9.9	7.5
Youth Wellness Coach	Not Assessed	0.6
Mental Health Professional (Outside of School)	12.5	9.7
Phone/Text Helpline	2.4	1.2
Substance Use Detox or Rehab Center	0.4	0.2
Pediatrician	9.5	6.4
Nurse	Not Assessed	2.5
Parent Or Caregiver	41.7	35.9
Other Relative/Family Member	19.6	19.0
Friend or Romantic Partner	41.8	36.0
Online/Social Media Support Group	2.1	1.1
Emergency Room, Inpatient, or Residential Services	1.7	1.2
Minister or Religious Leader	0.7	1.7
I've talked with another person not listed above	1.8	1.5
I have not talked with anyone	24.8	19.3



Table 8.2: Access to Formal and Informal Mental Health Supports Among Students with Symptoms of Anxiety/Depression (PHQ-4 scores ≥ 3) Prior to Survey Year

PHQ-4 ≥ 3	2023-2024	2024-2025
School Counselor	15.1	12.7
Teacher/Coach/School Administrative Staff	14.9	12.9
Youth Wellness Coach	Not Assessed	0.8
Mental Health Professional (Outside of School)	20.8	21.3
Phone/Text Helpline	4.4	2.9
Substance Use Detox or Rehab Center	0.4	0.2
Pediatrician	14.3	12.7
Nurse	Not Assessed	4.0
Parent Or Caregiver	49.6	48.9
Other Relative/Family Member	25.3	26.9
Friend or Romantic Partner	55.6	58.0
Online/Social Media Support Group	3.5	2.1
Emergency Room, Inpatient, or Residential Services	2.7	2.9
Minister or Religious Leader	0.8	3.5
I've talked with another person not listed above	2.7	2.3
I have not talked with anyone	20.5	15.7



Table 8.3: Access to Formal and Informal Mental Health Supports Among Students with Daily/Near Daily Substance Use Prior to Survey Year

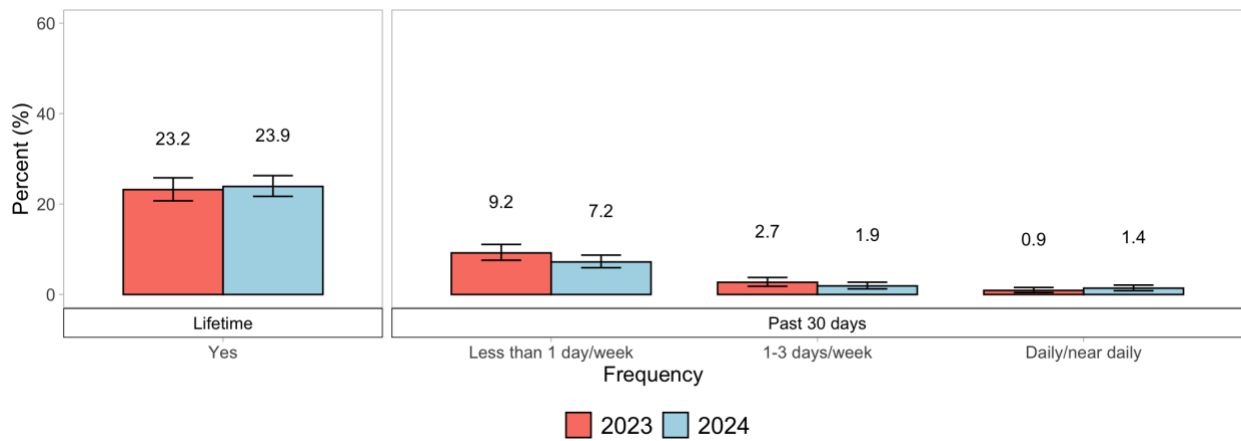
Daily/Near Daily Substance Use	2023-2024	2024-2025
School Counselor	13.7	14.6
Teacher/Coach/School Administrative Staff	17.9	9.5
Youth Wellness Coach	Not Assessed	0.0
Mental Health Professional (Outside of School)	23.2	23.4
Phone/Text Helpline	8.4	1.5
Substance Use Detox or Rehab Center	1.1	0.0
Pediatrician	15.8	12.4
Nurse	Not Assessed	4.4
Parent Or Caregiver	50.5	36.5
Other Relative/Family Member	27.4	24.8
Friend or Romantic Partner	58.9	50.4
Online/Social Media Support Group	2.1	1.5
Emergency Room, Inpatient, or Residential Services	3.2	3.6
Minister or Religious Leader	1.1	1.5
I've talked with another person not listed above	2.1	3.6
I have not talked with anyone	12.6	19.0



12.4 Substance Use

Table 9: Rates of Lifetime and Current (Past 30-Day) Alcohol Use in Full Sample by Survey Year

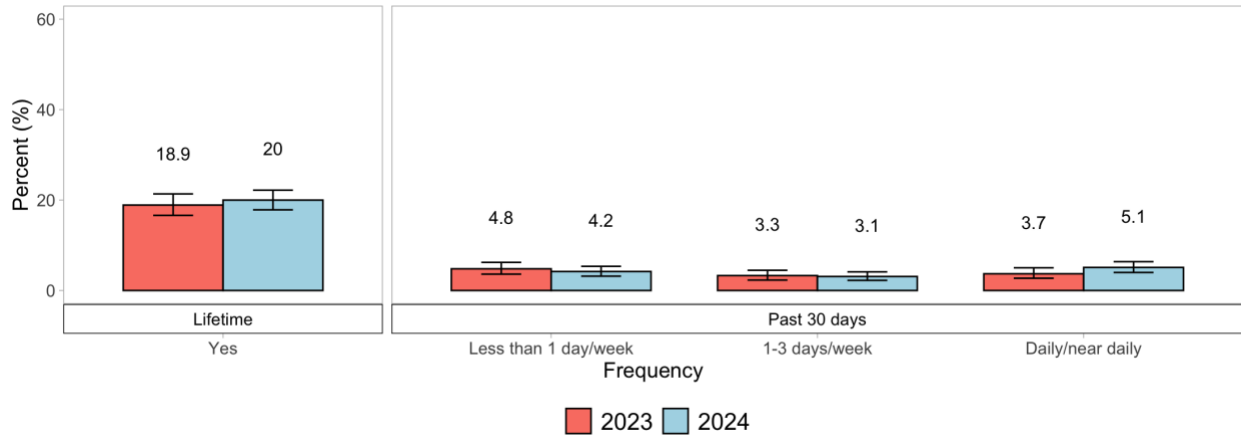
Alcohol Use		2023-2024	2024-2025
Lifetime			
	Yes	23.2	23.9
Past 30 days			
	Less than 1 day/week	9.2	7.2
	1-3 days/week	2.7	1.9
	Daily/near daily	0.9	1.4



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 10: Rates of Lifetime and Current (Past 30-Day) Cannabis Use in Full Sample by Survey Year

