

2021 Youth Assessment Survey

What colors in this document represent:

- New questions or updated sections are highlighted in teal
- Optional reproductive health questions are in red font. School districts may choose to opt-in or opt-out of this block of questions.
- Teal highlighting and red font on this rendering of the 2021 YAS survey will not be displayed to students.

***** The YAS Survey Begins of the Following Page *****

Start of Block: YAS Intro

This survey is about health behavior **and attitudes**. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself in Ottawa County.

The answers you give will be kept private. No one will know how you answer. Surveys will not be tracked for individual IP addresses or responses. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade. If you are not comfortable answering a question, just leave it blank. The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Some of the questions in the survey are very personal and may bring up difficult emotions. If you need to talk to someone during or after the survey please contact your school social worker or another trusted adult.

Make sure to read every question. Sets of questions are randomized, so topics may not be in the order you'd expect. You may need to scroll to see all the questions on a page. Select the response for each question that **best** describes your behavior. You can only select one response. When you are finished answering the questions on each page, click the "NEXT" button. When you've completed the survey a message will be shown that says you are finished.

Para completar esta encuesta en español, por favor haga clic "Español" en el cuadro en la esquina superior derecha.

Thank you very much for your help.

Page Break

End of Block: YAS Intro

Start of Block: YAS Demo

Q1 How old are you?

▼ 12 (1) ... 18 or older (7)



Q2 What is your gender?

Female (1)

Male (2)



Q3 In what grade are you?

▼ 7th grade (7) ... 12th grade (12)

Q4_1 **How tall are you without your shoes on?**

Please select your height in **feet**:

▼ 3 (1) ... 7 (5)

Q4_2 Please select your height in **inches** (round to the nearest whole inch):

▼ 0 (1) ... 11 (12)



Q5 How much do you weigh in **pounds** without your shoes on? (Round to the nearest whole pound and enter below):



Q6 Which one of the following **best** describes your race/ethnicity?

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic or Latino (4)
- Native Hawaiian or Other Pacific Islander (5)
- White or Caucasian (6)
- Multi-Racial (7)

End of Block: YAS Demo

Start of Block: Driving Safety



Q7 The next 5 questions are about activities while riding or driving in a car or other vehicle.

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



Q8 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 in the past 30 days (9)
 - 0 times (0)
 - 1 time (1)
 - 2 or 3 times (2)
 - 4 or 5 times (3)
 - 6 or more times (4)
-



Q9 During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called grass, pot, or weed)?

- I did not drive a car or other vehicle in the past 30 days (9)
 - 0 times (0)
 - 1 time (1)
 - 2 or 3 times (2)
 - 4 or 5 times (3)
 - 6 or more times (4)
-



Q10 During the past 30 days, on 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 in the past 30 days (9)
 - 0 days (0)
 - 1 or 2 days (1)
 - 3 to 5 days (2)
 - 6 to 9 days (3)
 - 10 to 19 days (4)
 - 20 to 29 days (5)
 - All 30 days (6)
-



Q11 During the past 30 days, on how many days did you **use the internet or apps on your cell phone** (such as YouTube, Instagram, Facebook, TikTok, Snapchat, or Twitter) while **driving** a car or other vehicle? (Do not count using your cell phone to get driving directions or to determine your location.)

- I did not drive a car or other vehicle in the past 30 days (9)
- 0 days (0)
- 1 or 2 days (1)
- 3 to 5 days (2)
- 6 to 9 days (3)
- 10 to 19 days (4)
- 20 to 29 days (5)
- All 30 days (6)

End of Block: Driving Safety

Start of Block: Gangs



Q12 In this question the term "gang" refers to an organized group that has an identity such as a name, symbol, or certain colors associated with it. The term "gang" in this question does not refer to other organized groups such as church groups, sports teams, or clubs (such as Scouts, 4-H, or others).

If you have ever belonged to an organized gang, how old were you when you first joined?

- I have never belonged to an organized gang (0)
- 8 years old or younger (1)
- 9 or 10 years old (2)
- 11 or 12 years old (3)
- 13 or 14 years old (4)
- 15 or 16 years old (5)
- 17 years old or older (6)

End of Block: Gangs

Start of Block: Interactions with Others



Q13 This section asks about your interactions with other people.

During the past 12 months, did you **date or go out with** anyone?

- Yes (1)
- No (0)

Page Break

Display This Question:

If This section asks about your interactions with other people. During the past 12 months, did... = Yes



Q14 Select Yes or No for each of the next 5 questions.

During the past 12 months, did anyone you were dating or going out with do any of the following?

Hit, slap or physically hurt you on purpose

Yes (1)

No (0)

Display This Question:

If This section asks about your interactions with other people. During the past 12 months, did... = Yes



Q15 Threaten you

Yes (1)

No (0)

Display This Question:

If This section asks about your interactions with other people. During the past 12 months, did... = Yes



Q16 Call you degrading names

Yes (1)

No (0)

Display This Question:

If This section asks about your interactions with other people. During the past 12 months, did... = Yes



Q17 Isolate you from family or friends

Yes (1)

No (0)

Display This Question:

If This section asks about your interactions with other people. During the past 12 months, did... = Yes



Q18 Try to control when you saw your friends

Yes (1)

No (0)



Q19 During the past 12 months, did you see someone being pushed, yelled at, or hit by a person they were dating or going out with?

