Introduction and Consent:

- Your participation is voluntary, and your responses will be kept private and secure.
- By completing this survey, you are giving your consent to voluntarily participate and acknowledge that you understand you can choose to stop at any time and can refuse to answer any questions.

This survey is being conducted with hundreds of adults across the Finger Lakes region. The purpose is to hear about your views on family, peers, and community behaviors surrounding marijuana (cannabis), alcohol and other substance use/misuse. Your participation in the survey is very important for planning prevention services and programs in the Finger Lakes region to support your community in building a healthy and successful future. The survey will ask questions about your cannabis, alcohol and other drug use and your perceptions of alcohol, cannabis, and other drug use in your community. If these questions lead to feelings of distress, anger, or anxiety and you would like to talk to someone about these, please contact the Veterans Crisis Line by calling 988 then pressing 1, or texting 838255.

*I have been informed that this survey is completely voluntary, and I agree to participate.
☐ Yes ☐ No
Are you now on full-time active duty with the Armed Forces?
☐ Yes ☐ No
Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
☐ Yes ☐ No
Which zip code do you reside in?

During the past 30 days, on how many occasions did you (Check one box in each row.)	0	1-2	3-5	6-9	10-19	20 or more
a. Use cannabis or marijuana?						
b. Drink one or more drinks of an alcoholic beverage - beer, wine, or hard liquor (for example, vodka, rum whiskey, or gin)?						
c. Have five or more drinks of an alcoholic beverage on the same occasion? By 'occasion,' we mean at the same time or within a couple hours of each other.						

If used cannabis or marijuana in the past 30 days: On average, on the days you used cannabis or marijuana, how many times per day did you use it?
□ 1-2
□ 3 – 5
□ 6 – 9
□ 10 – 19
\square 20 or more
If used cannabis or marijuana in the past 30 days: In the past 30 days, how did you usually get the cannabis you use? (Select all that apply)
\square Made or grew your own
\square A family member or friend
\square An in-person, informal source (e.g., a dealer)
\square A commercial state-regulated medical dispensary, in-person
\square A commercial, state-regulated online store (e.g., medical cannabis delivery service from a dispensary)
\square A dispensary located on a Native American Reservation
☐ A marijuana club
\square From a vape, hemp, or head shop
☐ Shared someone else's
☐ Through another type of shop or source (specify):

During the past 30 days, have you used any of the following		
substances? (Check one box in	No	Yes
each row)		
a. Anabolic steroids		
b. "Club drugs" - ecstasy, GHB,		
MDMA		
c. Dissociative drugs - salvia,		
ketamine, dextromethorphan		
d. Hallucinogens – LSD,		
mescaline, psilocybin		
e. Inhalants – paint thinner,		
glue, gasoline		
f. Non-prescription opioids –		
heroin, opium		
g. Prescription medications –		
codeine, morphine, fentanyl,		
opium, Xanax, OxyContin		
h. Synthetic drugs – bath salts,		
flakka, spice, K2		
i. Stimulants – cocaine,		
methamphetamine, Ritalin		
j. Kratom		

How easy do you think it is for persons your age in your community to obtain (Check one box in each row.)	Very easy	Somewhat easy	Somewhat difficult	Very difficult
a. Cannabis or marijuana?				
b. Alcohol?				

How much do people risk harming themselves physically and in other ways when they (Check one box in each row.)	No risk	Slight risk	Moderate risk	Great risk
a. Drink one or two alcoholic beverages - beer, wine, or hard liquor (for example, vodka, rum whiskey, or gin) regularly (at least once or twice a week)?				
b. Have one or two drinks of an alcoholic beverage nearly every day?				
c. Have five or more drinks of an alcoholic beverage on the same occasion, once or twice a week?				
d. Use cannabis or marijuana once or twice a week?				

How often do you think most adults (21+) in your community do the following? (Mark an answer in each row.)	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
Drink one or more drinks of an alcoholic beverage?							
Have five or more drinks of an alcoholic beverage on the same occasion?							
Use cannabis or marijuana?							

How do you feel about	Strongly	Somewhat	Neither	Somewhat	Strongly
someone your age (Check	approve	approve	approve nor	disapprove	disapprove
one box in each row.)			disapprove		
a. Having one or two alcoholic					
beverages - beer, wine, or hard					
liquor (for example, vodka, rum					
whiskey, or gin) regularly (at					
least once or twice a week)?					
b. Having one or two drinks of					
an alcoholic beverage nearly					
every day?					
c. Having five or more drinks of					
an alcoholic beverage on the					
same occasion, once or twice a					
week?					
d. Using cannabis or					
marijuana?					

