



Healthy Youth Survey Form B

Grades 8, 10 and 12

We are asking you to take part in this survey about issues facing students in communities in Washington. The questions in this survey ask for your opinions about yourself, your friends, your school, and your neighborhood or community. School, community, county, and state officials will use the information from this survey in planning future programs to help youth.

Your answers to these questions are anonymous. This means that no one will know how you answered. There are no codes or information to match a survey to a student. If you do not want to take this survey, tell your teacher now and you will be given another activity.

Some of the questions are personal, such as asking about your relationships and whether you get in fights or use drugs. Some students may find some of the questions uncomfortable or upsetting. You will be given a list of numbers to call if you want to talk to someone about the survey or feelings it brings up.

The survey is completely voluntary. You don't have to do this survey. You may skip any question you do not wish to answer or stop at any time. It will not affect your grades. Other students have said this survey is interesting and they enjoyed filling it out. We hope you will too. If you have any questions about this survey you may ask your teacher before beginning.

Please take a minute to read the instructions below before starting the survey.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. The questions should be answered by clicking the bubble next to your answer.
3. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
4. Some of the questions have the following format. Select the word that best describes how you feel about that sentence.

EXAMPLE: Pepperoni pizza is one of my favorite foods.

In this example, the student clicked "yes" because he or she thinks the statement is mostly true.

- NO – means definitely not true for you
- no – means mostly not true for you
- yes – means mostly true for you
- YES – means definitely true for you

1. Where are you taking this survey?
 - a. On school property
 - b. Not on school property
2. Are you in a place where you can respond honestly to questions related to your thoughts, feelings and habits pertaining to school and your personal life?
 - a. Yes
 - b. No
3. You answered that you are currently NOT in a place where you can answer questions honestly. If possible, please find a place where you can do that. Are you now able to take this survey privately?
 - a. Yes, I am now able to take this survey.
 - b. No, I am NOT able to take this survey
4. How old are you?
 - a. 12 or younger
 - b. 13
 - c. 14
 - d. 15
 - e. 16
 - f. 17
 - g. 18
 - h. 19 or older
5. What grade are you in?
 - a. 7th
 - b. 8th
 - c. 9th
 - d. 10th
 - e. 11th
 - f. 12th
 - g. Ungraded or other
6. How do you describe yourself?
Choose all that apply.
 - a. American Indian or Alaskan Native
 - b. Asian or Asian American
 - c. Black or African-American
 - d. Hispanic or Latino/Latina
 - e. Native Hawaiian or other Pacific Islander
 - f. White or Caucasian
 - g. Other
7. If you are of Asian or Pacific Islander background, which groups best describe you? **Choose all that apply.**
 - a. **Not Asian or Pacific Islander**
 - b. Asian Indian
 - c. Cambodian/Khmer
 - d. Chinese
 - e. Filipino
 - f. Japanese
 - g. Korean
 - h. Vietnamese
 - i. Other Asian
 - j. Native Hawaiian or other Pacific Islander
8. What language is usually spoken at home?
 - a. English
 - b. Spanish
 - c. Russian
 - d. Ukrainian
 - e. Vietnamese
 - f. Chinese
 - g. Korean
 - h. Japanese
 - i. Other
9. What sex/gender were you at birth, even if you are not that gender today?
 - a. Female
 - b. Male
10. How do you currently identify yourself?
Choose all that apply.
 - a. Male
 - b. Female
 - c. Transgender
 - d. Questioning/not sure of my gender identity
 - e. Something else fits better
 - f. I do not know what this question is asking.
11. Which of the following best describes you?
 - a. Heterosexual (straight)
 - b. Gay or lesbian
 - c. Bisexual
 - d. Questioning/not sure
 - e. Something else fits better
 - f. I do not know what this question is asking.
12. Have you or your family moved in the past 3 years to another school district or city for **temporary or seasonal** work in agriculture, dairy, or fishing?
 - a. No
 - b. Yes
 - c. I do not know.