Yes (1)

No (0)

Display This Question:

If During the past 12 months, did you see someone being pushed, yelled at, or hit by a person they w... = Yes



Q20 Answer Yes or No to the next 5 questions.

During the past 12 months, when you saw someone being pushed, yelled at, or hit by a person they were dating or going out with, what did you do?

I did not do anything

Yes (1)

No (0)

Display This Question:

If During the past 12 months, did you see someone being pushed, yelled at, or hit by a person they w... = Yes



Q21 I spoke up and asked them to stop

Yes (1)

No (0)

Display This Question:

If During the past 12 months, did you see someone being pushed, yelled at, or hit by a person they w... = Yes



Q22 I asked if everything was okay

- Yes (1)
- No (0)

Display This Question:

If During the past 12 months, did you see someone being pushed, yelled at, or hit by a person they w... = Yes



Q23 I went to find help

- Yes (1)
- No (0)

Display This Question:

If During the past 12 months, did you see someone being pushed, yelled at, or hit by a person they w... = Yes



Q185 I did something else

- Yes (1)
- No (0)



Q24 If someone you were dating or going out with was pushing, yelling, or hitting you, would you want someone to find help?

- Yes (1)
- No (0)

End of Block: Interactions with Others

Start of Block: Unwanted Sex



Q25 This section asks about having sex when you didn't really want to.

During the past 12 months, have you had sexual intercourse when you didn't really want to?

Yes (1)

No (0)

Page Break

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... =
Yes



Q26 Answer Yes or No to each of the next 7 questions.

During the past 12 months, when you had sexual intercourse and didn't really want to, were you:

Physically forced

Yes (1)

No (0)

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... =
Yes



Q27 Threatened

Yes (1)

No (0)

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... =
Yes



Q28 Made to feel guilty

Yes (1)

No (0)

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... = Yes



Q29 Under the influence of alcohol or other drugs

Yes (1)

No (0)

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... = Yes



Q30 Feeling like you had to in order to fit in with your friends

Yes (1)

No (0)

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... = Yes



Q31 Feeling uncomfortable saying "No"

Yes (1)

No (0)

Display This Question:

If This section asks about having sex when you didn't really want to. During the past 12 months,... = Yes



Q32_1 Some other reason

Yes (1)

No (0)

Display This Question:

If Some other reason = Yes

Q32_2 Please list the other reason(s):

End of Block: Unwanted Sex

Start of Block: Harm at Home



Q33 This section asks about being harmed at home.

During the past 12 months have you been physically harmed on purpose in your home (where someone caused you to have a scar, black and blue marks, welts, bleeding, or a broken bone)?

Yes (1)

No (0)

Page Break

Display This Question:

If This section asks about being harmed at home. During the past 12 months have you been physically... = Yes



Q34 Answer Yes or No to each of the following 3 questions.

During the past 12 months, when you were physically harmed on purpose in your home, were you harmed by:

A parent/guardian?

Yes (1)

No (0)

Display This Question:

If This section asks about being harmed at home. During the past 12 months have you been physically... = Yes



Q35 Another adult?

Yes (1)

No (0)

Display This Question:

If This section asks about being harmed at home. During the past 12 months have you been physically... = Yes



Q36 Someone else in your home?

Yes (1)

No (0)

End of Block: Harm at Home

Start of Block: Homelessness



Q37_1 Thinking about your living arrangements, during the past 12 months did you ever find yourself without a place to stay? (Select one best answer)

No, I was not without a place to stay in the past 12 months (0)

Yes, I ran away (1)

Yes, my parent/guardian kicked me out (2)

Yes, my family was without a place to stay (3)

Yes, some other reason (4)

Display This Question:

*If Thinking about your living arrangements, during the past 12 months did you ever find yourself wit...
= Yes, some other reason*

Q37_2 Please list the other reason(s):

End of Block: Homelessness

Start of Block: Bullying, Safety, Trafficking



Q38 This section asks about ways that other people can affect us. Bullying or harassment often includes one or more students teasing, threatening, spreading rumors about, purposely excluding, hitting, shoving, or hurting another student over and over again. It does not mean when two students of about the same strength or power, argue or fight or tease each other in a friendly way. During the past 12 months, have you been bullied or harassed?

Yes (1)

No (0)

Page Break

Display This Question:

If This section asks about ways that other people can affect us. Bullying or harassment often inc...
= Yes



Q39 Answer Yes or No to each of the next 5 questions.

During the past 12 months, where have you been bullied or harassed?

On school property **(at school, school athletic event, after school club, etc.)**

Yes (1)

No (0)

Display This Question:

If This section asks about ways that other people can affect us. Bullying or harassment often inc...
= Yes



Q40 On the way to or from school (bus, walking, carpool, etc.)

