

# 2019 Springfield Youth Risk Behavior Survey (10<sup>TH</sup> AND 12<sup>TH</sup> Grade Students)

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**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 drop-down 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 ‘Next’ or ‘Submit’ 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 and other issues that may concern you.**

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

# CORE QUESTIONS

**Page exit logic:** Skip / Disqualify Logic**IF:** #1 Question "Did you take this survey in February? " is one of the following answers ("Yes") **THEN:** Disqualify and display: "Sorry, you do not qualify to take this survey because you already completed it in February. Thanks!"

**1) Did you take this survey in February? [THIS QUESTION WAS ADDED FOR SCHOOLS THAT HAD TO DO ADDITIONAL SURVEYING IN APRIL 2019]**

- ☐ Yes
  - ☐ No
  - ☐ Don't know
- 

**These first questions ask about your background.**

**2) How old are you?**

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

**3) In what grade are you?**

- ☐ 10th grade
- ☐ 12th grade
- ☐ other grade

## CORE QUESTIONS

### 4) 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

### 5) What is your sex?

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

### 6) 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

### 7) Which of the following best describes you?

- ☐ Heterosexual (straight)
- ☐ Gay or lesbian
- ☐ Bisexual

## CORE QUESTIONS

☐ Not sure

**8) 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

**9) 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

☐ 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): \_\_\_\_\_

## CORE QUESTIONS

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

**10) 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
- ☐ None of these grades
- ☐ Not sure

Validation: Must be numeric Whole numbers only

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

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

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

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

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

\_\_\_\_\_

**13) 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***

## CORE QUESTIONS

*increased your heart rate and made you breathe hard some of the time.)*

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 5 days

☐ 6 days

☐ 7 days

**14) 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

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

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## CORE QUESTIONS

treated equally well.				
All students are treated the same regardless of their gender identity, gender expression, or perceived sexual orientation.	( )	( )	( )	( )

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

- ☐ In my parent's or guardian's home
- ☐ In the home of a friend, family member, or other person because I had leave my home or my parent or guardian cannot afford housing
- ☐ In a shelter or emergency housing
- ☐ In a motel or hotel
- ☐ In a car, park, campground, or other public place
- ☐ In a foster home or residential placement
- ☐ I did not have a usual place to sleep
- ☐ Somewhere else

**17) 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



## CORE QUESTIONS

- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

**18) During the past 30 days, on how many days did you have at least one alcoholic drink of alcohol?**

*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

**19) 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 or 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

## CORE QUESTIONS

**The next questions ask about food you ate or drank during the past 7 days. 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) During the past 7 days, how many times did you eat vegetables?**

*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 during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

**21) During the past 7 days, how many times did you eat fruit? (Do NOT count fruit juice.)**

- ☐ I did not eat fruit during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

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

## CORE QUESTIONS

**22) Is there at least one teacher or other adult in your school that you can talk to if you have a problem?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**23) Can you talk with at least one of your parents or other adult family members about things that are important to you?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**24) Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...**

- ☐ Never
- ☐ For several days
- ☐ For more than half the days
- ☐ Nearly every day
- ☐ Don't know/Not Sure

**25) 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

## CORE QUESTIONS

**26) 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

**27) During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?**

☐ 0 days

☐ 1 day

☐ 2 or 3 days

☐ 4 or 5 days

☐ 6 or more days

**The next questions ask 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, how many times have you been bullied at school or on your way to or from school?**

☐ 0 times

☐ 1 time

☐ 2 or 3 times

☐ 4 or 5 times

☐ 6 or 7 times

☐ 8 or 9 times

## CORE QUESTIONS

- ☐ 10 or 11 times
- ☐ 12 or more times

**29) During the past 12 months, have you ever been electronically bullied?**

*Count being bullied through texting, Instagram, Facebook, or other social media.*

- ☐ Yes
- ☐ No

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

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

**30) How old were you when you had sex for the first time?**

- ☐ I have never had sex
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years or older

**Logic: Show/hide trigger exists. Hidden unless: #30 Question "How old were you when you had sex for the first time?" is one of the following answers ("11 years old or younger", "12 years old", "13 years old", "14 years old", "15 years old", "16 years old", "17 years or older")**

## CORE QUESTIONS

**31) 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: #31 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")**