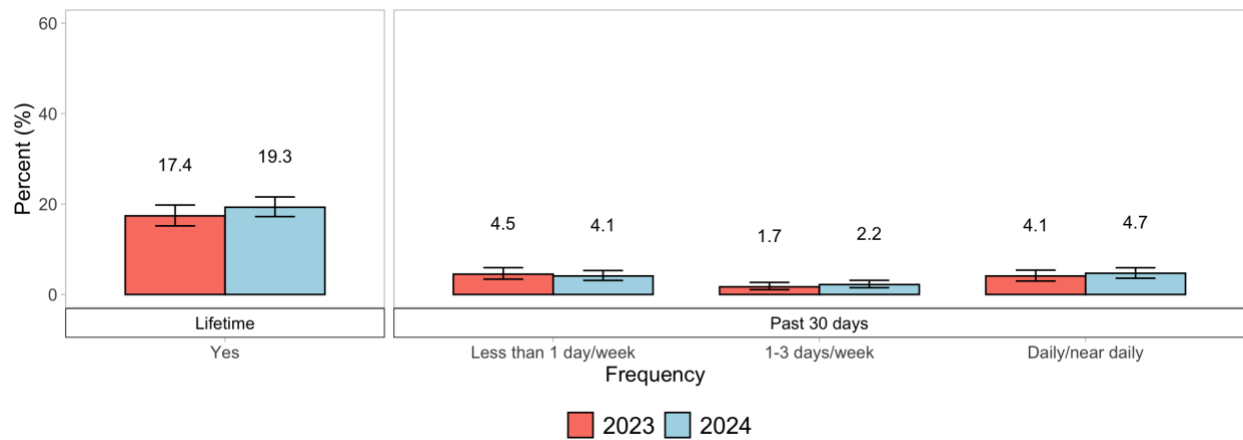
Cannabis Use		2023-2024	2024-2025
Lifetime			
	Yes	18.9	20.0
Past 30 days			
	Less than 1 day/week	4.8	4.2
	1-3 days/week	3.3	3.1
	Daily/near daily	3.7	5.1



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 11: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarette Use in Full Sample by Survey Year

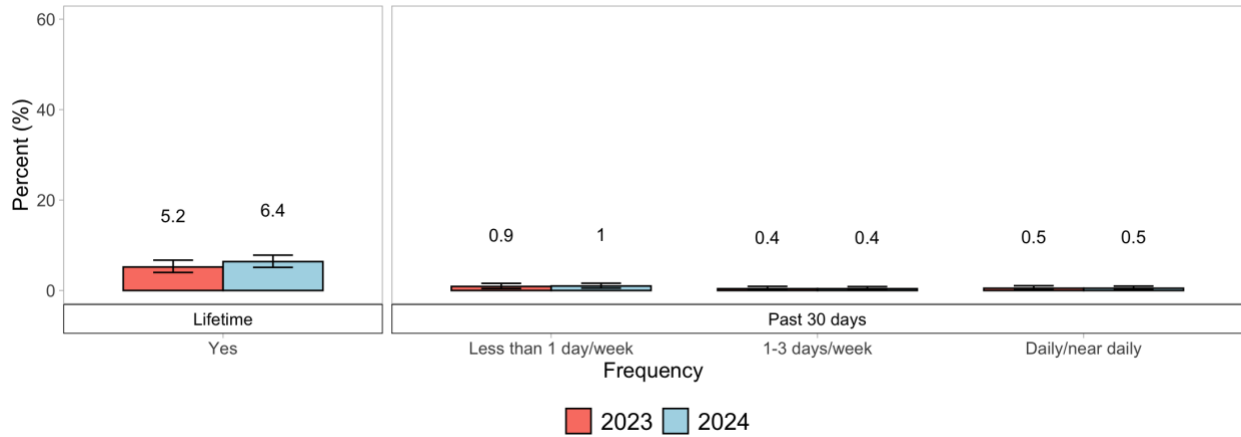
Electronic Cigarette Use		2023-2024	2024-2025
Lifetime			
	Yes	17.4	19.3
Past 30 days			
	Less than 1 day/week	4.5	4.1
	1-3 days/week	1.7	2.2
	Daily/near daily	4.1	4.7



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 12: Rates of Lifetime and Current (Past 30-Day) Cigarette Use in Full Sample by Survey Year

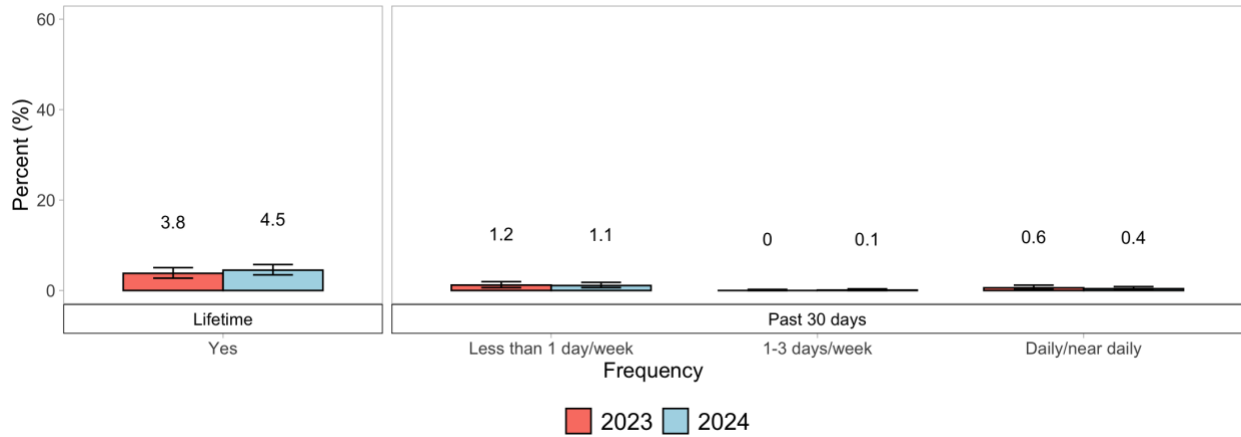
Cigarette Use		2023-2024	2024-2025
Lifetime			
	Yes	5.2	6.4
Past 30 days			
	Less than 1 day/week	0.9	1.0
	1-3 days/week	0.4	0.4
	Daily/near daily	0.5	0.5



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 13: Rates of Lifetime and Current (Past 30-Day) Cigar Use in Full Sample by Survey Year

