

Alabama Statewide Survey of Young Adults

Thank you for participating in this survey! The Alabama Department of Mental Health (ADMH) is asking individuals between the **ages of 18-25 years** to share their opinions about substance use, mental health, and other related topics. This survey is completely anonymous and will be used to help inform prevention efforts in your community. It should only take up to a maximum of 15 minutes of your time.

Important Information for Respondents

- **This survey is completely anonymous** and does not record any personal identifying information (PII). Please answer all questions truthfully. Do not record your name anywhere on the survey.
- **The survey is completely voluntary.** You may choose not to participate at any time. You may skip any questions you are not comfortable answering. (Note: There are three questions at the start of the survey that are required, for qualification purposes.)
- The information from the survey will be released in summary form only. **No individual responses will be shared.**
- At the end of the survey, you will be able to **enter a drawing for a gift card.** Your contact information for the drawing will be collected in a separate location and can never be linked to your survey responses. You may only enter the drawing once; duplicate entries will be discarded.

If you have any questions or concerns about the survey, please contact OMNI Institute at ALSupport@omni.org or 303.839.9422. OMNI Institute is a nonprofit organization working with the Alabama Department of Mental Health and coalitions across the state of Alabama to learn more about substance use, mental health, and health-related behavior, among young adults.

Continuing with the next pages of this paper survey indicates that:

- You have read and understand the above information
- You voluntarily agree to participate
- You are between the ages of 18 and 25 years old
- You are an Alabama resident or live in Alabama for most of the year (i.e., attend an Alabama college or university)

Introduction:

In this survey we ask questions about alcohol, tobacco/vaping, prescription drug and other drug use, marijuana/cannabis, over-the-counter (OTC) medications, stimulants, and mental health. Some questions ask you to reflect on your own use and others ask for your perceptions of use in your community. **Here are some definitions that should help clarify some of the survey contents:**

Prescription drug misuse refers to use in ways a doctor did not direct you to use it (e.g. a lower or higher dose, using someone else's prescription, using a prescription drug purchased specifically with the intent to get high). Examples:

- **Opioid** pain relievers (e.g. Fentanyl, Vicodin, Oxycontin/Oxycodone, Darvon, Dilaudid)
- **Depressants or sedatives** generally used to treat anxiety or sleep disorders (e.g. benzodiazepines (Xanax, Valium, Ativan, Klonopin, Nembutal))
- **Stimulants** generally used to treat ADHD and narcolepsy (e.g. Adderall, Ritalin, Concerta, Dexedrine, other amphetamines)

Over-the-counter (OTC) drug misuse refers to the use of non-prescription medication in a way contrary to its intended use or instructions, for the experience or feeling it causes or for a desired effect. Examples:

- **Cough, cold, or allergy medicines** (e.g. Diphenhydramine (e.g. Benadryl), Dextromethorphan (in Coricidin, Robitussin; aka DXM, skittles), Pseudoephedrine (e.g. Sudafed))
- **Asthma or diet medications** (e.g. ephedrine, ephedra (e.g. Bronch-aid, Primatene, Dexatrim))
- **Motion sickness drugs** (e.g. Dimenhydrinate (Dramamine aka Dime tabs, substance D)),
- **Other OTC stimulants** (e.g. caffeine pills (e.g. No Doze))
- **Anti-diarrhea drugs** (e.g. loperamide (e.g. Imodium))

CONTINUE TO NEXT PAGE TO BEGIN SURVEY



1. **Have you taken this survey in the last 12 months?*** *(Your response is required)*
 - No [Skip to Question 2]
 - Yes [Discontinue this survey]

2. **How old are you?*** *(Your response is required)*
 - Under 18 [Discontinue this survey]
 - 18-20 [Skip to Question 3]
 - 21-25 [Skip to Question 3]
 - Over 25 [Discontinue this survey]

3. **I am an Alabama resident or live in Alabama for most of the year (i.e., attend an Alabama college or university)** *(Your response is required)*
 - No [Discontinue this survey]
 - Yes [Continue to Question 3a]

3a. Which Alabama county do you live in for most of the year? Please circle.