13. How many hours per week are you currently working for pay, NOT counting chores around your home, yard work, or babysitting?
- None, not currently working
 - 10 hours or less a week
 - 11 – 20 hours a week
 - 21 – 30 hours a week
 - 31 – 40 hours a week
 - More than 40 hours a week

The next questions ask about personal safety.

14. Have you ever taken formal swimming lessons?
- Yes
 - No
 - Not sure
15. How good a swimmer do you think you are?
- Good
 - So-so
 - Not good
 - Can't swim
16. During the past 30 days, how many times did you text or email **while driving** a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days.
 - 0 times
 - 1 time
 - 2 – 3 times
 - 4 – 5 times
 - 6 or more times
17. During the past 30 days, how many times did you **drive** a car or other vehicle when you had been **drinking alcohol and using marijuana at the same time**?
- I did not drive a car or other vehicle during the past 30 days.
 - 0 times
 - 1 time
 - 2 – 3 times
 - 4 – 5 times
 - 6 or more times

18. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- 0 days
 - 1 – 5 days
 - 6 or more days
 - I have not been on school property in the past 30 days.
19. During the past 12 months, how many times were you in a physical fight?
- 0 times
 - 1 time
 - 2 – 3 times
 - 4 – 5 times
 - 6 or more times
20. I feel safe during school.
- NO
 - no
 - yes
 - YES

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

21. 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
22. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
 - No
23. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
 - No
24. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
 - 1 time
 - 2 – 3 times
 - 4 – 5 times
 - 6 or more times

25. When you feel sad or hopeless, are there adults that you can turn to for help?
- I never feel sad or hopeless.
 - Yes
 - No
 - Not sure

The next questions ask about tobacco, alcohol, and other drug use. Remember, no one but you will know how you answered.

Some of the following questions are about vaping, electronic cigarettes or e-cigarettes, juuling, vape-pens, e-hookahs, or mods.

“Vapes” or “e-cigs” are battery powered devices that usually contain a liquid that is vaporized and inhaled.

“Alcohol” means beer, wine, and beverages like hard lemonade, hard seltzers, and liquor such as vodka and tequila.

“Marijuana” (cannabis, pot, weed, hash, kush) includes any products that have some amount of THC, the chemical that gets someone high. These include dried herb, edibles, oils (e.g., vaped or taken by mouth), dabs, marijuana drinks, tinctures, or other products. DO NOT include CBD-only products.

26. During the past 30 days, on how many days did you:
- Smoke cigarettes?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 29 days
 - All 30 days
 - Use chewing tobacco, snuff, or dip?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 29 days
 - All 30 days
 - Smoke cigars, cigarillos, or little cigars?
 - 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days

- Use an electronic cigarette, also called e-cigs, JUUL, or vape pens?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 19 days
 - 20 – 29 days
 - All 30 days
- Smoke tobacco or flavored tobacco in a hookah, even just a puff?
 - 0 days
 - 1 – 2 days
 - 3 – 9 days
 - 10 – 29 days
 - All 30 days

27. During the past 30 days, did you use a heated tobacco product? (Heated tobacco products are different from e-cigarettes, which heat a liquid to produce vapor. Some brands of heated tobacco products include iQOS, glo and Eclipse.)
- Yes
 - No
 - I do not know what this is.
28. Are the cigarettes that you usually smoke menthol cigarettes?
- I do not smoke cigarettes.
 - Yes
 - No
29. During the past 30 days, which of the following tobacco or marijuana products that you used were **flavored** to taste like menthol (mint), candy, fruit, or any other flavors?
- Choose all that apply.**
- I did not use any **flavored** tobacco or marijuana products in the past 30 days.
 - Cigars, little cigars, hookah, or other smoked tobacco
 - Chewing tobacco, dissolvables, snus or other smokeless tobacco
 - Joints, bongos, pipes, blunt, or other smoked marijuana products
 - I do not know.