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

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

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

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

## CORE QUESTIONS

	<b>No t at all</b>	<b>Less than 10 time s in total</b>	<b>Once a mont h</b>	<b>2-3 times a mont h</b>	<b>Onc e a week</b>	<b>2-3 time s a week</b>	<b>4 or more time s a week</b>	<b>Refuse d / don't know</b>
Purchase d lottery tickets, including scratch or instant tickets	( )	( )	( )	( )	( )	( )	( )	( )
Bet money on sports, including fantasy sports	( )	( )	( )	( )	( )	( )	( )	( )
Played poker or other card games for money	( )	( )	( )	( )	( )	( )	( )	( )
Bet money on games of skill, such as pool, golf or arcade games	( )	( )	( )	( )	( )	( )	( )	( )
Played a gambling -type game online without using money	( )	( )	( )	( )	( )	( )	( )	( )
Gambled with	( )	( )	( )	( )	( )	( )	( )	( )

## CORE QUESTIONS

money online								
Bet money on horse or dog races	( )	( )	( )	( )	( )	( )	( )	( )
Played bingo for money	( )	( )	( )	( )	( )	( )	( )	( )
Played slot machines or other electronic gambling machines at a casino or bar	( )	( )	( )	( )	( )	( )	( )	( )
Played casino table games (such as blackjack , roulette, craps or baccarat)	( )	( )	( )	( )	( )	( )	( )	( )
Done any other type of gambling	( )	( )	( )	( )	( )	( )	( )	( )

**34) 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>
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## CORE QUESTIONS

Found yourself thinking about gambling or planning to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to cut down how much you gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lied to your family, friends, or anyone else about how much you gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Action: Percent Branch: Randomized Modules**

# SAFETY MODULE

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**35) How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?**

- ☐ Definitely will not
- ☐ Probably will not
- ☐ Probably will
- ☐ Definitely will
- ☐ Not sure

**The next questions ask about safety.**

**36) During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**

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

**37) During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called pot, weed, or cannabis)?**

- ☐ 0 times
- ☐ 1 time

## SAFETY MODULE

- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

**38) During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**

- ☐ I did not drive a car or other vehicle during the past 30 days
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

**39) During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called pot, weed, or cannabis)?**

- ☐ I did not drive a car or other vehicle during the past 30 days
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

**40) During the past 30 days, how many days did you text or e-mail while driving a car or other vehicle?**

- ☐ I did not drive a car or other vehicle during the past 30 days
- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days

## SAFETY MODULE

- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

**The next questions ask about carrying weapons and experiencing violence.**

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

**41) During the past 30 days, how many days did you carry a weapon such as a gun, knife, or club?**

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

**Logic: Hidden unless: #41 Question "During the past 30 days, how many days did you carry a weapon such as a gun, knife, or club?" is one of the following answers ("1 day", "2 or 3 days", "4 or 5 days", "6 or more days")**

**42) During the past 30 days, how many days did you carry a weapon such as a gun, knife, or club on school property?**

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

**43) During the past 12 months, how many days did you carry a gun?**

*Do NOT count the days when you carried a gun only for hunting or for a sport, such as target shooting.*

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

**44) In the past 12 months has anyone ever...**

	No	Yes	Don't Know
Tried to make you have sex or engage in other sexual activity against your will but did not succeed? They might have tried to physically force you to have sex or engage in other sexual activity or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SAFETY MODULE

they might have tried to pressure you to have sex or engage in other sexual activity through harassment or threats.			
Physically forced you to have sex or engage in other sexual activity 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	( )	( )	( )

## SAFETY MODULE

were too drunk to say no?			
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**Logic: Hidden unless: ((( Question "Tried to make you have sex or engage in other sexual activity against your will but did not succeed? 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." is one of the following answers ("Yes","Don't Know")) OR Question "Physically forced you to have sex or engage in other sexual activity against your will and did succeed?" is one of the following answers ("Yes","Don't Know")) OR Question "Pressured you to have sex or engage in other sexual activity, through harassment or threats and did succeed?" is one of the following answers ("Yes","Don't Know")) OR Question "Had sex or engaged in other sexual activity with you when you were too drunk to say no?" is one of the following answers ("Yes","Don't Know"))**

**45) In the past 12 months, has someone you were dating or going out with ever ...**

	No	Yes	Don't Know
Tried to make you have sex or engage in other sexual activity against your will but did not succeed? They might have tried to physically force you to have sex or engage in other	( )	( )	( )

## SAFETY MODULE

sexual activity or they might have tried to pressure you to have sex or engage in other sexual activity through harassment or threats.			
Physically forced you to have sex or engage in other sexual activity 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	( )	( )	( )



## SAFETY MODULE

with you when you were too drunk to say no?			
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**46) In the past 12 months, has someone you were dating or going out with ever done any of the following to you?**

	No	Yes	Don't know
Slapped, pushed, shook, punched, kicked, beat you with an object, choked, burned you intentionally, threw something at you to hurt you, or used or threatened you with any sharp object or weapon	( )	( )	( )