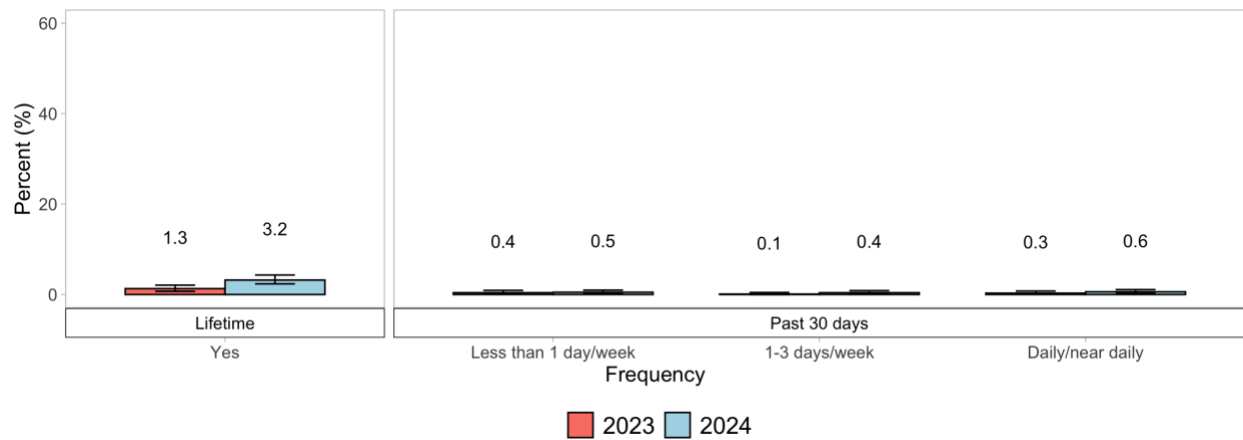
Cigar Use		2023-2024	2024-2025
Lifetime			
	Yes	3.8	4.5
Past 30 days			
	Less than 1 day/week	1.2	1.1
	1-3 days/week	0.0	0.1
	Daily/near daily	0.6	0.4



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 14: Rates of Lifetime and Current (Past 30-Day) Smokeless Tobacco Use in Full Sample by Survey Year

Smokeless Tobacco Use		2023-2024	2024-2025
Lifetime			
	Yes	1.3	3.2
Past 30 days			
	Less than 1 day/week	0.4	0.5
	1-3 days/week	0.1	0.4
	Daily/near daily	0.3	0.6



Note: The y-axis has been truncated to aid in visual interpretation of the error bars.

Table 15: Rates of Lifetime and Current (Past 30-Day) Alcohol Use by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

		2023-2024		2024-2025	
Demographics		Lifetime	Past 30-Day	Lifetime	Past 30-Day
Grade					
	9	12.2	6.3	11.6	5
	10	17.4	10	15.1	6.1
	11	27.7	15.4	25.8	12.9
	12	36.7	20	36.8	15
Sex					
	Female	24.1	12.8	21.9	9
	Male	21	11.9	21.7	10
Sexual Orientation					
	Heterosexual	20.9	11.5	21.3	9.1
	Sexually Diverse	32.1	17.4	26.4	12.6
	Not sure	24.4	11.1	23.9	8.7
	Don't want to say	4.2	4.2	7.5	2.5
Gender Identity					
	Boy/man/male	20.4	11.9	21.2	9.5
	Don't want to say	23.1	15.4	9.1	0
	Gender Diverse	38.6	18.2	29	21
	Girl/woman/female	23.4	12.5	21.7	8.4
	Not sure	‡	‡	40	20
Race					
	White	26.9	15.2	25.9	12.6
	Asian	12.9	9.7	14.9	10.6
	Haitian, Black or African American	19.9	9.9	14	4.9
	Hawaiian or Other Pacific Islander	‡	‡	10.3	5.1
	American Indian/Alaska Native	‡	‡	28.6	14.3
	Middle Eastern/North African	6.2	0	22.5	7.5
	Multiracial	27	14	20.5	7.7
Ethnicity					
	Hispanic/ Latino(a)	19.1	8.2	17.2	5.7
	Not Hispanic/ Latino(a)	25.4	15.6	26	13.1



Table 16: Rates of Lifetime and Current (Past 30-Day) Cannabis Use by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

		2023-2024		2024-2025	
Demographics		Lifetime	Past 30-Day	Lifetime	Past 30-Day
Grade					
	9	10.4	6.9	9	5.6
	10	14.7	5.8	14.1	6.9
	11	23.3	15.4	23	15.7
	12	27.1	19.2	26.3	16.8
Sex					
	Female	20.7	13	19.6	11.5
	Male	15.6	9.6	16	10.5
Sexual Orientation					
	Heterosexual	15.1	10.1	15.1	8.6
	Sexually Diverse	32.1	16.8	30.1	20.9
	Not sure	26.7	17.8	30.4	23.9
	Don't want to say	6.2	4.2	5	5
Gender Identity					
	Boy/man/male	15.2	9.3	15.5	9.8
	Don't want to say	23.1	7.7	18.2	9.1
	Gender Diverse	40.9	20.5	38.7	33.9
	Girl/woman/female	19.3	12.9	18	9.9
	Not sure	‡	‡	30	20
Race					
	White	20.4	12.4	20.7	12.8
	Asian	12.9	12.9	21.3	19.1
	Haitian, Black or African American	19.2	10.6	12.3	7.4
	Hawaiian or Other Pacific Islander	‡	‡	7.7	5.1
	American Indian/Alaska Native	‡	‡	14.3	9.5
	Middle Eastern/North African	6.2	6.2	5	5
	Multiracial	22	16	18.6	10.9
Ethnicity					
	Hispanic/ Latino(a)	17	9.7	16.4	9
	Not Hispanic/ Latino(a)	19.4	12.7	19.3	13



Table 17: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarette Use by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

		2023-2024		2024-2025	
Demographics		Lifetime	Past 30-Day	Lifetime	Past 30-Day
Grade					
	9	11.9	7.2	14.8	8.7
	10	12.7	6.6	14.6	7.2
	11	18.2	11.1	18.3	11.2
	12	25.4	15.8	20.1	11.4
Sex					
	Female	20	11.4	20.1	11.5
	Male	13.1	8.3	13.7	7.7
Sexual Orientation					
	Heterosexual	14.2	8.4	14.8	7.9
	Sexually Diverse	28.4	17.9	27.6	17.6
	Not sure	20	13.3	26.1	17.4
	Don't want to say	4.2	0	2.5	2.5
Gender Identity					
	Boy/man/male	12.6	7.9	13.1	7.3
	Don't want to say	15.4	7.7	18.2	18.2
	Gender Diverse	29.5	15.9	30.6	12.9
	Girl/woman/female	19.5	11.3	19.2	11.3
	Not sure	‡	‡	30	20
Race					
	White	17.5	10.8	19.4	11.2
	Asian	9.7	9.7	17	12.8
	Haitian, Black or African American	16.6	9.3	13.6	5.8
	Hawaiian or Other Pacific Islander	‡	‡	12.8	5.1
	American Indian/Alaska Native	‡	‡	19	4.8
	Middle Eastern/North African	6.2	6.2	12.5	7.5
	Multiracial	24	17	15.5	9.5
Ethnicity					
	Hispanic/ Latino(a)	16.1	8	15.4	8.2
	Not Hispanic/ Latino(a)	16.9	11.2	17.9	10.9



Table 18: Rates of Lifetime and Current (Past 30-Day) Cigarette Use by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

