

2019 Springfield Youth Health Survey (8TH 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 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.

CORE QUESTIONS

CORE QUESTIONS

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

CORE QUESTIONS

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

CORE QUESTIONS

☐ 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.

9) During the past 12 months, how would you describe your grades in school?

☐ Mostly A's

CORE QUESTIONS

- ☐ 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

10) How tall are you without your shoes on?

Feet: _____

Inches: _____

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

11) How much do you weigh without your shoes on?

12) 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 days
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

CORE QUESTIONS

13) 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

14) 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,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORE QUESTIONS

or perceived sexual orientation.				
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15) 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

16) 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

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

CORE QUESTIONS

- ☐ 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

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.

19) 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

CORE QUESTIONS

- ☐ 2 times
- ☐ 3 or more times

20) 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.

Logic: Show/hide trigger exists.

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

- ☐ Yes
- ☐ No

Logic: Hidden unless: #21 Question "During the past 12 months, have you felt you needed to talk to an adult about how you were feelings how things were going in your life, or problems you might have had?" is one of the following answers ("Yes")

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

	Yes	No
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CORE QUESTIONS

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 mentioned in part b	<input type="checkbox"/>	<input type="checkbox"/>
d. A psychologist, therapist, counselor, doctor, or nurse (not in school)	<input type="checkbox"/>	<input type="checkbox"/>
e. Some other adult in the community (not in school)	<input type="checkbox"/>	<input type="checkbox"/>

23) 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

CORE QUESTIONS

24) 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

25) 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

26) During the past 30 days, 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.

27) During the past 12 months, how many times have you been bullied at school or on your way to or from school?

CORE QUESTIONS

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

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

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...

CORE QUESTIONS

	No t at all	Less than 10 time s in total	Once a mont h	2-3 times a mont h	Onc e a wee k	2-3 time s a wee k	4 or mor e time s a wee k	Refused/do n't know
Purchase d lottery tickets, includin g scratch or instant tickets	()	()	()	()	()	()	()	()
Bet money on sports, includin g fantasy sports	()	()	()	()	()	()	()	()
Played poker or other card games for money	()	()	()	()	()	()	()	()
Bet money on games of skill, such as pool, golf or arcade games	()	()	()	()	()	()	()	()

CORE QUESTIONS

Played a gambling-type game online without using money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambled with money online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bet money on horse or dog races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Played bingo for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Played slot machines or other electronic gambling machines or other electronic gambling machines at casino or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORE QUESTIONS

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

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

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

CORE QUESTIONS

Lied to your family, friends, or anyone else about how much you gamble?	()	()	()	()
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Action: Percent Branch: Modules

SAFETY MODULE

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

Logic: Show/hide trigger exists.

35) During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get "knocked out", have memory problems, double or blurry vision, headaches or "pressure" in the head, or nausea or vomiting?

☐ Yes

☐ No

☐ I did not play on a sports team during the past 12 months

Logic: Hidden unless: #35 Question "During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get "knocked out", have memory problems, double or blurry vision, headaches or "pressure" in the head, or nausea or vomiting?" is one of the following answers ("Yes")

36) If you suffered such a blow to your head during sports in the past 12 months, what happened?

☐ I stopped playing sports that day, and also got checked by a doctor, nurse or health care provider

☐ I stopped playing sports that day, but did NOT get checked by a doctor, nurse or health care provider

SAFETY MODULE

☐ I continued playing sports that day

37) How often to you wear a seatbelt when riding in a car driven by someone else?

☐ Never

☐ Rarely

☐ Sometimes

☐ Most of the time

☐ Always

These next two questions are about experiencing violence.

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

	Yes	No
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="checkbox"/>	<input type="checkbox"/>

SAFETY MODULE

Shouted, yelled, screamed, swore, or cursed at you	()	()
Ridiculed, humiliated, or put you down, for example said that you were stupid, lazy, or useless?	()	()

39) 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</p>	()	()	()

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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This next question is about witnessing violence.

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

- ☐ Yes
- ☐ No
- ☐ Don't know

NEIGHBORHOOD SAFETY

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

- ☐ Extremely safe
- ☐ Safe
- ☐ Unsafe
- ☐ Extremely unsafe

42) 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

SEXUAL ACTIVITY

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

Logic: Show/hide trigger exists.

43) 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: #43 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")

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

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

Logic: Hidden unless: #44 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?")

45) The first time you had sex, were you...

SAFETY MODULE

	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"/>

Logic: Hidden unless: #43 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")

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

☐ Yes

☐ No

Logic: Hidden unless: #43 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")

47) 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: #43 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")

48) 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

The next questions are about sexual education.

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

- ☐ Yes
- ☐ No
- ☐ Not sure

50) Have you ever had sex education in school?