Yes (1)

No (0)

Display This Question:

If This section asks about ways that other people can affect us. Bullying or harassment often inc...
= Yes



Q41 Electronically, such as through texting, Instagram, Facebook, Snapchat, or other social media

Yes (1)

No (0)

Display This Question:

*If This section asks about ways that other people can affect us. Bullying or harassment often inc...
= Yes*



Q43 Somewhere else

Yes (1)

No (0)



Q44 During the past 30 days, on how many days did you **not** go to school because you felt unsafe at school or on your way to or from school?

0 days (0)

1 day (1)

2 or 3 days (2)

4 or 5 days (3)

6 or more days (4)



Q51 Have you ever been forced to work or do something illegal by someone who got money or something of value for what you did?

Yes (1)

No (0)



Q50 Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?

Yes (1)

No (0)

End of Block: Bullying, Safety, Trafficking

Start of Block: Sexting



Q46 This section is about the sending or receiving of sexual words, pictures, or videos via technology.

Answer Yes or No to each of the next 4 questions.

During the past 12 months, have you participated in any of the following?

Sent a sexually suggestive message by text, email, instant message, social network, etc.

Yes (1)

No (0)



Q47 Sent or posted a naked or semi-naked photo or video of yourself by text, email, social profile, website, blog, etc.

Yes (1)

No (0)



Q48 Shared with someone a sexually suggestive message that was sent to you by someone else

Yes (1)

No (0)



Q49 Shared with someone a naked or semi-naked photo or video that was sent to you by someone else

Yes (1)

No (0)

End of Block: Sexting

Start of Block: Depression/Suicide



Q52 The next four questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. 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 (1)

No (0)



Q53 During the past 12 months, did you ever **seriously** think about attempting suicide?

Yes (1)

No (0)



Q54 During the past 12 months, did you make a plan about how you would attempt suicide?

Yes (1)

No (0)



Q55 During the past 12 months, how many times did you attempt suicide?

0 times (0)

1 time (1)

2 or 3 times (2)

4 or more times (3)

End of Block: Depression/Suicide



Q56 This section is about cigarettes, tobacco and other products containing nicotine.

If you have ever smoked a cigarette, how old were you when you smoked a whole cigarette for the first time?

- I have never smoked a whole cigarette (0)
 - 8 years old or younger (1)
 - 9 or 10 years old (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-



Q57 During the past 30 days, on how many days did you smoke cigarettes?

- 0 days (0)
 - 1 or 2 days (1)
 - 3 to 5 days (2)
 - 6 to 9 days (3)
 - 10 to 19 days (4)
 - 20 to 29 days (5)
 - All 30 days (6)
-

X→

Q58 If you wanted to get some cigarettes, how easy would it be for you to get some?

- Very hard (1)
 - Sort of hard (2)
 - Sort of easy (3)
 - Very easy (4)
-

Display This Question:

If How old are you? != 18 or older

X→

Q59 Answer Yes or No to each of the following 7 questions.

Thinking about cigarettes, in the past year have you ever:

Bought cigarettes from a grocery store, gas station, convenience store, or discount store

Yes (1)

No (0)

Display This Question:

If How old are you? != 18 or older

X→

Q60 Given money to a legal age person (18+) to buy cigarettes for you

Yes (1)

No (0)

Display This Question:

If How old are you? != 18 or older

X→

Q61 Stolen cigarettes from a store

Yes (1)

No (0)

Display This Question:

If How old are you? != 18 or older

X→

Q62 Taken cigarettes from your home or a friend's home without permission

Yes (1)

No (0)

Display This Question:

If How old are you? != 18 or older

X→

Q63 Been given cigarettes by your parent/guardian or a friend's parent/guardian

Yes (1)

No (0)

Display This Question:

If How old are you? != 18 or older

X→

Q64 Been given cigarettes by an underage friend

Yes (1)

No (0)

Display This Question:

If How old are you? != 18 or older

X→

Q65 Been given cigarettes by a legal aged (18+) person

Yes (1)

No (0)

X→

Q70 **The next questions ask about other types of products containing nicotine.**

During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, or**

dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)

- 0 days (0)
 - 1 or 2 days (1)
 - 3 to 5 days (2)
 - 6 to 9 days (3)
 - 10 to 19 days (4)
 - 20 to 29 days (5)
 - All 30 days (6)
-



Q71 During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

- 0 days (0)
 - 1 or 2 days (1)
 - 3 to 5 days (2)
 - 6 to 9 days (3)
 - 10 to 19 days (4)
 - 20 to 29 days (5)
 - All 30 days (6)
-



Q66 During the past 12 months, did you ever try **to quit** using **all** nicotine products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?

- I did not use any nicotine products during the past 12 months (9)
- Yes (1)
- No (0)

End of Block: Cigarettes & Other Products Containing Nicotine

Start of Block: Electronic Vapor Products



Q67 The next questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, or blu. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

If you have ever used an electronic vapor product, how old were you when you **first** used it?

- I have never used an electronic vapor product (0)
- 8 years old or younger (1)
- 9 or 10 years old (2)
- 11 or 12 years old (3)
- 13 or 14 years old (4)
- 15 or 16 years old (5)
- 17 years old or older (6)



Q68 During the past 30 days, on how many days did you use an electronic vapor product?