30. During the past 30 days, on how many days did you:
- A. Drink a glass, can or bottle of alcohol?
 - a. 0 days
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 10 or more days
 - B. Use marijuana or hashish?
 - a. 0 days
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 10 – 19 days
 - f. 20-29 days
 - g. All 30 days
 - C. Use brexidone?
 - a. 0 days
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 10 or more days
 - D. Use a pain killer TO GET HIGH, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)?
 - a. 0 days
 - b. 1 – 2 days
 - c. 3 – 5 days
 - d. 6 – 9 days
 - e. 10 or more days
31. Think back over the last 2 weeks. How many times have you had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)
- a. 0 times
 - b. 1 time
 - c. 2 times
 - d. 3 – 5 times
 - e. 6 – 9 times
 - f. 10 or more times
32. During the past 30 days, which of the following did you use **on school property**? **Choose all that apply.**
- a. I have not been on school property in the past 30 days.
 - b. I didn't use any of these on school property.
 - c. Tobacco (cigarettes, cigars, or chew/dip)
 - d. Electronic cigarette, also called e-cigs, JUUL, or vape pens
 - e. Marijuana
 - f. Alcohol (at least one drink)
33. How old were you the first time you:
- A. Used marijuana?
 - a. Never have
 - b. 10 or younger
 - c. 11
 - d. 12
 - e. 13
 - f. 14
 - g. 15
 - h. 16
 - i. 17 or older
 - B. Used an electronic cigarette (for example e-cigs, JUUL, or vape pens)?
 - a. Never have
 - b. 10 or younger
 - c. 11
 - d. 12
 - e. 13
 - f. 14
 - g. 15
 - h. 16
 - i. 17 or older
 - C. Had more than a sip or two of beer, wine, or hard liquor?
 - a. Never have
 - b. 10 or younger
 - c. 11
 - d. 12
 - e. 13
 - f. 14
 - g. 15
 - h. 16
 - i. 17 or older

34. During the past 30 days, which of the following **e-cig or vaping** products did you use? **Choose all that apply.**
- I did not use any e-cig or vaping products in the past 30 days.
 - Liquid with nicotine in it
 - Liquid with THC (marijuana) in it
 - Liquid with nicotine **and** THC (marijuana) in it
 - Liquid with **neither** nicotine nor THC
 - Don't know
35. During the past 30 days, which of the following e-cig or vaping products that you used were **flavored**? **Choose all that apply.**
- I did not use any **flavored** e-cig or vaping products in the past 30 days.
 - Flavored** liquid with nicotine
 - Flavored** liquid with THC (marijuana)
 - Flavored** liquid with nicotine **and** THC (marijuana)
 - Flavored** liquid with **neither** nicotine nor THC
 - Don't know
36. During the past 30 days, how did you **usually** get your own e-cig or vaping products? **Choose only one answer.**
- I did not use electronic vapor 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 in a vape shop.
 - I got them on the Internet.
 - I gave someone else money to buy them for me.
 - I borrowed (or bummed) them from someone else.
 - A person 18 years old or older gave them to me.
 - I took them from a store or family member.
 - I got them some other way.
37. How much do you think people risk harming themselves if they use electronic cigarettes, also called e-cigs, JUUL, or vape pens regularly (almost daily)?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure

The next questions ask about your body height and weight.

38. How tall are you without your shoes on?

Example
Height

Feet	Inches
5	7
Ⓐ	Ⓐ
Ⓑ	Ⓑ
Ⓒ	Ⓒ
Ⓓ	Ⓓ
Ⓔ	Ⓔ
Ⓕ	Ⓕ
Ⓖ	Ⓖ
Ⓗ	Ⓗ
Ⓘ	Ⓘ
Ⓚ	Ⓚ
Ⓛ	Ⓛ

Directions: Write your height in the blank boxes and fill in the matching circle below each number on your answer sheet.