- ☐ Yes
- ☐ No
- ☐ Not sure

SAFETY MODULE

51) 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

SUBSTANCE USE MODULE

QUESTIONS ABOUT ALCOHOL

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, 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.

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

- ☐ I have never had a drink of alcohol
- ☐ 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

Logic: Hidden unless: #52 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 or 10 years old", "11 or 12 years old", "13 or 14 years old", "15 or 16 years old", "17 years old or older")

53) During the past 30 days, have you had 4 or more alcoholic drinks in a row, that is, within a couple hours?

- ☐ Yes

SUBSTANCE USE MODULE

() No

54) There are many different ways to get beer, wine coolers, wine, or liquor. Which of the following are how you get alcohol?

	YES	NO
I buy it from a supermarket or a convenience store	()	()
I buy it from a liquor store or package store	()	()
I buy it from bars or clubs or restaurants	()	()
I have someone else buy it for me	()	()
I get it through my friends	()	()
I get it at home	()	()
I get it at parties	()	()

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

☐ Yes

☐ No

DRUG QUESTIONS

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

Logic: Show/hide trigger exists.

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

☐ I have never tried marijuana

☐ 8 years old or younger

☐ 9 or 10 years old

☐ 11 or 12 years old

☐ 13 or 14 years old

☐ 15 years old or older

Logic: Hidden unless: #56 Question "How old were you when you tried marijuana for the first time?" is one of the following answers ("8 years old or younger", "9 or 10 years old", "11 or 12 years old", "13 or 14 years old", "15 years old or older", "")

57) During the past 30 days, how did you usually get marijuana that you used? (*Choose ONE. If you got it from more than one place, choose the one where you got it most often.*)

☐ I did not use marijuana in the past 30 days

☐ I bought it from a store

☐ I bought it from someone else

☐ I got it at home with permission from a parent or family member over the age of 21

SUBSTANCE USE MODULE

- ☐ I took it at home without permission from a parent or family member over the age of 21
- ☐ I took it at some other place without permission
- ☐ I got it from friends
- ☐ I got it at parties
- ☐ I got it some other way

Logic: Hidden unless: #56 Question "How old were you when you tried marijuana for the first time?" is one of the following answers ("8 years old or younger", "9 or 10 years old", "11 or 12 years old", "13 or 14 years old", "15 years old or older")

58) During the past 30 days, how did you usually use marijuana? (Choose *ONE*. If you used it more than one way, choose the way you used it most often.)

- ☐ I did not use marijuana in the past 30 days
- ☐ Smoked it in a cigar or blunt wrap
- ☐ Smoked it in a joint, pipe, bong, or dab
- ☐ Ate it (in brownies, cakes, cookies, candy)
- ☐ Drank it (tea, cola, alcohol)
- ☐ Vaped it (in an e-cigarette, vape pen, vaporizer)
- ☐ Used it some other way

59) During the past 30 days, did you ever ride in a car or other vehicle driven by someone who had been using marijuana?

- ☐ Yes
- ☐ No

60) During the past year, have your parent(s) or guardian(s) talked to you about the potential negative consequences of using marijuana?

- ☐ Yes, a number of times
- ☐ Yes, once
- ☐ No
- ☐ I don't remember

SUBSTANCE USE MODULE

61) Does anyone who lives with you now use marijuana?

- ☐ Yes
- ☐ No
- ☐ I don't know

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

Logic: Show/hide trigger exists.

62) During your lifetime, have you ever taken prescription drugs that weren't your own?

- ☐ Yes
- ☐ No

Logic: Hidden unless: #62 Question "During your lifetime, have you ever taken prescription drugs that weren't your own?" is one of the following answers ("Yes")

63) During the lifetime, have you taken any of the following prescription drugs have you taken that weren't your own?

	YES	NO
Narcotics (such as Methadone, Opium, Morphine, Codeine, Oxycontin, Percodan, Demerol, Percocet,	<input type="checkbox"/>	<input type="checkbox"/>

SUBSTANCE USE MODULE

Ultram and Vicodin)		
Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Logic: Show/hide trigger exists. Hidden unless: #62 Question "During your life time, have you ever taken prescription drugs that weren't your own?" is one of the following answers ("Yes")

64) During the past 30 days, have you taken prescription drugs that weren't your own?

☐ Yes

☐ No

Logic: Hidden unless: #64 Question "During the past 30 days, have you taken prescription drugs that weren't your own?" is one of the following answers ("Yes")

SUBSTANCE USE MODULE

65) During the past 30 days, which of the following prescription drugs have you taken that weren't 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 hormones in form of pills or shots)	()	()
Other prescription drugs	()	()

QUESTIONS ABOUT TOBACCO

The next questions ask about tobacco use.

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

☐ Yes

☐ No

67) Does anyone who lives with you currently use tobacco (eg. cigarettes, cigars, electronic vapor products, chew, dip, snus, pipe tobacco)?