		2023-2024		2024-2025	
Demographics		Lifetime	Past 30-Day	Lifetime	Past 30-Day
Grade					
	9	2.4	0.6	3.4	0.5
	10	4.6	1.2	5.4	1.5
	11	4.7	1.6	7	3.1
	12	9.2	3.8	6.3	1.2
Sex					
	Female	5.2	1.4	5.6	1.4
	Male	4.8	1.9	5.5	1.8
Sexual Orientation					
	Heterosexual	3.7	1.3	4.1	1.1
	Sexually Diverse	11.1	4.2	12.1	3.3
	Not sure	4.4	0	10.9	6.5
	Don't want to say	2.1	0	0	0
Gender Identity					
	Boy/man/male	4	1.6	4.8	1.3
	Don't want to say	0	0	0	0
	Gender Diverse	25	9.1	19.4	9.7
	Girl/woman/female	4.3	1.2	4.7	0.9
	Not sure	‡	‡	20	10
Race					
	White	5.5	1.9	7.1	1.9
	Asian	0	0	8.5	2.1
	Haitian, Black or African American	4	1.3	3.7	0.8
	Hawaiian or Other Pacific Islander	‡	‡	2.6	2.6
	American Indian/Alaska Native	‡	‡	0	0
	Middle Eastern/North African	0	0	2.5	0
	Multiracial	9	3	4.1	1.4
Ethnicity					
	Hispanic/ Latino(a)	3	1.1	3.5	1.3
	Not Hispanic/ Latino(a)	6.2	2.2	7.4	1.9



Table 19: Rates of Lifetime and Current (Past 30-Day) Cigar Use by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

		2023-2024		2024-2025	
Demographics		Lifetime	Past 30-Day	Lifetime	Past 30-Day
Grade					
	9	1.2	0.9	2.6	0.8
	10	2.3	1.2	1.5	0.5
	11	5.1	2	4.8	2
	12	6.7	2.9	7.2	2.4
Sex					
	Female	2.5	1.4	2.5	0.6
	Male	4.8	1.9	5.2	2.2
Sexual Orientation					
	Heterosexual	3.8	1.3	3.6	1.2
	Sexually Diverse	4.2	3.7	5.4	2.1
	Not sure	2.2	2.2	4.3	2.2
	Don't want to say	0	0	2.5	2.5
Gender Identity					
	Boy/man/male	4.7	1.8	4.8	1.7
	Don't want to say	7.7	7.7	9.1	9.1
	Gender Diverse	4.5	2.3	8.1	4.8
	Girl/woman/female	2.3	1.4	2.3	0.5
	Not sure	‡	‡	10	0
Race					
	White	4.1	1.9	5.5	2
	Asian	3.2	3.2	4.3	2.1
	Haitian, Black or African American	4	2	1.2	0.4
	Hawaiian or Other Pacific Islander	‡	‡	2.6	0
	American Indian/Alaska Native	‡	‡	0	0
	Middle Eastern/North African	0	0	0	0
	Multiracial	5	1	4.1	1.4
Ethnicity					
	Hispanic/ Latino(a)	2.8	1.1	2.5	0.9
	Not Hispanic/ Latino(a)	4.2	2.2	5.3	1.9



Table 20: Rates of Lifetime and Current (Past 30-Day) Smokeless Tobacco Use by Grade, Sex, Sexual Orientation, Gender Identity, Race and Ethnicity by Survey Year

[To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.]

Table 21: Percent of Substance Use on School Property in the Past Year Among Students with Lifetime Use of Any Substance, by Survey Year

Substance Use at School	2023-2024	2024-2025
Yes	30.8	28.8
No	69.2	71.2



12.5 Experiences of Discrimination

For Tables 22.1-22.2, participants were asked: “After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.”

Table 22.1: ADDI Results in Full Sample by Survey Year

Discrimination		2023-2024	2024-2025
		Yes (%)	Yes (%)
Educational			
	Discouraged from joining an advanced level class	7.3	5.3
	Wrongly disciplined or given after-school detention	6.4	7.4
	Given a lower grade than you deserved	5.5	5.2
Peer			
	Discouraged from joining a club	4.7	4.4
	Others your age did not include you in their activities	8.9	8.5
	People assumed your English was poor	15.3	13.8
	You were called racially insulting names	25.6	19.7
	You were threatened	7.4	6.4
Institutional			
	People expected more of you than others your age	14.4	12.8
	People expected less of you than others your age	10.2	7.5
	You were hassled by police	4.7	3.9
	You were hassled by a store clerk or store guard	7.7	5.9
	You received poor service at a restaurant or store.	5.8	5.6
	People acted as if they thought you were not smart	11.0	10.6
	People acted as if they were afraid of you	9.6	8.0



Table 22.2: ADDI Results Among Racially Minoritized Participants (Individuals Who Identify as Anything Other Than Non-Hispanic/White) by Survey Year

Discrimination		2023-2024	2024-2025
		Yes (%)	Yes (%)
Educational			
	Discouraged from joining an advanced level class	13.6	8.4
	Wrongly disciplined or given after-school detention	12.0	11.9
	Given a lower grade than you deserved	6.4	8.8
Peer			
	Discouraged from joining a club	6.8	6.6
	Others your age did not include you in their activities	11.1	9.7
	People assumed your English was poor	26.1	24.0
	You were called racially insulting names	36.3	26.6
	You were threatened	10.0	6.9
Institutional			
	People expected more of you than others your age	18.9	14.7
	People expected less of you than others your age	20.4	10.1
	You were hassled by police	8.9	5.3
	You were hassled by a store clerk or store guard	12.2	9.1
	You received poor service at a restaurant or store.	9.1	9.9
	People acted as if they thought you were not smart	20.2	17.2
	People acted as if they were afraid of you	16.3	12.3

Table 23: Experiences of Discrimination Related to Other Personal Identities in Full Sample by Survey Year

Domains of Experienced Discrimination	2023-2024	2024-2025
Gender Identity	5.3	5.2
Sexual Orientation	8.5	6.6
Religion	5.4	4.6
Disability	5.1	4.2
Socioeconomic Status	7.5	5.6
Other	2.5	1.5
None	64.9	60.8



13 References

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14 Appendix

Confidential School-Wide Assessment: Fall 2024 Full Questionnaire

We are a team of doctors and researchers from Massachusetts General Hospital (MGH), and we are asking students to complete this survey about substance use, stress, and mental health. We value your participation – your responses are important in helping us better support students now and in the future!

There are a few important things to know about this survey:

- 1) Everything is voluntary—you do not have to participate in anything you don't want to.
- 2) By completing all or part of this voluntary survey, you are agreeing to participate in this portion of our research. Completing this survey **does not** require you to participate in any of our other clinical research projects.
- 3) Your parents/teachers will not have access to any of the information you provide. **ALL INFORMATION IS CONFIDENTIAL!**
- 4) Make sure to carefully read every question and answer as **honestly** as possible. Remember, all information you provide is confidential.
- 5) If you have any questions about this survey, please contact Dr. Randi Schuster (rschuster@mgm.harvard.edu; (617) 643-6673). If you'd like to speak to someone not involved in this research about your rights as a participant, or any concerns you may have about the research, contact the Mass General Brigham IRB at (857) 282-1900.
- 6) Students who provide complete and valid responses to the survey will be entered into a raffle to win a \$50 gift card. We will also need your LASID (student ID) to enter into the raffle so we know who to give the gift cards to. **Even if you win the raffle, none of your responses will be shared with your school or parent/guardian.**

The next few questions will help us to get to know you better.