39. How much do you weigh without your shoes on?

Example
Weight

Pounds		
1	3	7
Ⓐ	Ⓐ	Ⓐ
Ⓑ	Ⓑ	Ⓑ
Ⓒ	Ⓒ	Ⓒ
Ⓓ	Ⓓ	Ⓓ
Ⓔ	Ⓔ	Ⓔ
Ⓕ	Ⓕ	Ⓕ
Ⓖ	Ⓖ	Ⓖ
Ⓗ	Ⓗ	Ⓗ
Ⓘ	Ⓘ	Ⓘ
Ⓚ	Ⓚ	Ⓚ
Ⓛ	Ⓛ	Ⓛ

Directions: Write your weight in the blank boxes and fill in the matching circle below each number on your answer sheet.

The next questions ask about your eating habits.

Now, think about food you ate or drank during the past 7 days. Include 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.

40. During the past 7 days, how many times did you:
- Drink **100% fruit juice** such as orange juice, apple juice or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, and other fruit-flavored drinks.)
 - I did not drink juice during the past 7 days.
 - 1 – 3 times
 - 4 – 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

- B. Eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days.
 - 1 – 3 times during the past 7 days
 - 4 – 6 times
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- C. Eat **green salad**?
- I did not eat green salad during the past 7 days.
 - 1 – 3 times during the past 7 days
 - 4 – 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- D. Eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- I did not eat potatoes during the past 7 days.
 - 1 – 3 times during the past 7 days
 - 4 – 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- E. Eat **carrots**?
- I did not eat carrots during the past 7 days.
 - 1 – 3 times during the past 7 days
 - 4 – 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
- F. Eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- I did not eat other vegetables during the past 7 days.
 - 1 – 3 times during the past 7 days
 - 4 – 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
41. During the past 7 days, how many times did you drink sugar-sweetened drinks like soda, sports drinks, energy drinks, coffee drinks, tea drinks, or other flavored sugar-sweetened drinks? Do not include diet, sugar-free or drinks with artificial sweetener.
- 0 times
 - 1 – 3 times
 - 4 – 6 times
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
42. During the past 7 days, how many times did you drink sugar-sweetened drinks like soda, sports drinks, energy drinks, coffee drinks, tea drinks, or other flavored sugar-sweetened drinks **at school** (including any after-school and weekend activities)? Do not include diet, sugar-free or drinks with artificial sweetener.
- 0 times
 - 1 – 3 times
 - 4 – 6 times
 - 7 – 9 times
 - 10 times or more
 - I have not been on school property in the past 7 days.
43. During the past 7 days, where did you **usually** get the soda or other sugar-sweetened drinks that you drank at school? **Choose only one answer.**
- I did not drink sodas, sports drinks, or other flavored drinks at school.
 - I brought them from home.
 - I got them from friends.
 - I bought them at school.
 - Other
 - I have not been on school property in the past 7 days.
44. How often do you eat dinner with your family?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
45. Did you eat breakfast today?
- Yes
 - No

The next questions ask about physical activity.

46. In 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 or makes you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
47. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
48. On an average school day, how many hours do you watch TV shows or movies or stream videos (such as YouTube, Netflix, Hulu) on any electronic device (Computer, TV set, tablets or smartphone)?
- I do not watch TV or movies on an average school day.
 - 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
49. 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 on things such as Xbox, PlayStation, tablet or smartphone, social media).
- I do not play video games or use a computer for something that is not school work.
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
50. On average, how many days a week do you walk to or from school?
- In an average week, I don't normally travel to school.
 - Never
 - 1 – 2
 - 3 – 4
 - I walk every day.
51. On average, how many days a week do you ride a bicycle to or from school?
- In an average week, I don't normally travel to school.
 - Never
 - 1 – 2
 - 3 – 4
 - I bike every day.
52. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure

53. Do you still have asthma?
- I have never had asthma.
 - Yes
 - No
 - Not sure

The next questions ask about your health and health care.