- 0 days (0)
 - 1 or 2 days (1)
 - 3 to 5 days (2)
 - 6 to 9 days (3)
 - 10 to 19 days (4)
 - 20 to 29 days (5)
 - All 30 days (6)
-



Q186 Answer Yes or No to each of the following 7 questions.

Thinking about electronic vapor products, in the past year have you ever:

Bought an electronic vapor product from a store such as a convenience store, supermarket, discount store, gas station, or vape store

- Yes (1)
 - No (0)
-



Q187 Gotten an electronic vapor product on the Internet

- Yes (1)
 - No (0)
-

X→

Q188 Given someone else money to buy an electronic vapor product for you

Yes (1)

No (0)

X→

Q189 Borrowed an electronic vapor product from someone else

Yes (1)

No (0)

X→

Q190 Been given an electronic vapor product by someone who can legally buy these products

Yes (1)

No (0)

X→

Q191 Taken an electronic vapor product from a store or another person

Yes (1)

No (0)

X→

Q192 Been given an electronic vapor product by your parent/guardian or a friend's parent/guardian

Yes (1)

No (0)

End of Block: Electronic Vapor Products

Start of Block: Alcohol

This section is 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 drink is equal to:



Q72 If you have ever drank alcohol, how old were when you had your **first** drink of alcohol?

I have never had a drink of alcohol other than a few sips (0)

8 years old or younger (1)

9 or 10 years old (2)

11 or 12 years old (3)

13 or 14 years old (4)

15 or 16 years old (5)

17 years old or older (6)



Q73 During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days (0)
- 1 or 2 days (1)
- 3 to 5 days (2)
- 6 to 9 days (3)
- 10 to 19 days (4)
- 20 to 29 days (5)
- All 30 days (6)



Q74 During the past 30 days, on how many days did you have **five or more** drinks of alcohol with in a couple of hours?

- 0 days (0)
 - 1 day (1)
 - 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 or more days (6)
-



Q75 If you wanted to get some alcohol, how easy would it be for you to get some?

- Very hard (1)
 - Sort of hard (2)
 - Sort of easy (3)
 - Very easy (4)
-



Q76 Answer Yes or No to each of the following 9 questions.

Thinking about alcohol, in the past year have you ever:

Bought alcohol from a store

- Yes (1)
 - No (0)
-



Q77 Bought alcohol from a restaurant or bar

- Yes (1)
 - No (0)
-



Q78 Bought alcohol with an ID other than yours

Yes (1)

No (0)

X→

Q79 Given money to a legal age (21+) friend or family member to buy alcohol for you

Yes (1)

No (0)

X→

Q80 Stolen alcohol from a store

Yes (1)

No (0)

X→

Q81 Taken alcohol from your home or a friend's home without permission

Yes (1)

No (0)

X→

Q82 Been given alcohol by your parent/guardian or a friend's parent/guardian

Yes (1)

No (0)



Q84 Been given alcohol by a legal age (21+) person

Yes (1)

No (0)



Q85 Attended a party where alcohol was available

Yes (1)

No (0)

End of Block: Alcohol

Start of Block: Marijuana



Q86 This section asks about marijuana use. Marijuana is also called pot, weed, or cannabis.

If you have ever used marijuana, how old were you when you used marijuana for the **first** time?

- I have never used marijuana (0)
 - 8 years old or younger (1)
 - 9 or 10 years old (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-



Q87 During the past 30 days, how many times did you use marijuana?

- 0 times (0)
 - 1 or 2 times (1)
 - 3 to 9 times (2)
 - 10 to 19 times (3)
 - 20 to 39 times (4)
 - 40 or more times (5)
-



Q88 If you wanted to get some marijuana, how easy would it be for you to get some?

- Very hard (1)
 - Sort of hard (2)
 - Sort of easy (3)
 - Very easy (4)
-

X→

Q217 Answer Yes or No to each of the following 4 questions.

In the past year, have you:

Bought marijuana from a store (dispensary)?

- Yes (1)
 - No (0)
-

X→

Q218 Bought marijuana with an ID other than yours?

- Yes (1)
 - No (0)
-

X→

Q219 Been given marijuana by your parent/guardian or a friend's parent/guardian?

Yes (1)

No (0)

X→

Q220 Been given marijuana by a legal aged (21+) person?

Yes (1)

No (0)

End of Block: Marijuana

Start of Block: OTC drugs

X→

Q89 This section asks about using over the counter drugs only for the experience or feeling they cause and not for their intended medicinal purpose (such as cold medicine or other medicine that can be bought at a store).

If you have ever used an over the counter drug *only for the experience or feeling that it caused*, how old were you when you **first** used it?

- I have never used an over the counter drug to get high (0)
 - 8 years old or younger (1)
 - 9 or 10 years old (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-



Q90 During the past 30 days, how many times did you use an over the counter drug only for the *experience or feeling that it caused*?

