

# 2021 Springfield Youth Health Survey

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(untitled)

Before you begin, there are a few important things you need to know.

- **If you would like to take the survey in Spanish**, go to the top right corner of the screen, press the triangle dropdown next to ‘English’, and select ‘Spanish (United States)’. **Si quieres tomar la encuesta en español**, ve al extremo superior derecho de la pantalla y haz clic al triangulo desplegable al lado de “English”, y seleccione a “Spanish (United States)”
- This is a survey, NOT A TEST. It will take 15-20 minutes to complete.
- The purpose of this survey is to gather information from Springfield students about health topics such as the use of tobacco, alcohol and drugs, diet and exercise, and more. This information will be used to better understand the concerns and health practices of current students.
- No identifying information is tracked and the answers you give will be kept private and confidential. No one will know what you write. Your answers will be combined with the answers of other students for statistical purposes.
- The questions that ask about your background are only used to describe the types of students completing this survey. This information will not be used to identify you.
- It is important that you answer each question as honestly and accurately as you can.
- Your teacher/survey administrator will not be monitoring or observing your responses as you take the survey.
- If you find questions in the survey upsetting, you may skip a question or stop answering the survey at any time. Your participation is voluntary.
- If the survey does not automatically advance to the next question, you may need to press the triangle button in the bottom right corner of the screen.
- When you reach the end of the survey please ensure you click the Submit button before shutting down your computer.
- Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you

Thank you for your time and cooperation. Your voice matters.

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## **BACKGROUND QUESTIONS**

**These questions ask about your background.**

**1) In what grade are you in?**

- ☐ 8th grade
- ☐ Other

**2) How old are you?**

- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old
- ☐ 18 years old or older

**3) What is your race/ethnicity? (*Select one or more responses*)**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

**4) What is your sex?**

- ☐ Female
- ☐ Male
- ☐ I identify some other way

**5) Do you identify as transgender?**

*Definition: Transgender is an umbrella term that refers to people whose gender identity, expression, or behavior is different from those typically associated with their sex at birth. Other identities that fall under this umbrella include: non-binary, gender fluid, genderqueer, and many more.*

- ☐ Yes
- ☐ No
- ☐ I am not sure if I am transgender
- ☐ I do not know what this question is asking

**6) Which of the following best describes you?**

- ☐ Heterosexual (straight)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Not sure

**7) What is the highest level of education your parents or guardians completed? (Mark the educational level of the parent or guardian who went the furthest in school.)**

- ☐ Did not finish high school
- ☐ Graduated from high school
- ☐ Attended college but did not complete four-year degree
- ☐ Graduated from college
- ☐ Don't know

**8) What neighborhood do you live in?**

- ☐ Bay
- ☐ Boston Road
- ☐ Brightwood
- ☐ East Forest Park
- ☐ East Springfield
- ☐ Forest Park
- ☐ Indian Orchard
- ☐ Liberty Heights
- ☐ McKnight
- ☐ Memorial Square
- ☐ Metro Center
- ☐ Old Hill
- ☐ Pine Point
- ☐ Six Corners (Maple High/Six Corners)
- ☐ Sixteen Acres
- ☐ South End
- ☐ Upper Hill
- ☐ I don't know the name of my neighborhood
- ☐ I don't live in Springfield
- ☐ Other (Please specify): \_\_\_\_\_

**Now we are going to ask you a series of questions about a variety of topics.**

Validation: Must be numeric Whole numbers only

**9) How tall are you without your shoes on?**

Feet: \_\_\_\_\_

Inches: \_\_\_\_\_

Validation: Must be numeric Whole numbers only Max character count = 3

**10) How much do you weigh without your shoes on?**

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**11) During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (*Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.*)**

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

**12) Do you have any physical disabilities or long-term health problems? (*"Long-term" refers to difficulties that have lasted or are expected to last 6 months or more.*)**

- ☐ Yes
- ☐ No
- ☐ Not sure

**13) How strongly do you agree or disagree with the following statements about this school?**

	Strongly Agree	Agree	Disagree	Strongly Disagree

All students are treated the same, regardless of their race, ethnicity, or culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boys and girls are treated equally well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All students are treated the same regardless of their gender identity, gender expression, or perceived sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14) During the past 30 days, where did you usually sleep at night? (Choose ONE. If more than one place, choose the one where you slept most often.)**