54. When was the last time you saw a doctor or health care provider for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not sure
55. 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
 - Never
 - Not sure
56. During the past 12 months, how many days did you miss some school because of a toothache? (Do not include toothache due to braces or injury.)
- 0 days
 - 1 – 4 days
 - 5 days or more
 - Not sure
57. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
58. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure

59. Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
- Yes
 - No
 - Not sure
60. Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?
- Yes
 - No
 - Not sure

The next questions ask about your life at home and at school.

“Parent(s)” means the person or people who are raising or caring for you.

“Mom” or “mother” means the person or people who act(s) as your mother.

“Dad” or “father” means the person or people who act(s) as your father.

61. Who did you live with most of the time in the **last 30 days**?
- Parent(s), step-parent(s), or legal guardian
 - Relatives like a grandparent, an aunt, an older brother—but NOT your parents
 - Foster care parent(s)
 - Adults who are not your parents, relatives, or foster parents
 - Friends of yours with no adults present
 - On your own
 - Other
62. Where did you live most of the time in the **last 30 days**?
- In a house or apartment that my family rents or owns
 - In a house or apartment that a relative rents or owns
 - In a house or apartment with someone who is not a relative
 - In a shelter
 - In a car or RV, park, or campground
 - In a motel/hotel
 - On the street
 - Moved from place to place
 - Other

63. Are your current living arrangements the result of losing your home because your family cannot afford housing?
- No
 - Yes
 - Not sure
64. Do you receive free or reduced price lunches at school?
- No
 - Yes
 - Not sure
65. How often in the past 12 months did you or your family have to cut meal size or skip meals because there wasn't enough money for food?
- Almost every month
 - Some months but not every month
 - Only 1 – 2 months
 - Did not have to skip or cut the size of meals
66. During the past 30 days, on how many days have you been absent from school **for any reason**? Include any day that you missed at least half of the school day.
- 0 days
 - 1 or 2 days
 - 3 or more days
67. Has your parent(s) or guardian(s) served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, or Reserves)?
- No
 - Yes
 - Not sure
68. How far did your mother(s) get in school?
- Did not finish high school
 - Graduated from high school or GED
 - Had some college or technical training after high school
 - Graduated from a 4-year college
 - Earned an advanced graduate degree
 - Don't know
 - Does not apply
69. Putting them all together, what were your grades like last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
70. Think back over the past year in school. How often did you enjoy school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
71. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe on your way to and from school?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
 - I did not travel to school in the past 30 days.
72. During the past 30 days, on how many days did you not attend/participate in school activities because you felt unsafe?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
73. During the average week, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, or club activities.
- 0 days
 - 1 – 2 days
 - 3 or more days
74. On an average school night how many hours do you sleep?
- 5 hours or less
 - About 6 hours
 - About 7 hours
 - About 8 hours
 - 9 hours or more

The next questions ask about COVID.

Beginning in early 2020, the coronavirus disease (COVID) pandemic began affecting countries around the world, including the United States. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next questions ask about your experiences during this time.

75. There are things we can all do to stop the spread of certain illnesses like the flu, colds, and COVID. Please rate how often you usually:
- A. Wash your hands or use hand sanitizer between activities.
 - a. Never
 - b. Only some of the time
 - c. About half of the time
 - d. Most of the time
 - e. All the time
 - B. Wear a mask when you are near people you don't live with.
 - a. Never
 - b. Only some of the time
 - c. About half of the time
 - d. Most of the time
 - e. All the time
 - C. Stay home if you feel sick.
 - a. Never
 - b. Only some of the time
 - c. About half of the time
 - d. Most of the time
 - e. All the time

76. How much are you worried right now about the following things as a result of the COVID pandemic?
- A. Your parents or guardians losing their job(s)?
 - a. Not at all worried
 - b. A little worried
 - c. Pretty worried
 - d. Extremely worried
 - B. Your family being unable to afford rent or housing?
 - a. Not at all worried
 - b. A little worried
 - c. Pretty worried
 - d. Extremely worried
 - C. Not having enough food to eat?
 - a. Not at all worried
 - b. A little worried
 - c. Pretty worried
 - d. Extremely worried

The next questions list statements you might make about yourself.

