



HYS 2025 Elementary Student Survey

July 30th, 2025

The HYS 2025 Elementary Student Survey is for youth in 6th grade (and 7th grade in small school districts).

We are asking you to take part in this survey about issues facing students in Washington State. The questions in this survey ask for opinions about yourself, your friends, your school, and your neighborhood. Results from this survey will be used to plan programs to help youth in your school, community, county, and state.

Below are some things you should know about the survey and your participation:

- There are no names or codes to match a survey to a student.
- Screen recording, keystroke tracking, and video capture software has been turned off/disabled on school-issued devices that will be used to take the survey. As a result, even if you are using your school-issued laptop, your school cannot see your answers.
- The survey is completely voluntary. If you do not want to take the survey, you can tell your teacher now and you will be given another activity. You may also skip any question you do not want to answer. You can stop the survey at any time, and it will not affect your grades.
- Some students may find some questions upsetting. Some of the questions are personal, like questions about your relationships, if you get in fights, and your experiences with body image, using drugs or alcohol, and your mental health. Content warnings are included before these questions in case you want to skip them.
- Resources will be provided. We will provide a list of numbers to call if you want to talk to someone about the survey or feelings it brings up. 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.

Start of Block: Screener

Where are you taking this survey?

On school property

Not on school property

Skip To: End of Block If Where are you taking this survey? = On school property

Display this question:

If Where are you taking this survey? = Not on school property

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?

Yes

No

Skip To: End of Block If Are you in a place where you can respond honestly to questions related to your thoughts, feelings... = Yes

Display this question:

If Are you in a place where you can respond honestly to questions related to your thoughts, feelings... = No

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?

Yes, I am now able to take this survey.

No, I am NOT able to take this survey.

Skip To: End of Survey If You answered that you are currently NOT in a place where you can answer questions honestly. If po... = No, I am NOT able to take this survey.

End of Block: Screener

Start of Block: Grade

What grade are you in?

5th

6th

7th

8th

9th

10th

11th

12th

Ungraded or other

Skip To: End of Block If What grade are you in? = 6th
Skip To: End of Block If What grade are you in? = 7th
Skip To: End of Block If What grade are you in? = Ungraded or other

This version of the survey is for students in **6th and 7th grade**. If you are in 8th grade or up, please let your teacher know that this is the wrong survey for your grade. Are you in 6th or 7th grade?

Yes, I'm in 6th or 7th grade

No, I'm in a different grade

Skip To: End of Survey If This version of the survey is for students in 6th and 7th grade. If you are in 8th grade or up, p... = No, I'm in a different grade

Display this question:

If This version of the survey is for students in 6th and 7th grade. If you are in 8th grade or up, p... = Yes, I'm in 6th or 7th grade

What grade are you in?

5th

6th

7th

8th

9th

10th

11th

12th

Ungraded or other

Skip To: End of Survey If What grade are you in? = 5th
Skip To: End of Survey If What grade are you in? = 8th
Skip To: End of Survey If What grade are you in? = 9th
Skip To: End of Survey If What grade are you in? = 10th
Skip To: End of Survey If What grade are you in? = 11th
Skip To: End of Survey If What grade are you in? = 12th

End of Block: Grade

Start of Block: Demographics

How old are you?

10 or younger

11

12

13

14

15 or older

How do you describe yourself? **Choose all that apply.**

American Indian or Alaska Native
Asian or Asian American
Black or African-American
Middle Eastern and Northern African
Native Hawaiian or other Pacific Islander
Of Hispanic/Latino/Spanish origin
White
Other

Display this question:

If How do you describe yourself? Choose all that apply. = Of Hispanic/Latino/Spanish origin

If you describe yourself as being of Hispanic, Latino, or Spanish origin, which groups best describe you? **Choose all that apply.**

Argentine
Bolivian
Brazilian
Chicano (Mexican American)
Chilean
Colombian
Costa Rican
Cuban
Dominican
Ecuadorian
Guatemalan
Guyanese
Honduran
Jamaican
Mexican
Mestizo
Native
Nicaraguan
Panamanian
Paraguayan
Peruvian
Puerto Rican
Salvadoran
Spaniard
Surinamese
Uruguayan
Venezuelan
Other Hispanic, Latino, or Spanish Origin
Not of Hispanic/Latino/Latina/Spanish Origin
Not sure