- 0 times (0)
- 1 or 2 times (1)
- 3 to 9 times (2)
- 10 to 19 times (3)
- 20 to 39 times (4)
- 40 or more times (5)

End of Block: OTC drugs

Start of Block: Rx Drugs



Q91 The next several questions ask about the use of prescription drugs without a doctor's prescription (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax).

If you have ever used a **prescription drug** *without a doctor's prescription*, how old were you when you **first** used one?

- I have never used a prescription drug that was not prescribed for me (0)
 - 8 years old or younger (1)
 - 9 or 10 years old (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-



Q92 Answer Yes or No to each of the following 3 questions.

During the past 30 days, have you used any of the following *without a doctor's prescription*:

Prescription sedatives or tranquilizers such as Valium, Xanax, or Restoril

- Yes (1)
 - No (0)
-



Q93 Prescription pain relievers such a codeine, Vicodin, OxyContin, Hydrocodone, or Percocet

Yes (1)

No (0)

X→

Q94 Prescription stimulants such as Ritalin, Adderall, or Fastin

Yes (1)

No (0)

X→

Q95 If you wanted to get some prescription drugs *without a doctor's prescription*, how easy would it be for you to get some?

Very hard (1)

Sort of hard (2)

Sort of easy (3)

Very easy (4)

X→

Q96 Answer Yes or No to each of the following 5 questions.

Referring to prescription drugs not prescribed for you, in the past year have you:

Bought them from a friend/peer

Yes (1)

No (0)

X→

Q97 Taken them from your home

Yes (1)

No (0)

X→

Q98 Taken them from your grandparents

Yes (1)

No (0)

X→

Q99 Taken them from a friend

Yes (1)

No (0)

X→

Q100 Taken them from a friend's home

Yes (1)

No (0)



Q101 Attended a party where they were available

Yes (1)

No (0)

End of Block: Rx Drugs

Start of Block: Inhalants & Other Drugs



Q102 **This section of questions asks about a variety of other drugs.**

If you have ever used an inhalant (sniffed glue, breathed the contents of aerosol spray cans, or

inhaled any other gases or sprays) to get high, how old were you the first time you used an inhalant?

- I have never used inhalants (0)
 - 8 years old or younger (1)
 - 9 or 10 years old (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-



Q103 During the past 30 days, how many times have you used an inhalant (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays) in order to *get high*?

- 0 times (0)
 - 1 or 2 times (1)
 - 3 to 5 times (2)
 - 6 to 9 times (6)
 - 10 to 19 times (3)
 - 20 to 39 times (4)
 - 40 or more times (5)
-

X→

Q109 During the past 30 days, how many times have you used a hallucinogen (also called LSD, PCP, shrooms, or acid)?

- 0 times (0)
 - 1 or 2 times (1)
 - 3 to 5 times (2)
 - 6 to 9 times (6)
 - 10 to 19 times (3)
 - 20 to 39 times (4)
 - 40 or more times (5)
-

X→

Q222 During the past 30 days, on how many days did you use a needle to inject any illegal drug into your body?

- 0 days (0)
 - 1 or 2 days (1)
 - 3 to 5 days (2)
 - 6 to 9 days (3)
 - 10 to 19 days (4)
 - 20 to 29 days (5)
 - All 30 days (6)
-



Q110 If you wanted to get a drug like cocaine, LSD, heroin, or methamphetamine, how easy would it be for you to get some?

- Very hard (1)
 - Sort of hard (2)
 - Sort of easy (3)
 - Very easy (4)
-



Q104 Answer Yes or No to each of the following 5 questions.

Have you ever used:

Cocaine in any form (including powder, crack, or freebase)?

- Yes (1)
 - No (0)
-



Q105 Heroin (also called smack, junk, or China White)?

- Yes (1)
 - No (0)
-



Q106 Methamphetamine (also called meth, speed, crystal meth, crank, or ice)?

Yes (1)

No (0)



Q107 Ecstasy (also called Molly or MDMA)?

Yes (1)

No (0)



Q108 Hallucinogens (also called LSD, PCP, shrooms, or acid)?

Yes (1)

No (0)

End of Block: Inhalants & Other Drugs

Start of Block: Perception of Drug Risk



Q111 The following questions ask about how you and others feel about tobacco, alcohol and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:

Use an over the counter drug only for the experience or feeling that it causes

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-



Q112

Use a prescription drug not prescribed for them

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-



Q113

Try marijuana once or twice

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-

X→

Q114

Have five or more alcoholic drinks once or twice a week

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-

X→

Q115

Smoke marijuana once or twice a week

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-

X→

Q116

Have one or two alcoholic drinks nearly every day

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-

X→

Q117

Smoke one or more packs of cigarettes every day

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-

X→

Q118

Use electronic vapor products or e-cigarettes (such as JUUL, Vuse, MarkTen, or blu)

- No risk (0)
 - Slight risk (1)
 - Moderate risk (2)
 - Great risk (3)
 - Can't say/Drug unfamiliar (4)
-

X→

Q221 Use methamphetamine (meth, crank, ice, chalk, fire or glass)

No risk (0)