☐ Yes

☐ No

☐ I don't know

68) Have you ever used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs?

☐ Yes

☐ No

69) Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

☐ Yes

☐ No

The next questions are about electronic vapor products. Electronic vapor products include JUUL, e-cigarettes, e-cigars, e-pipes, vapes pipes, vaping pens, e-hookahs, and hookah pens.

SUBSTANCE USE MODULE

70) Have you ever tried an electronic vapor product, even on or two puffs?

☐ Yes

☐ No

71) During the past 30 days, did the tobacco product(s) (including cigarettes, cigars, electronic vapor products, chew, dip, snus, pipe tobacco) you used contain a flavor such as cherry, vanilla, citrus, peach, piña colada, bubble gum, blue mist, fizzy pop, etc.?

NOTE: Do NOT include regular tobacco or menthol, mint, or wintergreen.

☐ I did not use any tobacco products during the past 30 days

☐ Yes

☐ No

☐ I don't know

72) During the past 30 days, how did you get your tobacco products (this includes cigarettes, cigars, smokeless, and electronic vapor products)? (CHOOSE ALL THAT APPLY)

☐ I did not use any tobacco products during the past 30 days

☐ I bought them in a store such as a convenience store, supermarket, discount store, or gas station

☐ I bought them from a vape shop or vapor store

☐ I gave someone else money to buy them for me

☐ I got them from friend(s)/ I used a friend's

☐ I got them from a family member

☐ I got them online

☐ I got them some other way

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

SUBSTANCE USE MODULE

	VER Y EAS Y	FAIRL Y EASY	FAIRLY DIFFICU LT	VERY DIFFICU LT	IMPOSSIB LE	DON' T KNO W
Beer, wine, or other alcohol	()	()	()	()	()	()
Marijuan a (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	()	()	()	()	()	()
Tobacco products (cigarette s, cigars, cigarillos , e- cigarette s, vapes, JUUL, chewing tobacco, or other tobacco products) .	()	()	()	()	()	()

74) How much do you think people risk harming themselves if they occasionally use:

SUBSTANCE USE MODULE

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
Conventional tobacco (including cigarettes, cigars, electronic vapor products, chew, dip, snus, pipe tobacco, etc.)	()	()	()	()
Electronic vapor products (including JUUL, e-cigarettes, e-cigars, e-pipes, vaping pens, e-hookahs, hookah pens, etc.)	()	()	()	()
Marijuana (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	()	()	()	()
Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan,	()	()	()	()

SUBSTANCE USE MODULE

Demerol, Percocet, Ultram and Vicodin) from prescriptions that aren't their own				
Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) from prescriptions that aren't their own	()	()	()	()

LIFESTYLE MODULE

LIFESTYLE QUESTIONS

75) 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 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

76) Now think about the current school year. On average, how frequently did you walk or bike to get to and/or from home from school?

- ☐ Not at all
- ☐ Less than once a month
- ☐ At least once a month
- ☐ At least once a week
- ☐ Most or all days

77) How much do you agree or disagree with the following statement? I can easily access opportunities to be physically active.

- ☐ Strongly disagree

LIFESTYLE MODULE

- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

78) Yesterday, 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 yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

79) Yesterday, 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 yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

80) 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

LIFESTYLE MODULE

- ☐ 9 hours
- ☐ 10 or more hours

81) During the past 12 months, 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 place
- ☐ In a foster home or residential placement
- ☐ I did not have a usual place to sleep
- ☐ Somewhere else

82) 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
- ☐ More than 24 months ago
- ☐ Never
- ☐ Not sure

QUESTIONS ABOUT ORAL HEALTH

83) When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- ☐ During the past 12 months
- ☐ Between 12 and 24 months ago
- ☐ More than 24 months ago

LIFESTYLE MODULE

- ☐ Never
- ☐ Not sure

84) During the past 12 months, have you had a cavity in any tooth?

- ☐ Yes
- ☐ No
- ☐ Not sure

OTHER HEALTH-RELATED QUESTIONS

85) During the past 30 days, have you done any of the following things to lose weight: Increased you intake of fruits and vegetables, reduced the number of calories you eat, cut out between meal snacking, decreased your fat intake, or exercise?

- ☐ Yes
- ☐ No

86) During the past 30 days, have you done any of the following things at least once to lost weight: fast (that is going 24 hours or more without eating), vomit or throw up on purpose after eating, take diet pills without a doctor's permission, or take laxatives?

- ☐ Yes
- ☐ No

87) During the past 7 days, how many days did you do volunteer work, community service, or help people outside of your home without getting paid?

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

88) 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

89) 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

90) During the past 7 days, how many days did you sit down to dinner with your family?

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

91) 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

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.