**47) In the past 12 months, has someone you were dating or going out with ever...**

	No	Yes	Don't know
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## SAFETY MODULE

Insulted, humiliated, or made fun of you in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept you from having your own money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to keep you from seeing or talking to your family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept track of you by demanding to know where you were and what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made threats to physically harm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**48) In the past 12 months, have you ever done any of the following to someone you were dating or going out with:**

## SAFETY MODULE

	No	Yes	Don't know
Slapped, pushed, shook, punched, kicked, beat you with an object, choked, burned you intentionally, threw something at you to hurt you, or used or threatened you with any sharp object or weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next question asks about hurting yourself on purpose and attempting suicide.**

**49) 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

**50) During the past 12 months, did you make a plan about how you would attempt suicide?**

## SAFETY MODULE

☐ Yes

☐ No

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

**51) 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: #51 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")**

**52) 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

**Logic: Hidden unless: #51 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")**

**53) If you attempted suicide during the past 12 months, did you ask for help from someone such as a doctor, counselor, or hotline at any of these times?**

	Yes	No
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## SAFETY MODULE

Before my attempt	( )	( )
After my attempt	( )	( )

# SUBSTANCE USE MODULE

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**The next questions ask about cigarette smoking.**

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

**54) Have you ever tried cigarette smoking, even one or two puffs?**

☐ Yes

☐ No

**Logic: Hidden unless: #54 Question "Have you ever tried cigarette smoking, even one or two puffs?" is one of the following answers ("Yes")**

**55) How old were you when you first tried cigarette smoking, even one or two puffs?**

☐ 8 years old or younger

☐ 9 or 10 years old

☐ 11 or 12 years old

☐ 13 or 14 years old

☐ 15 or 16 years old

☐ 17 years old or older

**The next 2 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

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

**56) Have you ever used an electronic vapor product?**

☐ Yes

☐ No

**Logic: Hidden unless: #56 Question "Have you ever used an electronic vapor product? " is one of the following answers ("Yes")**

**57) During the past 30 days, 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

**The next questions ask about other tobacco products.**

**58) During the past 30 days, how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (*Do NOT count any electronic vapor products.*)**

☐ 0 days

☐ 1 or 2 days

☐ 3 to 5 days

## SUBSTANCE USE MODULE

- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

**59) During the past 30 days, how many days did you smoke cigars, cigarillos, or little cigars?**

- ☐ 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

**60) During the past 30 days, how many days did you use tobacco products including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products on school property?**

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

**The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few**



**sips of wine for religious purposes. One alcoholic drink would be one beer, cider, or wine cooler, one glass of wine, one shot of liquor, one cocktail.**

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

**61) How old were you when you had your first alcoholic drink other than a few sips?**

- ☐ I have never had a drink of alcohol other than a few sips
- ☐ 8 years old or younger
- ☐ 9 to 10 years old
- ☐ 11 to 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

**Logic: Hidden unless: #61 Question "How old were you when you had your first alcoholic drink other than a few sips?"**

**" is one of the following answers ("8 years old or younger", "9 to 10 years old", "11 to 12 years old", "13 or 14 years old", "15 or 16 years old", "17 years old or older")**

**62) During the past 30 days, how many days did you have at least one alcoholic drink on school property?**

- ☐ 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

**Logic: Hidden unless: #61 Question "How old were you when you had your first alcoholic drink other than a few sips?**

**" is one of the following answers ("8 years old or younger", "9 to 10 years old", "11 to 12 years old", "13 or 14 years old", "15 or 16 years old", "17 years old or older")**

**63) During the past 30 days, how many days did you have 4 or more alcoholic drinks in a row, that is, within a couple of hours?**

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

**The next questions ask about marijuana use. Marijuana also is called dope, grass, hashish, herb, joint, pot, weed, or reefer. It includes blunts and cigars filled with marijuana.**

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

**64) During your life, how many times have you used marijuana?**

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 to 99 times
- ☐ 100 or more times

**Logic: Hidden unless: #64 Question "During your life, how many times have you used marijuana?"**

**" is one of the following answers ("1 or 2 times", "3 to 9 times", "10 to 19 times", "20 to 39 times", "40 to 99 times", "100 or more times")**

**65) How old were you when you tried marijuana for the first time?**

- ☐ 8 years old or younger
- ☐ 9 to 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

**Logic: Hidden unless: #64 Question "During your life, how many times have you used marijuana?"**

**" is one of the following answers ("1 or 2 times", "3 to 9 times", "10 to 19 times", "20 to 39 times", "40 to 99 times", "100 or more times")**