77. I can think of many ways to get the things in life that are most important to me.
- a. None of the time
 - b. A little of the time
 - c. Some of the time
 - d. A lot of the time
 - e. Most of the time
 - f. All of the time
78. I am doing just as well as other kids my age.
- a. None of the time
 - b. A little of the time
 - c. Some of the time
 - d. A lot of the time
 - e. Most of the time
 - f. All of the time
79. When I have a problem, I can come up with lots of ways to solve it.
- a. None of the time
 - b. A little of the time
 - c. Some of the time
 - d. A lot of the time
 - e. Most of the time
 - f. All of the time

80. I think the things I have done in the past will help me in the future.
- None of the time
 - A little of the time
 - Some of the time
 - A lot of the time
 - Most of the time
 - All of the time
81. I know how to disagree without starting a fight or argument.
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

The next questions ask about tobacco.

82. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
 - 1 – 2 days
 - 3 – 4 days
 - 5 – 6 days
 - 7 days
83. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
84. Do you think that you will smoke a cigarette anytime in the next year?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
85. During the past 12 months, did you ever try to quit using all products that contain nicotine, including cigarettes, e-cigarettes (e-cigs, vape pens, JUUL), cigars, smokeless tobacco, shisha and hookah tobacco?
- I did not use any products that contain nicotine during the past 12 months.
 - Yes
 - No

86. How soon after you wake up do you want to use products with nicotine (cigarettes, JUUL, vapes, etc.)?
- Within 5 minutes
 - From 6 to 30 minutes
 - From more than 30 minutes to 1 hour
 - After more than 1 hour but less than 24 hours
 - I rarely use tobacco products or e-cigarettes.
 - I do not use tobacco products or e-cigarettes.

87. During the past 30 days, how did you **usually** get your own tobacco?

Choose only one answer.

- I did not use tobacco during the past 30 days.
- I bought it in a store such as a convenience store, supermarket, discount store or gas station.
- I bought it from a vending machine.
- I gave someone else money to buy them for me.
- I borrowed (or bummed) them from someone else.
- A person 18 years old or older gave them to me.
- I took them from a store or a family member.
- I got them some other way.

The next questions ask about things others may say or do to you.

88. During the past 12 months, did someone you were dating or going out with ever limit your activities, threaten you, or make you feel unsafe in any other way?
- I did not date or go out with anyone during the past 12 months.
 - No
 - Yes
89. In the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months.
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

90. Not counting TV, movies, video games, and sporting events, have you seen an adult hit, slap, punch, shove, kick, or otherwise physically hurt another adult more than one time?
- No
 - Yes
91. Has an adult ever physically hurt you on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury?
- No
 - Yes
92. How often does a parent or adult **in your home** swear at you, insult you, put you down or humiliate you?
- Never or almost never
 - Sometimes
 - Often
 - Very often

The next questions ask about your school.

93. **Last year**, did you hear or see information **from your school** about the warning signs of suicide and how to get help for yourself or a friend?
- Yes
 - No
 - Not sure
94. In the last year, did you have any contact with a school counselor?
- Yes
 - No
 - I do not have a school counselor.
95. There are people from my who will help me if I need it.
- Yes
 - No
 - Not sure
96. Last year in school, were you taught about abstinence (not having sex) to prevent sexually transmitted diseases (STDs) and pregnancy?
- Yes
 - No
 - Not sure

97. Last year in school, were you taught about ways other than abstinence to prevent sexually transmitted diseases (STDs) and pregnancy?
- Yes
 - No
 - Not sure
98. Last year in school, were you taught about consent and healthy relationships?
- Yes
 - No
 - Not sure

The next questions ask about things you would say about yourself.