Slight risk (1)

Moderate risk (2)

Great risk (3)

Can't say/Drug unfamiliar (4)

Page Break



Q119 **How wrong does your parent/guardian feel it would be for you to:** Smoke cigarettes

- Very wrong (1)
- Wrong (2)
- A little bit wrong (3)
- Not wrong at all (4)



Q120
Drink beer, wine, or hard liquor regularly

- Very wrong (1)
- Wrong (2)
- A little bit wrong (3)
- Not wrong at all (4)



Q121

Have one or two alcoholic drinks every day

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q122

Smoke marijuana

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q123

Use prescription drugs not prescribed for you

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q194

Use electronic vapor products or e-cigarettes (such as JUUL, Vuse, MarkTen, or blu)

- Very wrong (1)
- Wrong (2)
- A little bit wrong (3)
- Not wrong at all (4)

Page Break



Q124

How wrong do your friends feel it would be for you to:

Smoke cigarettes

- Very wrong (1)
- Wrong (2)
- A little bit wrong (3)
- Not wrong at all (4)



Q125

Have one or two drinks of an alcoholic beverage every day

- Very wrong (1)
- Wrong (2)
- A little bit wrong (3)
- Not wrong at all (4)



Q126

Use prescription drugs not prescribed for you

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q127

Use marijuana

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q195

Use electronic vapor products or e-cigarettes (such as JUUL, Vuse, MarkTen, or blu)

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q128 What percentage (%) of the students in your grade do you think have had some kind of alcoholic beverage in the past 30 days

- 0% to 20% (1)
 - 21% to 40% (2)
 - 41% to 60% (3)
 - 61% to 80% (4)
 - 81% to 100% (5)
-



Q129 What percentage (%) of the students in your grade do you think have used marijuana in the past 30 days

- 0% to 20% (1)
- 21% to 40% (2)
- 41% to 60% (3)
- 61% to 80% (4)
- 81% to 100% (5)

End of Block: Perception of Drug Risk

Start of Block: Sexual Behavior & Pornography

This section of questions asks about things related to sexual behavior.

The first few questions ask about pornography. Often called porn, it consists of images

or video showing the genitals (parts of the body that would be covered by a bathing suit) or people engaged in sexual behavior, with the purpose of arousing the viewer. Internet pornography refers to pornography that is viewed electronically such as on the web or through an app.

X→

Q198 What percentage of the students in your grade do you think saw or accessed internet pornography in the past 30 days?

- None (0%) (0)
- Few (1-10%) (1)
- Some (11-30%) (2)
- Half or less (31-50%) (3)
- Half or more (51-70%) (4)
- Most (71-90%) (5)
- Almost all (91-100%) (6)

X→

Q196 At what age did you **first** see or access internet pornography?

- I have never seen or accessed internet pornography (0)
 - 8 years old or younger (1)
 - 9 or 10 years old (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-

X→

Q197 During the past 30 days, how many times have you seen or accessed internet pornography?

- Never (0)
 - Once or twice (1)
 - Weekly (2)
 - A couple days per week (3)
 - Daily (4)
-

X→

Q130 Has a parent/guardian or other adult in your family ever talked with you about what they expect you to do or not to do when it comes to sex?

- Yes (1)
 - No (0)
-



Q131 How wrong does your parent/guardian feel it would be for you to have sexual intercourse?

- Very wrong (1)
 - Wrong (2)
 - A little bit wrong (3)
 - Not wrong at all (4)
-



Q132 How much do you agree or disagree with the statement "There are consequences (physical, emotional, or other) when someone my age has sexual intercourse"?

- Strongly agree (1)
 - Agree (2)
 - Neither agree nor disagree (3)
 - Disagree (4)
 - Strongly disagree (5)
-



Q133 How much do you agree or disagree with the statement "There are consequences (physical, emotional, or other) when someone my age has oral sex"?

- Strongly agree (1)
 - Agree (2)
 - Neither agree nor disagree (3)
 - Disagree (4)
 - Strongly disagree (5)
-

Q204 Which of the following best describes you?

- Heterosexual (straight) (1)
 - Gay or Lesbian (2)
 - Bisexual (3)
 - I describe my sexual identity some other way (4)
 - I am not sure about my sexual identity (questioning) (5)
 - I do not know what this question is asking (6)
-



Q134 If you have ever had oral sex, how old were you the first time you had oral sex?

- I have never had oral sex (0)
 - 11 years old or younger (1)
 - 12 years old (2)
 - 13 years old (3)
 - 14 years old (4)
 - 15 years old (5)
 - 16 years old (6)
 - 17 years old (7)
 - 18 years old or older (8)
-



Q135 If you have ever had sexual intercourse, how old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse (0)
- 11 years old or younger (1)
- 12 years old (2)
- 13 years old (3)
- 14 years old (4)
- 15 years old (5)
- 16 years old (6)
- 17 years old (7)
- 18 years old or older (8)

Skip To: End of Block If If you have ever had sexual intercourse, how old were you when you had sexual intercourse for the... = I have never had sexual intercourse

Page Break

X→

Q136 During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse (0)
- 1 person (1)
- 2 people (2)
- 3 people (3)
- 4 people (4)
- 5 people (5)
- 6 or more people (6)

X→

Q137 During the past 3 months, with how many people did you have sexual intercourse?