**66) During the past 30 days, how many times did you use marijuana at school or on the way to or from school?**

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

**67) How would your parents or other adults in your family feel if you smoked marijuana?**

- ☐ Approve
- ☐ Would not care
- ☐ Disapprove

## SUBSTANCE USE MODULE

( ) Not sure

**The next questions ask about taking prescription drugs that were not prescribed to you.**

**68) During your lifetime, 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)	( )	( )
Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	( )	( )
Steroids (body building)	( )	( )

## SUBSTANCE USE MODULE

hormones in form of pills or shots)		
Other prescription drugs	( )	( )

**Logic: Hidden unless: ((( Question "Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)" is one of the following answers ("Yes")) OR Question "Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)" is one of the following answers ("Yes")) OR Question "Steroids (body building hormones in form of pills or shots)" is one of the following answers ("Yes")) OR Question "Other prescription drugs" is one of the following answers ("Yes"))**

**69) 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)	( )	( )
Ritalin (also called vitamin R, R-ball, diet	( )	( )

## SUBSTANCE USE MODULE

coke, skittles) or Adderall (also called addys, uppers, beans)		
Steroids (body building hormones in form of pills or shots)	( )	( )
Other prescription drugs	( )	( )

**70) How easy or difficult would it be for you to get each of the following?**

	<b>Very Easy</b>	<b>Fairly Easy</b>	<b>Fairly Difficult</b>	<b>Very Difficult</b>	<b>Impossible</b>	<b>Don't Know</b>
Beer, wine, or other alcohol	( )	( )	( )	( )	( )	( )
Marijuana (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	( )	( )	( )	( )	( )	( )

# SUBSTANCE USE MODULE

Tobacco products (cigarettes, cigars, cigarillos, e-cigarettes, vapes, JUUL, chewing tobacco, or other tobacco products).	( )	( )	( )	( )	( )	( )
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# LIFESTYLE MODULE

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

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

**71) 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: Hidden unless: #71 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")**

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

- ☐ Yes
- ☐ No



**Logic: Hidden unless: #71 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")**

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

☐ I have never had vaginal and/or anal sex

☐ Yes

☐ No

**Logic: Hidden unless: #71 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")**

**74) The last time you had vaginal sex, what methods 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

**Logic: Hidden unless: #71 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")**

**75) How many times have you been pregnant or gotten someone pregnant?**

## LIFESTYLE MODULE

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or more times
- ☐ Not sure

**The next questions are about sexually transmitted infections.**

**76) Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)**

- ☐ Yes
- ☐ No
- ☐ Not sure

**77) During the past 12 months, have you been tested for a sexually transmitted infection (STI) other than HIV, such as chlamydia or gonorrhea?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**The next questions are about sexual education.**

**78) Have you ever been taught in school about how to use condoms?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**79) Have you ever had sex education in school?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**80) 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

**The next questions ask about body weight.**

**81) How do you describe your weight?**

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About right weight
- ☐ Slightly overweight
- ☐ Very overweight

**82) Which of the following are you trying to do about your weight?**

- ☐ **Lose** weight
- ☐ **Gain** weight
- ☐ **Stay** the same weight
- ☐ I am **not trying to do anything** about my weight

**The next few questions ask about food you ate or drank during the past 7 days. 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.**

**83) During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do NOT count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)**

- ☐ I did not drink 100% fruit juice during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

**84) During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite, or a sugar-sweetened beverage such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do NOT count 100% fruit juice or diet soda.)**

- ☐ I did not drink soda or sugar-sweetened beverages during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 times per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

**85) During the past 7 days, how many days did you eat breakfast?**

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

**The next questions ask about other health-related topics.**

**86) 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

**87) During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?**

- ☐ Yes

## LIFESTYLE MODULE

☐ No

**88) On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (*Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.*)**

☐ I do not play video or computer games or use a computer for something that is not school work

☐ 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

**89) In an average week when you are in school, on how many days do you go to physical education (PE) classes?**

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

**90) When was the last time you saw a doctor, nurse, or other health professional for an annual check-up, physical, or wellness visit?**

☐ During the past 12 months

☐ Between 12 and 24 months ago

☐ More than 24 months ago

## LIFESTYLE MODULE

- ☐ Never
- ☐ Not sure

**91) During the past 7 days, how many days did you take part in organized art activities or programs (such as painting, drawing, pottery, sculpture, photography, graphic design, theater, acting, dance or any other supervised art-related activities, classes, groups, or programs)?**

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 or 4 days
- ☐ 5 or more days

**92) During the past 7 days, how many days did you take part in organized music activities or programs (such as choir, band, music lessons, or any other supervised music-related activities or programs)?**

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 or 4 days
- ☐ 5 or more days

**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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