If you are unsure, please enter a city or zip code here: _____

Autauga	Cleburne	Fayette	Lowndes	Russell
Baldwin	Coffee	Franklin	Macon	Shelby
Barbour	Colbert	Geneva	Madison	St. Clair
Bibb	Conecuh	Greene	Marengo	Sumter
Blount	Coosa	Hale	Marion	Talladega
Bullock	Covington	Henry	Marshall	Tallapoosa
Butler	Crenshaw	Houston	Mobile	Tuscaloosa
Calhoun	Cullman	Jackson	Monroe	Walker
Chambers	Dale	Jefferson	Montgomery	Washington
Cherokee	Dallas	Lamar	Morgan	Wilcox
Chilton	De Kalb	Lauderdale	Perry	Winston
Choctaw	Elmore	Lawrence	Pickens	
Clarke	Escambia	Lee	Pike	
Clay	Etowah	Limestone	Randolph	

4. **In your opinion, from the list below, what would you say are the three biggest substance use, mental health, or other problem(s) in your community for young adults aged 18-25? (Please select the top 3):**

- Underage drinking (under 21)
- Binge drinking
- Smoking tobacco (e.g. cigarettes, cigars, cigarillos, pipes)
- Vaping or using e-cigarettes (e.g. JUUL, Vuse, MarkTen, blu, ehookahs, hookah pens, mods)
- Marijuana/cannabis
- Misuse of prescription drugs
- Misuse of over-the-counter (OTC) medications
- Heroin
- Cocaine (e.g. coke, blow, crack)
- Methamphetamine (e.g. meth, speed, crystal meth, crank, ice)
- Mental health/suicide
- Use of other substances (e.g. inhalants, steroids, synthetics, club drugs, hallucinogens):
(please specify): _____
- I don't know

5. How much do you think people risk harming themselves physically or in other ways when they do the following:

	Great Risk	Moderate Risk	Slight Risk	No Risk
a. Drink 4 or more alcoholic beverages on one occasion? (1 drink = 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drive after drinking 1 or 2 alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drive after drinking 4 or more alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Ride in a car or other vehicle driven by someone who had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Smoke tobacco (cigarettes, cigars, pipes) regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Vape or use e-cigarettes regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Take a <u>prescription</u> drug ONLY for the experience, feeling it caused, or to get high (including painkillers, Xanax, stimulants such as Adderall or Ritalin, prescribed codeine cough medicine, sleep aids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Take an <u>over-the-counter (OTC)</u> medications ONLY for purposes differently than the label indicates for the experience, feeling it caused, or to get high (e.g. medications for cough, cold, asthma, diet, motion-sickness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Smoke or use marijuana/cannabis <u>occasionally (i.e. not with any regular frequency; up to just a few times a month, etc.)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Smoke or use marijuana/cannabis <u>regularly (i.e. daily or almost daily)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Use methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Use cocaine (e.g. coke, blow, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Use ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Use heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How old were you when you first did one or more of the following:

	11 or younger	12-14	15-17	18-20	21-25	I have never used/done this*	
a. Had one or more alcoholic beverages (1 drink = 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>*If ALL responses checked are for "I have never used/done this", Skip to Question 7k-n. Otherwise, continue with Question 7a-n.</p>
b. Smoke tobacco (cigarettes, cigars, pipes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Vaped or used an e-cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Took a <u>prescription</u> drug ONLY for the experience, feeling it caused, or to get high (including painkillers, Xanax, stimulants such as Adderall or Ritalin, prescribed codeine cough medicine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Took an <u>over-the-counter (OTC)</u> medication ONLY for purposes differently than the label indicates for the experience, feeling it caused, or to get high (e.g. medications for cough, cold, asthma, diet, motion-sickness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Smoked or used marijuana/cannabis to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. Used methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h. Used cocaine (e.g. coke, blow, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i. Used ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
j. Used heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