How do you think your family would feel about you (Check one box in each row.)	Strongly approve	Somewhat approve	Neither approve nor disapprove	Somewhat disapprove	Strongly disapprove
a. Having one or two alcoholic					
beverages - beer, wine, or hard					
liquor (for example, vodka, rum					
whiskey, or gin) regularly (at					
least once or twice a week)?					
b. Having one or two drinks of					
an alcoholic beverage nearly					
every day?					
c. Having five or more drinks of					
an alcoholic beverage on the					
same occasion, once or twice a					
week?					
d. Using cannabis or					
marijuana?					

How wrong would most adults (over 21) in your neighborhood think it is for someone your age to (Check one box in each row.)	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. Have one or two alcoholic beverages - beer, wine, or hard liquor (for example, vodka, rum whiskey, or gin) regularly (at				
least once or twice a week)? b. Have one or two drinks of an alcoholic beverage nearly every day?				
c. Have five or more drinks of an alcoholic beverage on the same occasion, once or twice a week?				
d. Use cannabis or marijuana?				

There are people in my community who (Check one box in each row.)	Definitely not	Probably not	Probably	Definitely
a. are proud of me when I do something well.				
b. encourage me to do my best.				
c. notice when I am doing a good job and let me know about it.				

In my community, there are lots of chances (Check one box in each row.)	Strongly disagree	Disagree	Agree	Strongly agree
a. to get involved in activities (volunteering, service organizations [The Lions Club, Elks, etc.], military-related organizations [VFW, American Legion Post, etc.], sports/fitness groups, faith-				
based groups, etc.) b. to help make decisions about the community (e.g., community events/activities, creation of organizations, etc.)				
c. to be part of community discussions. d. for community members to speak with community leaders one-on-one.				

During the last 12 months, have you experienced any of the following due to your use of alcohol or cannabis/marijuana? (Check boxes if 'Yes')	Alcohol	Cannabis or Marijuana
a. Performed poorly at work or school		
b. Missed work or class		
c. Got into an argument or fight		
d. Driven a vehicle while under		
the influence		
e. Been arrested for DWI/DUI		
f. Rode in a vehicle while the		
driver was under the influence		
g. Been in trouble with police or		
other authorities		
h. Damaged property		
i. Been hurt or injured		
j. Problems with your emotions,		
nerves, or mental health		
k. Physical health problems		

When were you drafted or when did you enlist?
What branch(es) of service did you serve in?
What was your rank when you left the service?
When did you leave the military?
What is your age?
What was your sex assigned at birth? \square Female \square Male \square X or someone else \square Prefer not to answer
What is your gender? \square Woman \square Man \square Non-binary \square Two spirit \square Intersex
\square Questioning/Unsure \square I use a different term \square Prefer not to answer
Do you identify as transgender? \square Yes \square No \square Questioning/Unsure \square Prefer not to answer
Please choose the responses that best describe you (select all that apply): ☐ Alaskan Native ☐ Native American/Indigenous ☐ Asian ☐ Black or African American ☐ Hawaiian or other Pacific Islander ☐ White ☐ Some other race, origin ☐ Prefer not to answer ☐ Middle Eastern or North African ☐ Prefer to self-describe If Asian: What are your specific Asian origins (select all that apply): ☐ Chinese ☐ Japanese ☐ Filipino ☐ Korean ☐ Vietnamese ☐ Asian Indian (East Indian) ☐ Laotian ☐ Cambodian ☐ Bangladeshi ☐ Hmong ☐ Indonesian ☐ Malaysian ☐ Pakistani ☐ Sri Lankan ☐ Taiwanese ☐ Nepalese ☐ Burmese ☐ Tibetan ☐ Thai ☐ Asian, Not specified ☐ Other Asian If Pacific Islander: What are your specific Pacific Islander origins (select all that apply): ☐ Hawaiian ☐ Guamanian ☐ Samoan ☐ Fijian ☐ Tongan ☐ Pacific Islander, Not specified
☐ Other Pacific Islander Are you Hispanic or Latino/a/x? ☐ Yes ☐ No
If yes: What are your Hispanic origins (select all that apply): ☐ Cuban ☐ Mexican ☐ Puerto Rican ☐ Some other Hispanic, Latino/a/x origin ☐ Prefer not to answer ☐ Prefer to self-describe
Do you consider yourself to be: ☐ Straight ☐ Gay or Lesbian ☐ Bisexual ☐ Pansexual ☐ I use a different term ☐ Questioning/Unsure ☐ Prefer to self-describe