What school do you attend? _____

1. What grade are you in?

- ☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade
☐ 10th grade ☐ 11th grade ☐ 12th grade ☐ After 12th grade or I do not have a grade

2. What month were you born in?

- ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

3. What year were you born in? Please enter a four-digit year. For example, if you were born in 2007, enter 2007.

4. What is your sex? This question is asking about your sex assigned at birth. This is what the doctor put on your birth certificate.

- ☐ Male (Boy/man) ☐ Female (Girl/woman)

5. What is your current gender identity? Please choose the option that best describes you.

- ☐ Boy/man/male ☐ Girl/woman/female ☐ Transgender boy/man/male
☐ Transgender girl/woman/female ☐ Non-binary, genderqueer, or not exclusively male or female
☐ Another gender ☐ Not sure ☐ I don't want to say

5A. ♦ If another gender not listed here, please specify: _____



- 6. Do you think of yourself as:** ☐ Straight or heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Queer
☐ Pansexual, omnisexual, or polysexual ☐ Asexual ☐ Something else ☐ Questioning or still figuring it out
☐ I haven't thought about it or I don't know what this question means ☐ I don't want to say

6A. ♦ If something else not listed here, please specify: _____

- 7. Are you Hispanic or Latino/a/x?** *Someone who is Hispanic/Latino/a usually has family from Cuba, Mexico, Puerto Rico, South America, Central America, Spain, or another Spanish speaking country.*
☐ No, I am not Hispanic or Latino/a/x ☐ Yes, I am Hispanic or Latino/a/x

8. What is your race?

- ☐ White ☐ Haitian, Black or African American ☐ Asian
☐ Hawaiian or Other Pacific Islander
☐ American Indian/Alaska Native ☐ Middle Eastern/North African ☐ More than one race

8A. ♦ If you are more than one a race, please specify:

Check all that apply.

- ☐ White ☐ Haitian, Black or African American ☐ Asian
☐ Hawaiian or Other Pacific Islander
☐ American Indian/Alaska Native ☐ Middle Eastern/North African

9. Is English the first language you learned to speak?

- ☐ No ☐ Yes

If no:

9A. ♦ What is the first language you learned to speak?

9B. ♦ How comfortable are you having a conversation in English on a scale from 1 to 10, with 1 being very uncomfortable and 10 being very comfortable?

10. Is English the language most commonly spoken at home?

- ☐ No ☐ Yes

If no:

10A. ♦ What is the language most commonly spoken at home?

11. Please select option 4 below. We are just making sure you are paying attention!

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

The next question asks you to report your LASID, also known as your student identification (or ID) number. We will NOT use this information to find out your name. This information will ONLY be used to link records over time.

12. What is your LASID (student ID)?



The next section asks a few more questions to help us get to know you better. These questions may be used to link survey records over time, but we will not use this information to find out your name.

13. How many older siblings do you have?

☐ 0 (I am the oldest sibling or I have no siblings) ☐ 1 ☐ 2 ☐ 3+

If you have at least one sibling:

13A. ♦ What month was your oldest sibling born in?

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

14. What is the 3rd letter of your first name? Please answer based on your full name, not nickname. For example, if your name is Jacob (and your nickname is Jake), you would answer C.

15. Do you have a middle name?

☐ No ☐ Yes

If yes:

15A. ♦ What is the 1st letter of your middle name? If you have 2 middle names, please give the 1st letter of your 1st middle name. For example, if your middle name was Melissa, you would answer M.

16. What best describes the color of your eyes?

☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray

17. What are the first 3 letters of the street you lived on at the beginning of 5th grade? Please only answer with letters, not numbers. For example, if you lived on 20 Stream Court, you would answer "Str." If you lived on 123 4th Street, you would answer "Fou". _____



The next section asks about your experience with alcohol (e.g., beer, wine, flavored alcoholic beverages, liquor such as rum, gin, vodka, or whiskey). For these questions, drinking alcohol does not include drinking a few sips of alcohol with family or for religious purposes.

18. Have you ever had at least one full drink of alcohol?

- ☐ No ☐ Yes

If yes, you have had at least one full drink of alcohol, respond to the remaining items in this section (20A through 20E):

18A. ♦ In the past 4 weeks (on average), how often did you drink alcohol (at least 1 full drink, not just a sip)?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use and reported biological sex is male:

18A.1. ♦ In the past 4 weeks (on average), on how many days did you have 5 or more drinks of alcohol in a row? "In a row" means within a couple of hours.

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use and reported biological sex is female:

18A.2. ♦ In the past 4 weeks (on average), on how many days did you have 4 or more drinks in a row? "In a row" means within a couple of hours.

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

18A.3. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of alcohol?

- ☐ No
- ☐ Yes, I'm planning to **reduce** (but not quit) alcohol use in the next 4 weeks
- ☐ Yes, I'm planning to **quit** alcohol use completely in the next 4 weeks

We are now going to ask some more detailed questions about your experiences with alcohol use (e.g., beer, wine, flavored alcoholic beverages, liquor such as rum, gin, vodka, or whiskey) during different time frames. For these questions, drinking alcohol does not include drinking a few sips of alcohol with family or friends or for religious purposes.

Branching Logic: If yes, you have had at least one full drink of alcohol in your lifetime and if no past 4-week use or 4-week use question was left blank, respond to 19B:

Past Year:

18B. ♦ In the past year did you have a drink of alcohol?

- ☐ Yes
- ☐ No

Branching Logic: If you said yes to past year use or yes to past 4-week use, respond to 19C.1-19C.10:

Past 6 Months:



18C.1 • In the last 6 months how often did you have a drink of alcohol?

- (A) Never
- (B) Monthly or less
- (C) 2-3 times a month
- (D) 2-3 times a week
- (E) 4 or more times a week

18C.2 • In the last 6 months how many standard drinks containing alcohol did you have on a typical day when drinking?

- (A) 1 to 2
- (B) 3 to 4
- (C) 5 to 6
- (D) 7 to 9
- (E) 10 or more

18C.3 • In the last 6 months how often did you have six or more drinks on one occasion

- (A) Never
- (B) Less than monthly
- (C) Monthly
- (D) Weekly
- (E) Daily or almost daily

18C.4 • During the last 6 months how often have you found that you were not able to stop drinking once you had started?

- (A) Never
- (B) Less than monthly
- (C) Monthly
- (D) Weekly
- (E) Daily or almost daily

18C.5 • During the last 6 months how often have you failed to do what was normally expected of you because of drinking?

