

# 2019 Youth Assessment Survey - V1.0

\*\*\*\*Optional Reproductive Health questions are in red lettering\*\*\*\*

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This survey is about health behavior. 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. 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. Thank you very much for your help.

How old are you?

- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

What is your gender?

- Female
- Male

In what grade are you?

- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade

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

Please select your height in **feet**:

- 3
- 4
- 5
- 6
- 7

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

0

1

2

3

4

5

6

7

8

9

10

11

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

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

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

**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
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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

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

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
- 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

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, Snapchat, and 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
- 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

**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
- 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

**This section asks about your interactions with other people.**

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

- Yes
- No

**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
- No

Threaten you

Yes

No

Call you degrading names

Yes

No

Isolate you from family or friends

Yes

No

Try to control when you saw your friends

Yes

No

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

No

**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

No



I spoke up and asked them to stop

Yes

No

I asked if everything was okay

Yes

No

I went to find help

Yes

No

I did something else

Yes

No

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

Yes

No

**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

No

**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

No

Threatened

Yes

No

Made to feel guilty

Yes

No

Under the influence of alcohol or other drugs

Yes

No

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

Yes

No

Feeling uncomfortable saying "No"

Yes

No

Some other reason

Yes

No

Please list the other reason(s):

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**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

No

**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

No

Another adult?

- Yes
- No

Someone else in your home?

- Yes
- No

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
- Yes, I ran away
- Yes, my parent/guardian kicked me out
- Yes, my family was without a place to stay
- Yes, some other reason

Please list the other reason(s):

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**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

No

**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

Yes

No

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

Yes

No

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

Yes

No

Somewhere else

Yes

No

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

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
- No

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

- Yes
- No

**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
- No

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

Yes

No

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

Yes

No

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

Yes

No

**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

No

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

Yes

No

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

- Yes
- No

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

- 0 times
- 1 time
- 2 or 3 times
- 4 or more times

**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
- 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



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

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

- Very hard
- Sort of hard
- Sort of easy
- Very easy

**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
- No

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

Yes

No

Stolen cigarettes from a store

Yes

No

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

Yes

No

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

Yes

No

Been given cigarettes by an underage friend

Yes

No

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

Yes

No

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

During the past 30 days, on 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

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
- Yes
- No

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
- 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

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

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

**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
- No

Gotten an electronic vapor product on the Internet

- Yes
- No

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

- Yes
- No

Borrowed an electronic vapor product from someone else

Yes

No

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

Yes

No

Taken an electronic vapor product from a store or another person

Yes

No

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

Yes

No

**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:**

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
- 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

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

- 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

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

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

- Very hard
- Sort of hard
- Sort of easy
- Very easy

**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
- No



Bought alcohol from a restaurant or bar

Yes

No

Bought alcohol with an ID other than yours

Yes

No

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

Yes

No

Stolen alcohol from a store

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Attended a party where alcohol was available

- Yes
- No

**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
- 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

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

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

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

- Very hard
- Sort of hard
- Sort of easy
- Very easy

**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
- 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

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

**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
- 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

**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
- No

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

- Yes
- No

Prescription stimulants such as Ritalin, Adderall, or Fastin

- Yes
- No

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
- Sort of hard
- Sort of easy
- Very easy

**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
- No

Taken them from your home

- Yes
- No

Taken them from your grandparents

- Yes
- No

Taken them from a friend

- Yes
- No

Taken them from a friend's home

- Yes
- No

Attended a party where they were available

- Yes
- No

**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
- 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

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

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

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



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
- Sort of hard
- Sort of easy
- Very easy

**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
- No

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

- Yes
- No

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

- Yes
- No

Ecstasy (also called Molly or MDMA)?

- Yes
- No

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

- Yes
- No

**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
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

Use a prescription drug not prescribed for them

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

Try marijuana once or twice

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

Have five or more alcoholic drinks once or twice a week

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

Smoke marijuana once or twice a week

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

Have one or two alcoholic drinks nearly every day

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

Smoke one or more packs of cigarettes every day

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

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

- No risk
- Slight risk
- Moderate risk
- Great risk
- Can't say/Drug unfamiliar

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

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Drink beer, wine, or hard liquor regularly

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Have one or two alcoholic drinks every day

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Smoke marijuana

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Use prescription drugs not prescribed for you

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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

Smoke cigarettes

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Have one or two drinks of an alcoholic beverage every day

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Use prescription drugs not prescribed for you

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

Use marijuana

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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%
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

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

- 0% to 20%
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

**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.**



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

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

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

- I have never seen or accessed internet pornography
- 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

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

- Never
- Once or twice
- Weekly
- A couple days per week
- Daily

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
- No

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

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

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

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

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

- I have never had oral sex
- 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

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
- 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

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

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

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

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

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

- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No

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
- 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

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

How would you describe your weight?

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

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

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

**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
- No

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

- Yes
- No

Go without eating for 24 hours or more

Yes

No

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

Yes

No

Vomit or take laxatives

Yes

No

**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

1 cup

2 cups

3 cups

4 cups

5 cups

6 cups or more



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
- 1 cup
- 2 cups
- 3 cups
- 4 cups
- 5 cups
- 6 cups or more

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
- Less than 1 time per day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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
- Less than 1 time per day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

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

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

**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
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

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
- 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

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

**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.**

People in my family often insult or yell at each other

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

People in my family have serious arguments

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

The rules in my family are clear

- NO!
- no
- yes
- YES!

My family has clear rules about alcohol and drug use

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

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

- NO!
- no
- yes
- YES!

**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

No

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

Yes

No

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

Yes

No

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

Yes

No

Art/music/theater/dance

Yes

No

Part-time job

Yes

No



Faith-based group or activity

- Yes
- No

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

- Yes
- No

**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
- I bet on sporting events
- I bet on card games
- I gambled on the Internet
- I bet on both sporting events and card games
- I bet on sporting events and gambled on the Internet
- I bet on card games and gambled on the Internet
- I bet on both sporting events and card games and gambled on the Internet

**The next 3 questions ask 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



What usually causes you to feel stressed?

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What helps you feel better when you are feeling stressed?

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How effective or ineffective is this survey at getting at student issues?

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not effective at all

How interested are you in learning about the results of this survey?

- Extremely interested
- Very interested
- Moderately interested
- Slightly interested
- Not interested at all