7. Please indicate how many times in the past 30 days you...

	Not at all in past 30 days	Once or twice a month	Once or twice a week	Daily or almost daily
a. Had one or more alcoholic beverages (1 drink = 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoked tobacco (cigarettes, cigars, pipes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vaped or use e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Took a <u>prescription</u> drug ONLY for the experience, feeling it caused, or to get high (including painkillers, Xanax, stimulants such as Adderall or Ritalin, prescribed codeine cough medicine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Took <u>over-the-counter (OTC)</u> medication(s) ONLY for purposes differently than the label indicates for the experience, feeling it caused, or to get high (e.g. medications for cough, cold, asthma, diet, motion-sickness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Smoked or used marijuana/cannabis to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used cocaine (e.g. coke, blow, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Used ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Used heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Had 4 or more alcoholic beverages on one occasion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Drove after drinking 1 or 2 alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Drove after drinking 4 or more alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Rode in a car or other vehicle driven by someone who had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7a. [Answer only if you indicated that you used marijuana/cannabis once or more times in the past 30 days above] You indicated you used marijuana/cannabis at some point over the past 30 days. How did you use it? (choose all that apply)

- Smoked
- Vaped
- Dabbed
- Ate/ingested
- Other (please specify): _____

**7b. [Answer only if you indicated that you used marijuana/cannabis once or more times in the past 30 days above]
For what reasons did you use marijuana/cannabis during the past 30 days? (choose all that apply)**

- My doctor prescribed or recommended it
- For fun or recreational use
- To help manage chronic pain or illness
- To help relieve stress or relax
- To help manage anxiety, depression, or other mental health symptoms
- To help stimulate my appetite or make food taste better
- Other (please specify): _____

**7c. [Answer only if you indicated that you vaped or used e-cigarettes once or more times in the past 30 days above]
You indicated you vaped or used e-cigarettes during the past 30 days. How did you get your own electronic vapor products? (choose all that apply)**

- I bought in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- I bought them online
- I gave someone else money to buy them for me
- I borrowed them, or they were given to me by someone else
- I stole them from a store or another person
- I got them some other way (Please specify): _____

7d. [Answer only if you indicated that you took over-the-counter (OTC) medication(s) differently than the label indicates in the past 30 days above]

You indicated you used over-the-counter (OTC) medications differently than the label indicates. What types of OTC medications have you used for this purpose?

8. How common do you think it is for your peers to misuse over-the-counter (OTC) medications (e.g. for purposes differently than the label indicates for the experience, feeling it caused, or to get high)?

- Very common
- Somewhat common
- Not that common
- Don't know/unsure

8a. What over-the-counter (OTC) medications are you aware of that are commonly used by your peers in a way other than it is intended (e.g. to get high, focus on studying, feel relaxed)?

9. When you personally take an over-the-counter (OTC) medication for intended purposes (e.g. headache, migraine, pain, cold/sinus issues, indigestion), how often do you read/review and follow the use instructions provided in the packaging?
- Never
 - Sometimes
 - Most of the time
 - Always

10. When you personally take a prescription medication for intended purposes (e.g. headache, migraine, pain, cold/sinus issues, indigestion), how often do you read/review and follow the use instructions provided in the packaging?
- Never
 - Sometimes
 - Most of the time
 - Always *[Skip to Question 11]*

10a. What are the reasons that you choose to not read/review/follow instructions if you don't always do so?

11. What prescription medications are you aware of that are commonly used by your peers in a way other than it is intended (e.g. such as to get high, focus on studying, feel relaxed)?

12. How aware are you of a synthetic opioid called fentanyl?

- Very aware
- Somewhat aware
- Not aware at all *[Skip to Question 13]*

12a. How familiar are you with how fentanyl is legally prescribed and what it is used for?