Display this question:

If How do you describe yourself? Choose all that apply. = Asian or Asian American

If you describe yourself as being of Asian background, which groups best describe you? **Choose all that apply.**

Asian Indian
Bangladeshi
Bhutanese
Burmese/Myanmar
Cambodian/Khmer
Cham
Chinese
Filipino
Hmong
Indonesian
Japanese
Korean
Lao
Malaysian
Mien
Mongolian
Nepali
Okinawan
Pakistani
Punjabi
Singaporean
Sri Lankan
Taiwanese
Thai
Tibetan
Vietnamese
Something else not listed here
Not Asian or Asian American
Not sure

Display this question:

If How do you describe yourself? Choose all that apply. = Black or African-American

If you describe yourself as being of Black or African-American background, which groups best describe you? **Choose all that apply.**

African American
African Canadian
Caribbean

Anguillan
Antiguan
Bahamian
Barbadian
Barthélemois/Barthélemoises (Saint Barthélemy)
British Virgin Islander
Caymanian (Cayman Island)
Cuba Dominican
Dominican (Dominican Republic)
Dutch Antillean (Netherlands Antilles)
Grenadian
Guadeloupian
Haitian
Jamaican
Martiniquais/Martiniquaise
Montserratian
Puerto Rican
Central African
Angolan
Cameroonian
Central African (Central African Republic)
Chadian
Congoese (Republic of the Congo)
Congoese (Democratic Republic of the Congo)
Equatorial Guinean
Gabonese
São Toméan
Principe
East African
Burundian
Comoran
Djiboutian
Eritrean
Ethopian
Kenyan
Malagasy (Madagascar)
Malawian
Mauritian (Mauritius)
Mahoran (Mayotte)
Mozambican
Reunionese
Rwandan
Seychellois/Seychelloise
Somali

South Sudanese
Sudanese
Ugandan
Tanzanian (United Republic of Tanzania)
Zambian
Zimbabwean
Latin American
Argentine
Belizean
Bolivian
Brazilian
Chilean
Colombian
Costa Rican
Ecuadorian
El Salvadoran
Falkland Islander
French Guianese
Guatemalan
Guyanese
Honduran
Mexican
Nicaraguan
Panamanian
Paraguayan
Peruvian
South Georgia and the South Sandwich Islands
Surinamese
Uruguayan
Venezuelan
South African
Botswanan
Mosotho (Lesotho)
Namibian
South African
Swazi
West African
Beninese
Bissau-Guinean
Burkinabé (Burkina Faso)
Cabo Verdean
Ivorian (Cote d'Ivoire)
Gambian
Ghanaian

Liberian
Malian
Mauritanian
Nigerien (Niger)
Nigerian (Nigeria)
Saint Helenian
Senegalese
Sierra Leonean
Togolese
Something else not listed here
Not Black or African American
Not Sure

Display this question:

If How do you describe yourself? Choose all that apply. = Middle Eastern and Northern African

If you describe yourself as being of Middle Eastern or North African background, which groups best describe you? **Choose all that apply.**

Algerian
Amazigh or Berber
Arab or Arabic
Assyrian
Bahraini
Bedouin
Chaldean
Copt
Druze
Egyptian
Emirati
Iranian
Iraqi
Israeli
Jordanian
Kurdish
Kuwaiti
Lebanese
Libyan
Moroccan
Omani
Palestinian
Qatari
Saudi Arabian
Syrian
Tunisian

Yemeni
Something else not listed here
Not Middle Eastern or North African
Not sure

Display this question:

If How do you describe yourself? Choose all that apply. = Native Hawaiian or other Pacific Islander

If you describe yourself as being of Native Hawaiian or other Pacific Islander background, which groups best describe you? **Choose all that apply.**

Carolinian
Chamorro
Chuukese
Fijian
i-Kiribati / Gilbertese
Kosraean
Maori
Marshallese
Native Hawaiian
Ni-Vanuatu
Palauan
Papuan
Pohnpeian
Samoan
Solomon Islander
Tahitian
Tokelauan
Tongan
Tuvaluan
Yapese
Something else not listed here
Not Native Hawaiian or other Pacific Islander
Not sure