99. How often over the last 2 weeks were you bothered by:
- Feeling nervous, anxious or on edge?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Not being able to stop or control worrying?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
100. How often do you:
- Experience increased social anxiety due to your Internet use.
 - Never
 - Rarely
 - Sometimes
 - Often
 - Very often
 - Feel withdrawal when away from the Internet.
 - Never
 - Rarely
 - Sometimes
 - Often
 - Very often

- C. Lose motivation to do other things that need to get done because of the Internet.
- Never
 - Rarely
 - Sometimes
 - Often
 - Very often

“Gambling” means betting money or possessions either in person or online, including video poker, phone apps, e-sports, etc.

101. In the past 12 months, has YOUR gambling ever caused you problems at home, school or with your friends?
- No, I have not gambled.
 - No, I have gambled but it has not caused problems.
 - Yes, I have gambled and it has caused problems.

The next questions ask about things that others may say or do to you.

“Bullying” is when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

102. In the last 30 days, how often have you been bullied?
- I have not been bullied.
 - Once
 - 2 – 3 times
 - About once a week
 - Several times a week

The next questions ask about other behaviors.

103. In the past 30 days, how often were you bullied, harassed, or intimidated:
- A. Because of your race, ethnicity, or national origin or what someone thought it was?
- 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more

- B. Because someone thought you were gay, lesbian, or bisexual (whether you are or are not)?
- 0 times
 - 1 time
 - 2 – 3 times
 - About once a week
 - Several times a week or more

104. In the past 30 days, how often have you been bullied by someone using social media, a phone, or video games?
- I have not been bullied.
 - Once
 - 2 – 3 times
 - About once a week
 - Several times a week

105. When a student is being bullied, how often do teachers or other adults from school try to put a stop to it?
- Almost always
 - Often
 - Sometimes
 - Once in a while
 - Almost never

106. If you see bullying or have been bullied during school, do you know how to report it?
- Yes
 - No
 - Not sure

107. During the past 30 days, have you received sexually suggestive or revealing messages, images, photos, or videos via text, app, or social media?
- Yes
 - No

A “gang” is a group of people with a leader who act together often for violent or illegal activities.

108. During the past 12 months, have you been a member of a gang?
- No
 - Yes
109. Are there gangs at your school?
- No
 - Yes
 - Don’t know

110. How honest were you in filling out this survey?

- a. I was very honest.
- b. I was honest most of the time.
- c. I was honest some of the time.
- d. I was honest once in a while.
- e. I was not honest at all.

The following questions are optional and can be removed by schools that choose not to ask them.

The next questions ask about sexual behavior. Sex includes oral, vaginal, and/or anal sex.

111. How old were you when you had sex for the first time?
- I have never had sex.
 - 11 years old or younger
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
112. With how many people have you ever had sex?
- I have never had sex.
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
113. The last time you had sex, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted diseases? **Choose all that apply.**
- I have never had sex.
 - No method was used
 - Birth control pills
 - Condoms
 - An IUD or implant (such as Mirena or ParaGard; Implanon or Nexplanon)
 - A shot (such as Depo-Provera)
 - Patch or birth control ring (such as Xulane, NuvaRing)
 - Withdrawal or some other method
 - Not sure
116. During your life, with whom have you had sexual contact? Choose all that apply.
- I have never had sexual contact.
 - Females
 - Males
 - Other
117. Have you ever seen someone about your age pressure someone else to kiss, touch, or have sex when they did not want to?
- Yes
 - No
118. Have you **ever** been in a situation where someone made you engage in kissing, sexual touch or intercourse when you did not want to?
- Yes
 - No