- (A) Never
- (B) Less than monthly
- (C) Monthly
- (D) Weekly
- (E) Daily or almost daily

18C.6 • During the last 6 months how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- (A) Never
- (B) Less than monthly
- (C) Monthly
- (D) Weekly
- (E) Daily or almost daily

18C.7 • During the last 6 months how often have you had a feeling of guilt or remorse after drinking?

- (A) Never
- (B) Less than monthly
- (C) Monthly
- (D) Weekly
- (E) Daily or almost daily

18C.8 • During the last 6 months have you been unable to remember what happened the night before because you had been drinking

- (A) Never
- (B) Less than monthly
- (C) Monthly
- (D) Weekly
- (E) Daily or almost daily

18C.9 • Have you or someone else been injured as a result of your drinking?

- (A) No
- (B) Yes, but not in the last 6 months
- (C) Yes, during the last 6 months

18C.10 • Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- (A) No
- (B) Yes, but not in the last 6 months
- (C) Yes, during the last 6 months

Branching Logic:



Past 4 Weeks:

Previously, you told us how often you drank alcohol in the past 4 weeks:

Branching logic: If you said "only once" to 19A

If you said only once that would be around 1 day

Branching logic: If you said "less than once per week" to 19A

If you said less than once per week that would be around 2-3 days

Branching logic: If you said "on at least 1 day per week" to 19A

If you said on at least 1 day per week that would be around 4-6 days

Branching logic: If you said "on 2-3 days per week" to 19A

If you said on 2-3 days per week that would be around 8-12 days

Branching logic: If you said "on 4-6 days per week" to 19A

If you said on 4-6 days per week that would be around 16-24 days

Branching logic: If you said "every day" to 19A

If you said every day that would be around 28-31 days

18D. ♦ Now we would like to know the number of days you drank alcohol in the past 4 weeks. In the past 4 weeks, how many days did you drink alcohol? _____

The next section asks about your experience with marijuana (e.g., pot, weed, cannabis, THC, dab pens, edibles).

19. Have you ever used marijuana?

☐ No ☐ Yes

19C. ♦ In the past 4 weeks (on average), how often have you used marijuana?

- | | |
|---|--|
| <input type="radio"/> (A) 0 times | <input type="radio"/> (D) On at least 1 day per week |
| <input type="radio"/> (B) Only once | <input type="radio"/> (E) On 2-3 days per week |
| <input type="radio"/> (C) Less than once per week | <input type="radio"/> (F) On 4-6 days per week |
| | <input type="radio"/> (G) Every day |

If you have used marijuana in the past 4 weeks, answer 21C.1 and 21C.2:

19C.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of marijuana?

- ☐ No
- ☐ Yes, I'm planning to **reduce** (but not quit) marijuana use in the next 4 weeks
- ☐ Yes, I'm planning to **quit** marijuana use completely in the next 4 weeks

19C.2. ♦ How soon after you wake up do you want (or have a craving) to use marijuana?

- ☐ I want to use marijuana within 10 minutes of waking up
- ☐ I want to use marijuana within 11 to 30 minutes of waking up
- ☐ I want to use marijuana within 31 to 60 minutes of waking up
- ☐ I want to use marijuana after more than 1 hour of waking up but sometime during that day
- ☐ I never/rarely want (or have a craving) to use marijuana

If you have ever used marijuana in your life and either have not used in the past 30 days or did not answer past 30-day use, please respond to the following questions (21D-21F):

We are now going to ask some more detailed questions about your experiences with marijuana use.

Past Year:

19D. ♦ In the past year have you used marijuana?

- ☐ Yes
- ☐ No



Branching Logic:

Past 4 Weeks:

Previously, you told us how often you used marijuana in the past 4 weeks:

Branching logic: If you said "only once" to 20C

If you said only once that would be around 1 day

Branching logic: If you said "less than once per week" to 20C

If you said less than once per week that would be around 2-3 days

Branching logic: If you said "on at least 1 day per week" to 20C

If you said on at least 1 day per week that would be around 4-6 days

Branching logic: If you said "on 2-3 days per week" to 20C

If you said on 2-3 days per week that would be around 8-12 days

Branching logic: If you said "on 4-6 days per week" to 20C

If you said on 4-6 days per week that would be around 16-24 days

Branching logic: If you said "every day" to 20C

If you said every day that would be around 28-31 days

19E. ♦ Now we would like to know the number of days you used marijuana in the past 4 weeks. In the past 4 weeks, how many days did you use marijuana? _____

The next section asks about your experience with different ways of using nicotine or flavors.

Vapes (for nicotine)

Vapes include e-cigarettes, vape pens, e-cigars, e-hookahs, hookah pens, mods, and other electronic vapor products (e.g., Puff Bar, JUUL, SMOK, Suorin, Vuse, and blu).

20. Have you ever used a vape for nicotine

☐ No ☐ Yes

If yes:

20A. ♦ In the past 4 weeks (on average), how often have you used a vape for nicotine?

- | | |
|-----------------------------|--------------------------------|
| (A) 0 times | (D) On at least 1 day per week |
| (B) Only once | (E) On 2-3 days per week |
| (C) Less than once per week | (F) On 4-6 days per week |
| | (G) Every day |

If you have used a vape for nicotine or flavors in the past 4 weeks:

20A.1. ♦ In the next 4 weeks, are you seriously considering quitting or reducing your use of vapes for nicotine?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) my use of vapes in the next 4 weeks
☐ Yes, I'm planning to **quit** use of vapes completely in the next 4 weeks

Cigarettes

21. Have you ever tried smoking a cigarette?

☐ No ☐ Yes

If yes:

21A. ♦ In the past 4 weeks (on average), how often have you smoked cigarettes?

- | | |
|-----------------------------|--------------------------------|
| (A) 0 times | (D) On at least 1 day per week |
| (B) Only once | (E) On 2-3 days per week |
| (C) Less than once per week | (F) On 4-6 days per week |
| | (G) Every day |

Cigars, cigarillos, or little cigars (e.g., Black & Mild, Swisher Sweet, Phillies, Backwoods)



22. Have you ever tried smoking a cigar, cigarillo, or little cigar?

☐ No ☐ Yes

If yes:

22A. ♦ In the past 4 weeks (on average), how often have you smoked cigars, cigarillos, or little cigars?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

Smokeless tobacco (e.g., nicotine pouches, chewing tobacco, snuff, dip, snus, or dissolvable tobacco products such as Zyn, On! Velo, Skoal, Grizzly, Copenhagen, Camel Snus, Marlboro Snus)

23. Have you ever used smokeless tobacco?

☐ No ☐ Yes

If yes:

23A. ♦ In the past 4 weeks (on average), how often have you used smokeless tobacco?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If you have used any nicotine product (including vape, cigarettes, cigars, cigarillos, little cigars, smokeless tobacco, or other nicotine products) in the past 4 weeks, answer 24:

These next questions are about your experiences across all nicotine/tobacco products you have used in the past 4 weeks.