Display this question:

If How do you describe yourself? Choose all that apply. = White

If you describe yourself as white, which groups best describe you? **Choose all that apply.**

Polish
Romanian
Russian
Ukrainian
Bosnian
Herzegovinian

Something else not listed here
Not white
Not sure

What language or languages are usually spoken at home? **Choose all that apply.**

English
Spanish
Russian
Vietnamese
Ukrainian
Arabic
Somali
Marshallese
Chinese
Korean
Punjabi
American Indian/Alaska Native languages
Other

What sex were you assigned at birth?

Female
Male

Display this question:

If optionalQuestions = Yes, add the gender question. Ask both sex assigned at birth and gender.

What is your gender?

Boy
Girl
Something else fits better.

The next questions ask about your life at home and at school. Parent(s) and caregiver(s) means the person or people who are raising or caring for you.

Have you or your family moved in the past 3 years to another school district for **temporary or seasonal** work in agriculture, dairy, or fishing?

No
Yes
I do not know.

During your last school year, how many times did you change schools for reasons other than moving up a grade?

I did not change schools.

Once

Twice

Three or more times

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

Have your parent(s) or caregiver(s) ever served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, or Reserves)?

Yes, currently serving

Yes, but not currently serving

No, have never served

I do not know.

End of Block: Demographics

Start of Block: Hope Scale

The next questions contain statements you might make about yourself.

How often do the following statements apply to you?

	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
I can think of many ways to get the things in life that are most important to me.						
I am doing just as well as other kids my age.						
When I have a problem, I can come up with lots of ways to solve it.						
I think the things I have done in the past will help me in the future.						

End of Block: Hope Scale

Start of Block: Mental Health

The next questions ask about suicide. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know. Sometimes people feel so depressed about the future that they may consider attempting suicide or might actually attempt suicide, meaning taking some action to end their own life.

Have you ever seriously thought about killing yourself?

Yes

No

Have you ever tried to kill yourself?

Yes

No

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

End of Block: Mental Health

Start of Block: Substance Use

The next questions ask about substance use including alcohol, tobacco, and other drugs. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered. "Vaping" means inhaling a vapor product such as an electronic cigarette, e-cig, JUUL, or a similar device. "Marijuana" means cannabis, hashish, hash, grass, pot, weed, or edibles. "Alcohol" means beer, wine, and beverages like hard lemonade, hard seltzers, and liquor such as vodka and tequila.

Have you ever, even once in your lifetime:

No

Yes

Used marijuana?

Had more than a sip or two of beer, wine, or hard liquor?

Used other illegal drugs?

During the past 30 days, on how many days did you:

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

Smoke cigarettes?

Use chewing tobacco, snuff, dip,
or smokeless nicotine products
(for example -pouches, lozenges,
gum, or toothpicks)?

Use an electronic cigarette, e-cig,
vape, or dab pen?

During the past 30 days, on how many days did you:

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

Use marijuana?

Have an alcoholic drink? A
drink is a glass of wine, a bottle
or can of beer, a shot glass of
liquor, a mixed drink, etc.

Use venaifene?

Use an illegal drug? **Not**
counting alcohol, tobacco, or
marijuana.

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.)

0 times

1 time

2 times

3 - 5 times

6 - 9 times

10 or more times

During the past 7 days, on how many days were you in the same indoor space (room, car, etc.) with someone who was smoking?

0 days

1 - 2 days

3 - 4 days

5 - 6 days

7 days

During the past year in school, how many times did you get information in classes about reasons not to use alcohol or drugs?

Never

1 time

2 - 3 times

4 or more times

In the last 30 days, have you ridden in a car driven by someone who had been drinking alcohol?

Yes

No

Not sure

During the past 30 days, did you ride in a car or other vehicle driven by someone who was using their cell phone (holding, talking, reading, looking at, or manually interacting with the cell phone)?

Yes

No

Not sure

End of Block: Substance Use

Start of Block: Eating

The next questions ask about your eating habits. These questions may cause strong emotions based on experiences with food, exercise, and body image. Remember, you can skip any question you want, and no one will know how you answered.