- ☐ In my parent's or guardian's home
- ☐ With friends, family, or other people because we lost our home or cannot afford housing
- ☐ In a shelter or emergency housing
- ☐ In a hotel/motel
- ☐ In a car, park, campground, or other public space
- ☐ In a foster home or residential placement

- ☐ I did not have a usual place to sleep
- ☐ Somewhere else

**15) During the past 30 days, on how many days did you smoke cigarettes?**

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

**16) During the past 30 days, on how many days did you use an electronic vapor product?**

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

**17) During the past 30 days, how many days have you had at least one alcoholic drink?**  
*This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, and liquor such as rum, gin, vodka, or whiskey. Drinking alcohol does not include drinking a few sips of wine for religious purposes.*

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days

- ☐ 20 to 29 days
- ☐ All 30 days

**18) During the past 30 days, how many times did you use marijuana? *Marijuana is also called dope, grass, hashish, herb, joint, pot, weed, reefer. It includes blunts and cigars filled with marijuana.***

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

**19) During the past 30 days, have you taken any of the following prescription drugs that were not your own?**

	YES	NO
Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram, and Vicodin)	<input type="checkbox"/>	<input type="checkbox"/>
Ritalin (also called vitamin R, R-ball, diet coke,	<input type="checkbox"/>	<input type="checkbox"/>



skittles) or Adderall (also called addys, uppers, beans)		
Steroids (body building hormones in form of pills or shots)	<input type="checkbox"/>	<input type="checkbox"/>
Other prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the food you ate or drank yesterday. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

**20) Yesterday, how many times did you eat vegetables?**

***DEFINITION: Count all cooked and uncooked vegetables; salads; and boiled, baked, and mashed potatoes. Do NOT count french fries, potato chips, or lettuce that is on a sandwich or sub.***

- ☐ I did not eat vegetables yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

**21) Yesterday, how many times did you eat fruit? (Do NOT count fruit juice).**

- ☐ I did not eat fruit yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

**The next questions ask about how you feel and people in your life you can talk to about your feelings.**

**22) During the past 12 months, have you felt you needed to talk to an adult about how you were feeling, how things were going in your life, or problems you might have had?**

- ☐ Yes
- ☐ No

**23) During the past 12 months, did you talk to any of the following people about things like that?**

	Yes	No
a. An adult family member	<input type="checkbox"/>	<input type="checkbox"/>
b. A school psychologist, school counselor, or school nurse	<input type="checkbox"/>	<input type="checkbox"/>
c. Teacher or some other adult at school not	<input type="checkbox"/>	<input type="checkbox"/>

mentioned in part b		
d. A psychologist, therapist, counselor, doctor, or nurse (not in school)	( )	( )
e. Some other adult in the community (not in school)	( )	( )

**24) How often over the last 2 weeks, were you bothered by: Feeling nervous, anxious or on edge?**

- ( ) Never
- ( ) For several days
- ( ) For more than half the days
- ( ) Nearly every day
- ( ) Don't Know/Not Sure

**25) How often over the last 2 weeks, were you bothered by: Not being able to stop or control worrying?**

- ( ) Never
- ( ) For several days
- ( ) For more than half the days
- ( ) Nearly every day
- ( ) Don't Know/Not Sure

**26) 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

**27) During the past 12 months, did you ever seriously consider attempting suicide?**

*Sometimes people feel so sad or hopeless about their life or their future that they may consider attempting suicide, that is, taking some action to end their own life.*

☐ Yes

☐ No

**The next question asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

**28) During the past 12 months, have you ever been electronically bullied? (*Include being bullied through e-mail, chat rooms, instant messaging, Web sites, texting, or online gaming.*)**

	Yes	No
During school hours	<input type="checkbox"/>	<input type="checkbox"/>
Outside of school hours	<input type="checkbox"/>	<input type="checkbox"/>

**The next question is about sex. By sex we mean vaginal, oral, or anal sex.**

**29) How old were you when you had sex for the first time? (If you have never had sex, select "I have never had sex".)**