- I have never had sexual intercourse (0)
 - I have had sexual intercourse, but not during the past 3 months (1)
 - 1 person (2)
 - 2 people (3)
 - 3 people (4)
 - 4 people (5)
 - 5 people (6)
 - 6 or more people (7)
-



Q138 During the past 12 months, have you ever been tested for any sexually transmitted diseases?

- Yes (1)
 - No (0)
-



Q139 Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- I have never had sexual intercourse (0)
 - Yes (1)
 - No (2)
-



Q140 The **last time** you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse (0)
 - Yes (1)
 - No (2)
-



Q141 The **last time** you had sexual intercourse, what **one** method (if any) did you or your partner use to **prevent pregnancy**?

- I have never had sexual intercourse (0)
- No method was used to prevent pregnancy (1)
- Birth control pills (2)
- Condoms (3)
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) (4)
- A shot (Such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) (5)
- Withdrawal or some other method (6)
- Not sure (7)

End of Block: Sexual Behavior & Pornography

Start of Block: Weight, Diet and Physical Activity



Q142 This section asks about your body, what you eat and drink, and your physical activity.

How would you describe your weight?

- Very underweight (1)
 - Slightly underweight (2)
 - About the right weight (3)
 - Slightly overweight (4)
 - Very overweight (5)
-



Q143 Which of the following are you trying to do about your weight?

- I am not trying to do anything about my weight (1)
 - Lose weight (2)
 - Gain weight (3)
 - Stay the same weight (4)
-



Q144 Answer Yes or No to each of the following 5 questions.

During the past 30 days, have you done any of the following to lose weight or to keep from gaining weight? Exercise

- Yes (1)
- No (0)



Q145 Eat less food, fewer calories, or foods low in fat

Yes (1)

No (0)



Q146 Go without eating for 24 hours or more

Yes (1)

No (0)



Q147 Take diet pills, powders, or liquids without a doctor's advice

Yes (1)

No (0)



Q148 Vomit or take laxatives

Yes (1)

No (0)



Q149 The next several questions ask about food you usually eat or drink.

Think about all the meals and snacks you eat from the time you get up until you go to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

On an average day, how many cups of **fruit** do you eat (including 100% fruit juice)? Example: 1 cup = a medium apple, an 8-inch banana, 12 grapes, or 8 ounces of juice

I do not usually eat fruit (0)

1 cup (1)

2 cups (2)

3 cups (3)

4 cups (4)

5 cups (5)

6 cups or more (6)



Q150 On an average day, how many cups of **vegetables** do you eat? Example: 1 cup = a small potato, an 8-inch corn cob, or 12 baby carrots

- I do not usually eat vegetables (0)
 - 1 cup (1)
 - 2 cups (2)
 - 3 cups (3)
 - 4 cups (4)
 - 5 cups (5)
 - 6 cups or more (6)
-



Q151 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? (Do **not** count diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days (0)
 - Less than 1 time per day (1)
 - 1 time per day (2)
 - 2 times per day (3)
 - 3 times per day (4)
 - 4 or more times per day (5)
-



Q152 During the past 7 days, how many times did you drink a **can, bottle, or glass of an energy drink**, such as Red Bull or Jolt? (Do **not** count diet energy drinks or sport drinks such as Gatorade or Powerade.)

- I did not drink energy drinks during the past 7 days (0)
 - Less than 1 time per day (1)
 - 1 time per day (2)
 - 2 times per day (3)
 - 3 times per day (4)
 - 4 or more times per day (5)
-



Q153 During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never (0)
 - Rarely (1)
 - Sometimes (2)
 - Most of the time (3)
 - Always (4)
-

Page Break



Q154 The next set of questions asks about physical activity.

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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days (0)
 - 1 day (1)
 - 2 days (2)
 - 3 days (3)
 - 4 days (4)
 - 5 days (5)
 - 6 days (6)
 - 7 days (7)
-



Q155 During the past 7 days, on how many days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, gymnastics, or weight lifting?

- 0 days (0)
 - 1 day (1)
 - 2 days (2)
 - 3 days (3)
 - 4 days (4)
 - 5 days (5)
 - 6 days (6)
 - 7 days (7)
-



Q156 On an average day, how many hours do you watch TV, play video or computer games, or use a computer for something that is not school work? (Count time spent on things such as texting, Xbox, PlayStation, an iPad or other tablet, a smartphone, YouTube, Instagram, Snapchat, or other social media.)

- I do not use any of these devices, except for school-related work (0)
- Less than 1 hour per day (1)
- 1 hour per day (2)
- 2 hours per day (3)
- 3 hours per day (4)
- 4 hours per day (5)
- 5 or more hours per day (6)



Q157 On an average school night, how many hours of sleep do you get?