24. How soon after you wake up do you want (or have a craving) to use a nicotine/tobacco product of any kind?

- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 10 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 11 to 30 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 31 to 60 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) after more than 1 hour of waking up but sometime during that day
- ☐ I never/rarely want (or have a craving) to use a nicotine/tobacco product

If you have ever used a vape in your life, respond to the following questions (22B-22D):

We are now going to ask some more detailed questions about your experiences with vapes.

Branching Logic:

Past Year:

20B. ♦ In the past year have you used vapes for nicotine?

☐ Yes
☐ No

Branching Logic:

Past 4 Weeks:

Previously, you told us how *often* you used a vape for nicotine in the past 4 weeks:



Branching logic: If you said "only once" to 21A
 If you said *only once* that would be around 1 day

Branching logic: If you said "less than once per week" to 21A
 If you said *less than once per week* that would be around 2-3 days

Branching logic: If you said "on at least 1 day per week" to 21A
 If you said *on at least 1 day per week* that would be around 4-6 days

Branching logic: If you said "on 2-3 days per week" to 21A
 If you said *on 2-3 days per week* that would be around 8-12 days

Branching logic: If you said "on 4-6 days per week" to 21A
 If you said *on 4-6 days per week* that would be around 16-24 days

Branching logic: If you said "every day" to 21A
 If you said *every day* that would be around 28-31 days

20C. ♦ Now we would like to know the number of days you used a vape for nicotine in the past 4 weeks. In the past 4 weeks, how many days did you use a vape for nicotine or flavors? _____

The next section asks about your experiences with other drugs.

- 25. Have you ever tried any of the following other drugs in your life? Check all that apply.**
- ☐ Prescription drugs not used as prescribed (e.g., Adderall, Ritalin, Xanax, oxycodone, codeine)
 - ☐ Hallucinogens or dissociative drugs (e.g., mushrooms, LSD, Acid, PCP, ketamine, DXM)
 - ☐ Club drugs (e.g., Ecstasy, MDMA, Molly, GHB)
 - ☐ Cocaine (e.g., powder, crack, or freebase)
 - ☐ Methamphetamine (also called speed, crystal meth, crank, ice, or meth)
 - ☐ Heroin or fentanyl (e.g., smack, junk, or China White)
 - ☐ Inhalants (e.g., whippets, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays)
 - ☐ Anabolic steroids (e.g., juice, pumpers, tren, dbol, roids)
 - ☐ I have not used any of the above drugs

26. Please select option 2 below. We are just making sure you are still paying attention!

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

If you are in grade 9 or higher, answer 27 - 28A:

The next section asks about experiences related to discrimination.

27. After each statement, tell us if you have experienced each of the following types of discrimination because of your <u>race or ethnicity</u> .	Have you experienced this?		If yes to having experienced each time: Did it upset you?				
			Not at all	Slightly	Moderately	Considerably	Extremely
Remember, for these questions, we are only interested in occasions when racial-ethnic discrimination was at least partly responsible for your experience.							
A. You were discouraged from joining an advanced level class.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. You were wrongly disciplined or given after-school detention.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. You were given a lower grade than you deserved.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. You were discouraged from joining a club.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Others your age did not include you in their activities.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. People expected more of you than they expected of others your age.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. People expected less of you than they expected of others your age.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. People assumed your English was poor.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. You were hassled by police. <i>For example, you were given a hard time or harassed.</i>	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. You were hassled by a store clerk or store guard. <i>For example, you were given a hard time or harassed.</i>	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. You were called racially insulting names.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. You received poor service at a restaurant or store.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. People acted as if they thought you were not smart.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. People acted as if they were afraid of you.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. You were threatened.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In the past 12 months, have you experienced discrimination related to any of the following other aspects of who you are? Check all that apply.

- ☐ Your gender identity or what others think it is
- ☐ Your sexual orientation or what others think it is
- ☐ Your religion or what others think it is
- ☐ A disability you have or others think you have
- ☐ How much money your family has or how much others think they have
- ☐ Other
- ☐ I have not experienced discrimination in the last 12 months

28A. • If other, please specify: _____

The next section asks about your emotional health.

29. Over the last 2 weeks, how often have you been bothered by:	Not at all	Several days	More than half the days	Nearly every day
A. Feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Feeling nervous, anxious, or on edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Not being able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.	No	Yes
During the past 12 months....		
A. ...did you ever have thoughts about killing yourself (ending your life)?	<input type="checkbox"/>	<input type="checkbox"/>
B. ... did you think about how you would kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>



C. ... did you try to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>
D. ...did you hurt yourself on purpose without trying to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>

If you are having thoughts or feelings of suicide, please know there are people who can help. Here are some numbers you can use 24 hours a day, 7 days a week to talk to someone who cares.

- **Crisis Text Line: 741741**
- **National Suicide Prevention Lifeline: 9-8-8**

Please also make sure to talk to a trusted adult if you ever feel like you cannot keep yourself safe or need extra support.

31. Have these experiences <u>ever</u> happened to you?	No, never	Maybe	Yes, definitely
A. Some people believe that their thoughts can be read by another person. Have other people ever read your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever had messages sent just to you through TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever thought that people are following or spying on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever heard voices or sounds that no one else can hear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever felt you were under the control of some special power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever seen things that other people could not see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever felt like you had extra-special powers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Please rate the following statements based on how you experience emotions on a regular basis.	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
A. When something happens that upsets me, it's all I can think about for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My feelings get hurt easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When I experience emotions, I feel them very strongly/intensely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When I'm emotionally upset, my whole body gets physically upset as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I tend to get very emotional very easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I experience emotions very strongly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I often feel extremely anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Even the littlest things make me emotional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. When I am angry/upset, it takes me much longer than most people to calm down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. I get angry at people very easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I am often bothered by things that other people don't react to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. I am easily agitated (shaken up or bothered).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. My emotions go from neutral (neither happy or upset) to extreme in an instant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. People tell me that my emotions are often too intense for the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. I am a very sensitive person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. My moods are very strong and powerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. I often get so upset it's hard for me to think straight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Other people tell me I'm overreacting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. In the past 12 months, have you been prescribed a medication for your mental or emotional health (for example, for your feelings, mood, or behavior)?

☐ No ☐ Yes ☐ Not sure



The next few questions ask about different types of support you might receive from people in your life.

34. In the past 12 months, which of the following people have you talked with about your feelings, mood, behavior, or substance use? Check all that apply.

- ☐ Parent or caregiver
- ☐ Other relative/family member
- ☐ Friend or romantic partner
- ☐ Teacher/Coach/School Administrative Staff (e.g., principal, vice principal, dean)
- ☐ School Counselor
- ☐ Youth Wellness Coach
- ☐ Mental health professional outside of school (e.g. psychologist, social worker, counselor)
- ☐ Pediatrician
- ☐ Minister or religious leader (e.g. Priest, Rabbi, Chaplain)
- ☐ Phone/text helpline (e.g. Lifeline)
- ☐ Online/social media support group
- ☐ Emergency room, inpatient or residential services
- ☐ Substance use detox or rehab center
- ☐ I've talked with another person not listed above about my mood or feelings in the past year (please list in space provided)
- ☐ I have not talked with anyone about my mood or feelings in the past year

34A. ♦ If you have talked to someone else not listed here about your feelings, mood, or behavior, please specify: _____

If yes to school personnel [Teacher/Coach/School Administrative Staff; School Counselor; YWC], respond to remaining items in this section:

34B. ♦ In the past 6 months, how often did you talk to someone at school about your feelings, mood, or behavior, or substance use? Do not include times when you talked to someone at school as part of school screening or curriculum given to all students in your grade.