- Very familiar
- Somewhat familiar
- Not familiar at all

12b. How aware are you of the risks associated with taking fentanyl, either purposefully or accidentally?

- Very aware
- Somewhat aware
- Not aware at all

13. How hard or easy is it to get the following substances in your community?

	Very Hard	Sort of Hard	Sort of Easy	Very Easy	Don't Know
a. Alcohol if you are under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tobacco products (cigarettes, cigars, pipes, chew) if you are under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vape or e-cigarettes if you are under age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescription drugs <u>from an acquaintance, friend or family member</u> , to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescription drugs <u>from a doctor</u> in your community, to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Marijuana/cannabis <u>from an acquaintance, friend or family member</u> to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Marijuana/cannabis <u>from a retailer or dispensary</u> to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Methamphetamine (e.g. meth, tina, speed, crystal meth, crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Ecstasy/MDMA/Molly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In your opinion, how do your peers get prescription drugs to get high? (Please select the top 3):

- Shared with them by friends or family for free
- Take from friends or relatives
- Buy from friends or relatives
- Take from doctor's office, clinic, hospital, or pharmacy
- Get prescription from just one doctor
- Get prescriptions from more than one doctor
- Buy from a drug dealer or stranger
- I do not know
- Some other way. Please specify: _____

15. In your opinion, how do your peers get marijuana/cannabis to get high? (Please select the top 3):

- Shared with them by friends or family for free
- Take from friends or relatives
- Buy from friends or relatives
- Buy from a drug dealer or stranger
- Buy from a retailer or dispensary
- Get a medical card from a physician to purchase it
- I do not know
- Some other way. Please specify: _____

SOCIAL NORMS

16. How many alcoholic beverages do you think your peers drink when partying at a bar or club or at a social gathering (say, over 4-5 hours)?

- None
- 1 or 2
- 3 or 4
- 5 or more

17. How many alcoholic beverages do you personally drink when partying at a bar or club or at a social gathering (say, over 4-5 hours)?

- None
- 1 or 2
- 3 or 4
- 5 or more

18. In your community, how likely is that someone driving under the influence of alcohol/drugs would be stopped by the police/law enforcement?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

POLY-SUBSTANCE USE

19. How often do you use the following in combination with drinking alcohol?

	Never	Sometimes	Most of the time	Always
a. Marijuana/cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Prescription pain medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depressants/Sedatives (OTC or prescription – things such as tranquilizers, anti-anxiety medicine, sleeping pills, downers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stimulants (OTC, prescription, or things like cocaine, ecstasy, or meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAFE STORAGE, DISPOSAL, and PREVENTION RESOURCE AWARENESS/KNOWLEDGE

20. Please indicate your level of agreement with each statement:

	Strongly disagree	Disagree	Agree	Strongly agree
a. I know how to safely store medications in my home to keep them out of the hands of others who should not have access to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I know how or where to dispose of unused or leftover medications safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I know where to go to access substance use prevention resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I know where to go to access substance use treatment and recovery resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I know where to go to access mental health resources or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MENTAL HEALTH/SUICIDE

21. Please select your level of agreement with each of the statements below.

	Strongly disagree	Disagree	Agree	Strongly Agree
a. My mental health has suffered as a result of COVID-19 during the past year (e.g. due to job loss, financial strain, food insecurity, social isolation, uncertainty, risk of infection to self or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My mental health has suffered as a result of social unrest during the past year (e.g. protests, violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My mental health has suffered as a result of political changes during the past year (e.g. local and national elections, legislation, general politics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the **past 12 months**, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

23. During the **past 12 months**, did you ever harm yourself on purpose?

- Yes
- No

24. During the **past 12 months**, did you ever seriously consider attempting suicide?

- Yes
- No [*SKIP to question 25*]

23a. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

23b. During the past 12 months, did you ever attempt suicide?

- Yes
- No

**If you are currently having thoughts of harming yourself or of suicide, please call
The National Suicide Prevention Lifeline at 1-800-273-8255.**

25. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?