- 4 or less hours (0)
- 5 hours (1)
- 6 hours (2)
- 7 hours (3)
- 8 hours (4)
- 9 hours (5)
- 10 or more hours (6)

End of Block: Weight, Diet and Physical Activity

Start of Block: Family

The next set of questions asks about your home and family.

Select the big “NO!” if you think the statement is definitely not true for you. Select the little “no” if you think the statement is mostly not true for you. Select the little “yes” if you think the statement is mostly true for you. Select the big “YES!” if you think the statement is definitely true for you.



Q158 People in my family often insult or yell at each other

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q159 We argue about the same things in my family over and over again

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q160 People in my family have serious arguments

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q161 My parent/guardian asks if I've gotten my homework done

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q162 My parent/guardian wants me to call if I'm going to be late getting home

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q163 When I am not at home, my parent/guardian knows where I am and who I am with

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q164 The rules in my family are clear

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q165 My family has clear rules about alcohol and drug use

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q166 Would your parent/guardian know if you did not come home on time?

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q167 My parent/guardian gives me lots of chances to do fun things with them

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q168 My parent/guardian asks me what I think before most family decisions affecting me are made

- NO! (1)
 - no (2)
 - yes (3)
 - YES! (4)
-



Q169 If I had a personal problem, I could ask my parent/guardian for help

- NO! (1)
- no (2)
- yes (3)
- YES! (4)

End of Block: Family

Start of Block: Community



Q175 This section asks about extracurricular activities.

Answer Yes or No to each of the following 8 questions.

During the past 12 months, have you participated in the following:

Volunteer opportunity

Yes (1)

No (0)



Q176 School or community club (Scouts, 4-H, debate, Junior Achievement, etc.)

Yes (1)

No (0)



Q177 Team sports (football, basketball, swimming, track, gymnastics, etc.)

Yes (1)

No (0)



Q178 Non-team sports (running, cycling, martial arts, archery, etc.)

Yes (1)

No (0)



Q179 Art/music/theater/dance

Yes (1)

No (0)



Q180 Part-time job

Yes (1)

No (0)



Q181 Faith-based group or activity

Yes (1)

No (0)



Q182 Leadership activities (student council, advisory committees, etc.)

- Yes (1)
- No (0)

End of Block: Community

Start of Block: Gambling



Q193 The following question asks about gambling. "Gambling" refers to any kind of wager or bet where someone is betting something and the outcome could result in either a loss or a payout.

During the past 30 days, did you make bets or gamble? (Select one best answer)

- I did not make bets or gamble in the past 30 days (1)
- I bet on sporting events (2)
- I bet on card games (3)
- I gambled on the Internet (4)
- I bet on both sporting events and card games (5)
- I bet on sporting events and gambled on the Internet (6)
- I bet on card games and gambled on the Internet (7)
- I bet on both sporting events and card games and gambled on the Internet (8)

End of Block: Gambling

Start of Block: Stress

Q199 The next question asks about stress. Stress is often described as a feeling of being overwhelmed, worried or run-down. Stress can affect people of all ages, genders and circumstances. On a scale of 1 to 10, where 1 means you have *little or no stress* and 10 means you have a *great deal of stress*, how would you rate your average level of stress during the past 30 days? (slide the circle on the bar to the level you typically feel)

Little to none A great deal

1 2 3 4 5 6 7 8 9 10

Stress Level ()



End of Block: Stress

Start of Block: Health Issues Teens Face

Q223 What do you think are the top 3 health concerns that teens face today?

Five horizontal cyan bars for text input.

End of Block: Health Issues Teens Face

Start of Block: Adverse Childhood Events

Q205 The next questions ask about difficult events that may have happened in your life or childhood. These questions are personal and may be difficult to answer. If you need to talk to someone regarding these questions, please reach out to your school social

worker or another trusted adult.

During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?

Never (1)

Rarely (2)

Sometimes (3)

Most of the time (4)

Always (11)

Q206 During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

Never (1)

Rarely (2)

Sometimes (3)

Most of the time (4)

Always (11)

Q207 Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

Yes (1)

No (2)

Q208 During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

Never (1)

Rarely (2)

Sometimes (3)

Most of the time (4)

Always (11)

Q209 During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

Never (1)

Rarely (2)

Sometimes (3)

Most of the time (4)

Always (11)

Q210 Have you ever lived with someone who was having a problem with alcohol or drug use?

Yes (1)

No (2)

Q211 Have you ever lived with someone who was depressed, mentally ill, or suicidal?

Yes (1)

No (2)

Q212 Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

Yes (1)

No (2)

Q213 During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?

Never (1)

Rarely (2)

Sometimes (3)

Most of the time (4)

Always (11)

Q214 During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation?

Never (1)

Rarely (2)

Sometimes (3)

Most of the time (4)

Always (11)

Q215 During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

0 times (1)

1 time (2)

2 or 3 times (3)

4 or 5 times (4)

6 or more times (5)

Q216 During the past 12 months, how many times has a parent or other adult in your home sworn at you, insulted you, or put you down?

0 times (1)

1 time (2)

2 or 3 times (3)

4 or 5 times (4)

6 or more times (5)

End of Block: Adverse Childhood Events