- ( ) I have never had sex
- ( ) 11 years old or younger
- ( ) 12 years old
- ( ) 13 years old
- ( ) 14 years old or older

**The next questions are about gambling. People bet money on many different things such as card games, sports, or video arcade games.**

**30) In the past 12 months, how often have you...**

	Not at all	Less than 10 times in total	1-3 times a month	1-3 times a week	4 or more times a week	Refused/don't know
Purchased lottery tickets, including scratch tickets, powerball, or keno	( )	( )	( )	( )	( )	( )
Bet money on	( )	( )	( )	( )	( )	( )

sports, including fantasy sports						
Played card games for money with friends or family	( )	( )	( )	( )	( )	( )
Bet money on games of skill, such as pool or video games	( )	( )	( )	( )	( )	( )
Played a gambling- type game online without using money	( )	( )	( )	( )	( )	( )
Gambled with money online	( )	( )	( )	( )	( )	( )
Bet money on horse races	( )	( )	( )	( )	( )	( )
Played bingo for money	( )	( )	( )	( )	( )	( )

Played slot machines at casino or bar	( )	( )	( )	( )	( )	( )
Played table games at a casino (such as blackjack, roulette, craps, or baccarat)	( )	( )	( )	( )	( )	( )
Done any other type of gambling	( )	( )	( )	( )	( )	( )

**31) In the past 12 months, how often have you...**

	<b>Not at all</b>	<b>Only sometimes</b>	<b>Quite a lot</b>	<b>Don't know</b>
Found yourself thinking about gambling or planning to gamble?	( )	( )	( )	( )
Tried to cut down how much	( )	( )	( )	( )

you gamble?				
Lied to your family, friends, or anyone else about how much you gamble?	( )	( )	( )	( )

**Action: Percent Branch: Modules**

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## Module 1

### QUESTIONS ABOUT HOW YOU FEEL

**The next questions ask about hurting yourself on purpose and attempting suicide.**

**32) During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?**

- ( ) 0 times
- ( ) 1 time
- ( ) 2 or 3 times



- ☐ 4 or 5 times
- ☐ 6 or more times

**Logic: Show/hide trigger exists.**

**33) During the past 12 months, how many times did you actually attempt suicide?**

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

**Logic: Hidden unless: #33 Question "During the past 12 months, how many times did you actually attempt suicide?" is one of the following answers ("1 time", "2 or 3 times", "4 or 5 times", "6 or more times")**

**34) If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?**

- ☐ Yes
- ☐ No

## **PERSONAL SAFETY**

**This next question is about experiencing violence.**

**35) During the past 12 months has anyone ever:**

	Yes	No	Don't Know
<p>tried to make you have sex or engage in other sexual activity against your will but did not succeed?</p> <p>They might have tried to physically force you to have sex or engage in other sexual activity or they might have tried to pressure you to have sex or engage in other sexual activity through harassment or threats.</p>	( )	( )	( )
<p>physically forced you to have sex or engage in other sexual activity</p>	( )	( )	( )

against your will and did succeed?			
pressured you to have sex or engage in other sexual activity, through harassment or threats and did succeed?	( )	( )	( )
had sex or engaged in other sexual activity with you when you were too drunk to say no?	( )	( )	( )

## SEXUAL ACTIVITY

**These next questions ask you about sex. By sex we mean vaginal, oral, or anal sex.**

**Logic: Show/hide trigger exists.**

**36) During your life, with how many people have you had sex?**

( ) I have never had sex

- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

**Logic: Show/hide trigger exists. Hidden unless: #36 Question "During your life, with how many people have you had sex?" is one of the following answers ("1 person", "2 people", "3 people", "4 people", "5 people", "6 or more people")**

**37) How would you describe the first time you had sex? Would you say that you ...**

- ☐ Agreed to have sex?
- ☐ Did not want to have sex, but it happened anyway?
- ☐ Were forced to have sex?