- Never
- Sometimes
- Most of the time
- Always

26. Thinking about your experiences before you turned 18, please check all of the statements below that are true for you.

- I did not have enough to eat, had to wear dirty clothes, or had no one to protect or take care of me.
- I lost a parent through divorce, abandonment, death, or another reason.
- I lived with someone who was depressed, mentally ill, or attempted suicide.
- I lived with someone who had a problem with drinking or using drugs, including prescription drugs.
- My parents or other adults in my home hit, punched, beat, or threatened to harm each other.
- I lived with someone who went to jail or prison.
- A parent or adult in my home swore at me, insulted me, or put me down.
- A parent or adult in my home hit, beat, kicked, or physically hurt me in some way.
- I felt that no one in my family loved me or thought I was special.
- I experienced unwanted sexual contact.
- I prefer not to answer
- I did not experience any of the above

If you need or want support:

**SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service
(in English and Spanish) for individuals and families facing mental and/or substance use disorders.**

1-800-662-HELP (4357)

**The NAMI Information HelpLine can be reached by calling 800-950-6264, Monday through Friday, 10 a.m. – 10 p.m.,
ET, or by email at info@nami.org.**

If you are in an emergency call 911 or 1-800-273-TALK (8255).

DEMOGRAPHICS

This next set of questions is designed to help us understand more about you and all of our respondents. It is important to ask these demographic questions to capture and learn more about the diversity of experiences. We are trying to understand different needs in the community by gender, race, and other demographic factors. You are not required to provide a response to any question, but we encourage your participation and contribution to our learning. **All results are anonymous and will be grouped together in any report.**

27. How old are you (in years)

- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

28. What is your current employment/student status? (choose all that apply)

- Employed full-time (32+ hours a week)
- Employed part-time (less than 32 hours a week)
- Unemployed, looking for employment
- Unemployed, not looking for employment
- Paid internship or apprenticeship
- Unpaid internship, apprenticeship, or volunteer work
- I do gig work, inconsistent work, and/or my hours vary
- College Student – full-time
- College Student – part-time
- High School student
- Other. Please specify: _____

[Answer the next two questions only if you indicated that you are a college student, above. Otherwise, skip to Question 29]

28a. Do you attend one of Alabama’s Historically Black Colleges and Universities (HBCUs)?

- Yes
- No

28b. If so, which HBCU do you attend? _____

29. **Are you on full-time active duty with the U.S. Armed Forces, military Reserves, or National Guard?**

- Yes
- No

30. **Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?**

- Yes
- No

31. **What is your race? (choose all that apply)**

- American Indian or Alaska Native
- Asian or Asian American
- Black, African, or African American
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- More than one race
- Other race. Please specify: _____

32. **Are you Hispanic or Latino/Latina/Latinx?**

- Yes
- No
- Don't know/prefer not to say

33. **What is your gender? (choose all that apply)**

- Agender
- Cisgender Man
- Cisgender Woman
- Genderfluid
- Man
- Non-Binary / Genderqueer
- Questioning
- Trans Woman, Transfeminine, MTF (AMAB)
- Trans Man, Transmasculine, FTM (AFAB)
- Two spirit / Third Gender
- Woman
- Prefer not to say
- Prefer to self-identify: _____

34. What is your sexual orientation? *(choose all that apply)*

- Asexual/Aromantic
- Bisexual
- Gay
- Heterosexual or straight
- Lesbian
- Pansexual
- Queer
- Questioning
- Prefer not to say
- Prefer to self-identify: _____

The Alabama Department of Mental Health (ADMH) and local prevention providers are working to provide prevention services to the deaf and hard of hearing community. In order to do this, it would be helpful to understand specific needs in this community. Therefore, we are including the following question:

35. Are you deaf or hard of hearing?

- Yes
- No

Thank you for completing the survey! Please return the survey to the person who gave it to you. They will inform you about your eligibility for an incentive/gift.