- ☐ 0 times ☐ 1 time ☐ 2-5 times ☐ 6-10 times ☐ More than 10 times

34C. ♦ In the past 6 months, how helpful did you find this/these conversations?

- ☐ Extremely unhelpful
- ☐ Unhelpful
- ☐ Neither helpful nor unhelpful
- ☐ Helpful
- ☐ Extremely helpful

35. In the past 6 months, has a school staff member or outside professional suggested you speak to an adult outside of school about your mental health or substance use.

- ☐ Yes
☐ No

If yes answer 43A and 43B:

35.A ♦ Who did they suggest you speak to? Check all that apply:

- ☐ Parent or guardian
- ☐ Mental health professional, therapist, psychologist, psychiatrist, social worker, or substance use counselor
- ☐ Pediatrician or primary care doctor
- ☐ Other (please specify): _____

35.B ♦ Have you met with this person/these people yet?

- ☐ Yes
- ☐ No, but I'm going to
- ☐ No, and I am not planning to



36. The next question asks about close connections you might have with people. A close connection is someone who listens to you, believes in you, and/or cares about you.

36.A. ♦ Do you have a close connection with a friend your own age?

☐ No ☐ Yes

36.B. ♦ Do you have a close connection with a parent or adult outside of school?

☐ No ☐ Yes

36.C. ♦ Do you have a close connection with a teacher or adult at school?

☐ No ☐ Yes

37. How happy are you with the support you receive from the people in your life?

☐ Very unhappy

☐ Unhappy

☐ Neutral (Not unhappy or happy)

☐ Happy

☐ Very happy

38. Approximately what time do you usually.....

38A. ♦wake up on a school day? _____

38B. ♦go to sleep on a school day? _____

39. How sleepy do you usually feel during a school day on a scale from 1 to 10, with 1 being not sleepy at all and 10 being extremely sleepy?

40. I feel worried about climate change.

☐ No ☐ Yes

If yes, you feel worried about climate change, respond to the remaining items in this section (X through X):

40A. ♦ My worries about climate change make it hard for me to have fun, focus, or sleep.

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost Always

40B. ♦ I have helpful ways to deal with my worries about climate change.

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost Always

41. The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).

How often do you use social media?

☐ I do not use social media

☐ A few times a month

☐ About once a week

☐ A few times a week

☐ About once a day

☐ Several times a day

☐ About once an hour

☐ More than once an hour

This last section asks about your experiences at school.

42. During the past 12 months, did you play on a school sports team?

☐ No ☐ Yes



43. During the past 12 months, how would you describe your grades in school?

- ☐ Mostly A's ☐ Mostly B's ☐ Mostly C's
☐ Mostly D's ☐ Mostly F's ☐ Mixed grades that range from A's and B's to C's and D's.
☐ None of these grades ☐ Not sure

44. During the past 12 months, were you suspended from school for any reason?

- ☐ No ☐ Yes

If yes:

44A. ♦ During the past 12 months, were you suspended from school for something having to do with alcohol, vaping, or other drugs?

- ☐ No ☐ Yes

If you have ever used alcohol, marijuana, nicotine, or other drugs answer 45:

45. During the past 12 months, have you used alcohol, marijuana, nicotine (vapes, cigarettes, etc.), or other drugs on school property?

- ☐ No ☐ Yes

46. Do you have an IEP (Individualized Education Program) at school? An IEP is a plan or program developed by school for extra supports or services to help students who have difficulties that sometimes make learning in school challenging.

- ☐ No ☐ Yes ☐ Not sure



OPTIONAL CONTACT INFORMATION

Please provide any contact information you feel comfortable sharing if you're interested in learning about any of our clinical research studies. Remember, our research studies are confidential (no information will be shared with parents, peers or teachers). All of our studies take place at school or online. You can be paid for participation in our clinical research studies.

If you are interested in participating in our clinical research studies but do not feel comfortable providing contact information on this survey, please contact the program PI, Dr. Randi Schuster (rschuster@mgm.harvard.edu; (617) 643-6673).

Name: _____

Phone: (Home): _____

(Cell): _____

Email: _____

DOB: _____

What are the best ways to reach you (circle all that apply)?

- (a) Call me
- (b) Text me
- (c) Email me
- (d) Other: _____

(For 6th-8th grade)

Please provide the following information for your parent/guardian:

Name: _____

Phone: _____

Relationship to you: _____

Thank you for completing this survey!



OPTIONAL

Please click the box below if you would like for us to tell someone at your school that you are interested in talking about your mood, emotions, or behaviors. Some students find this helpful. **This is voluntary – meaning, it is completely your choice!**

If you click the box below, we will ONLY share your LASID. No other information from the survey will be shared (for example, your answers to questions about mood or substance use).

“ Yes, I would like MGH to let someone at my school know that I want to talk about my mood, emotions, or behaviors. I know this means MGH will be sharing my LASID with the school.

If yes and LASID was NOT entered previously:

Please enter your LASID (student ID) so we can make this connection for you. If you do not enter your LASID, or do not enter it correctly, we will not be able to let your school know you want to talk.

_____ (number field)

If you do not know your LASID (student ID) but want to talk to someone at school about your mood, emotions, or behaviors, please tell your guidance counselor or other trusted adult.

If yes and LASID was entered previously: Please confirm your LASID (student ID) so we can make this connection for you. **If you do not enter your LASID, or do not enter it correctly, we will not be able to let your school know you want to talk.**

Is [response from question 1] correct?

“ Yes “No

If no:

Please re-enter your LASID here: _____ (number field)

If you do not know your LASID (student ID) but want to talk to someone at school about your mood, emotions, or behaviors, please tell your guidance counselor or other trusted adult.

This request is NOT monitored in real-time. There are some resources below if you need more immediate help. You may want to take a picture of these so you can look at them later.

If you are concerned that you or someone else may be at risk for suicide:

- Please call: 911 or 988 (Suicide and Crisis Lifeline)
- Youth Peer-to-Peer Line: Call (877) 968-8491 or Text 839-863
- Kiva Center Warm Line: (508) 688-5898

If you are concerned about your substance use:

- MA Substance Use Helpline: Call or text (800) 327-5050 or go to helplinema.org
- This is Quitting: Text “VapeFreeMass” to 88709 or go to truthinitiative.org

If you are concerned about other aspects of your mental health:

- MA Behavioral Health Help Line: Call or text 833-773-2445 or go to masshelpline.com
- Crisis Text Line: Text HOME to 741-741