**Logic: Hidden unless: #37 Question "How would you describe the first time you had sex? Would you say that you ..." is one of the following answers ("Did not want to have sex, but it happened anyway?", "Were forced to have sex?")**

**38) The first time you had sex, were you...**

	Yes	No
Verbally persuaded?	<input type="radio"/>	<input type="radio"/>
Pressured through harassment or threats?	<input type="radio"/>	<input type="radio"/>
Too drunk to say no?	<input type="radio"/>	<input type="radio"/>

Physically forced?	<input type="checkbox"/>	<input type="checkbox"/>
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**Logic: Hidden unless: #36 Question "During your life, with how many people have you had sex?" is one of the following answers ("1 person", "2 people", "3 people", "4 people", "5 people", "6 or more people")**

**39) The last time you had sex, did you drink alcohol or use drugs beforehand?**

☐ Yes

☐ No

**Logic: Hidden unless: #36 Question "During your life, with how many people have you had sex?" is one of the following answers ("1 person", "2 people", "3 people", "4 people", "5 people", "6 or more people")**

**40) The last time you had vaginal and/or anal sex, did you or your partner use a condom?**

☐ I have never had vaginal or anal sex

☐ Yes

☐ No

**Logic: Hidden unless: #36 Question "During your life, with how many people have you had sex?" is one of the following answers ("1 person", "2 people", "3 people", "4 people", "5 people", "6 or more people")**

**41) The last time you had vaginal sex, what method(s) did you or your partner use to prevent pregnancy? (*Select all methods that you or your partner used.*)**

☐ I have never had vaginal sex

☐ No method was used to prevent pregnancy

☐ Birth control pills

☐ Condoms

- ☐ An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

**42) Have your parents or other adults in your family ever talked to you about what they expect you to do or not to do when it comes to sex?**

- ☐ Yes
- ☐ No
- ☐ Not sure

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## Module 2

**43) During the past 12 months, did a parent, adult caregiver, or other adult relative do any of the following to you?**

	Yes	No
Slap, push, shake, punch, kick, beat you with an object, choke, burn you intentionally, throw something at you to hurt you, or use	<input type="checkbox"/>	<input type="checkbox"/>

or threaten you with any sharp object or weapon		
Shout, yell, scream, swear, or curse at you	<input type="checkbox"/>	<input type="checkbox"/>
Ridicule, humiliate, or put you down, for example say that you are stupid, lazy, or useless?	<input type="checkbox"/>	<input type="checkbox"/>

**This next question is about witnessing violence.**

**44) During the past 12 months, did you witness violence in your family?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

## **NEIGHBORHOOD SAFETY**

**45) How safe from crime do you consider your neighborhood to be?**

- ☐ Extremely safe
- ☐ Safe
- ☐ Unsafe

☐ Extremely unsafe

**46) Have you ever witnessed someone being physically harmed in your neighborhood (for example, with a gun, knife or other weapon, or in a physical fight)?**

☐ Yes

☐ No

## **LIFESTYLE QUESTIONS**

**47) On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork or attending class.)**

☐ I do not play video or computer game or use a computer for something that is not schoolwork

☐ Less than 1 hour per day

☐ 1 hour per day

☐ 2 hours per day

☐ 3 hours per day

☐ 4 hours per day

☐ 5 or more hours per day

**48) On an average school night, how many hours of sleep do you get?**

☐ 4 or less hours

☐ 5 hours

☐ 6 hours

☐ 7 hours

☐ 8 hours

☐ 9 hours

☐ 10 or more hours



## **OTHER HEALTH-RELATED QUESTIONS**

**49) Over the past year, on average how frequently did you take part in an art or music program, class or club in school or after school (such as choir, music lessons, painting, drawing, pottery, sculpture, photography, graphic design, theater, acting, dance)?**

- ☐ Not at all
- ☐ Less than 10 times in total
- ☐ 1-3 times a month
- ☐ 1-3 times a week
- ☐ 4 or more times a week
- ☐ refused/don't know

**50) During the past 30 days, how often did you go to bed hungry because there was not enough food in your home?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

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**This is the end of the survey. Thank you very much for your participation. Your answers are important and will help make our community a happier, healthier place to live.**

**If after completing the survey you feel like you need to speak with someone, please speak with your teacher or visit your school's counselor.**

**They are available to speak with you and/or connect you to additional resources.**

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