How often do you eat a meal with your family?

Never

Rarely

Sometimes

Most of the time

Always

How many sugar-sweetened drinks (such as sodas, sports drinks, energy drinks, coffee drinks, or tea drinks) did you drink yesterday?

None

1

2

3

4 or more

End of Block: Eating

Start of Block: Physical Activity

The next questions ask about physical activity. These questions may cause strong emotions based on experiences with food, exercise, and body image. Remember, you can skip any question you want, and no one will know how you answered.

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

On average, how many days a week do you:

In an average week,
I do not normally
travel to school.

Never

1 - 2
days

3 - 4
days

Every
day

Walk to or from school?

Ride a bicycle to or from school?

On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)

0 hours per 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

The next question asks about social media, such as Instagram, TikTok, Snapchat, and Twitter/X. How often do you use social media?

I do not use social media

A few times a month

About once a week

A few times a week

About once a day

Several times a day

About once an hour

More than once an hour

End of Block: Physical Activity

Start of Block: Asthma and Toothache

The next questions ask about asthma.

Has a doctor or nurse ever told you that you have asthma?

Yes

No

Not sure

Display this question:

If Has a doctor or nurse ever told you that you have asthma? = Yes

Or Has a doctor or nurse ever told you that you have asthma? = Not sure

Do you still have asthma?

I have never had asthma.

Yes

No

Not sure

During the past year, did you miss any time from school because of a toothache? (Do not include toothache due to braces or an injury.)

Yes

No

Not sure

End of Block: Asthma and Toothache

Start of Block: Safety

The next questions ask about fighting and other issues related to safety. These questions may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered.

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

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

0 days

1 - 5 days

6 or more days

I have not been on school property in the past 30 days.

How good a swimmer do you think you are?

Good

So-so

Not good

I cannot swim

Have you ever taken formal swimming lessons?

Yes

No

Not sure

When you ride a bicycle, how often do you wear a helmet?

I do not ride a bicycle.

Never wear a helmet

Rarely wear a helmet

Sometimes wear a helmet

Most of the time wear a helmet

Always wear a helmet

How often do you wear a helmet when skating, skateboarding or riding a scooter?

Always

Most of the time

Sometimes

Never

I do not do any of those activities.

End of Block: Safety

Start of Block: Handwashing

The next questions ask about steps you can take to stay healthy.

There are things we can all do to stop the spread of certain illnesses like the flu and colds. Please rate how often you usually: Wash your hands with soap or use hand sanitizer between activities.

Never

Only some of the time

About half of the time

Most of the time

All the time

End of Block: Handwashing

Start of Block: Bullying

The next question asks about bullying. This question may cause strong emotions. Remember, you can skip any question you want, and no one will know how you answered. "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.

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

End of Block: Bullying

Start of Block: Perceived Availability of Drugs & Laws & Norms Favorable to Drug Use

The next questions ask for your opinions.

If you wanted to get:

	Very hard	Sort of hard	Sort of easy	Very easy
Some beer, wine, or hard liquor, how easy would it be for you to get some?				
Some cigarettes, how easy would it be for you to get some?				
An e-cigarette or vape, how easy would it be for you to get one?				
Some marijuana, how easy would it be for you to get some?				
A drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?				

How wrong would most adults in your neighborhood or community think it was for kids your age:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
To use marijuana?				
To drink alcohol?				
To smoke cigarettes?				

A kid in your neighborhood or community be caught by the police, if they:

	Always true	Sometimes true	Sometimes false	Always false
Drank some beer, wine, or hard liquor.				
Carried a handgun.				
Used marijuana.				

End of Block: Perceived Availability of Drugs & Laws & Norms Favorable to Drug Use

Start of Block: Community - Rewards for Prosocial Involvement

The next questions ask about the neighborhood and community where you live.

Do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
My neighbors notice when I am doing a good job and let me know.				
There are people in my neighborhood or community who encourage me to do my best.				
There are people in my neighborhood or community who are proud of me when I do something well.				

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, cultural, or club activities.

0 days

1 – 2 days

3 or more days

End of Block: Community - Rewards for Prosocial Involvement

Start of Block: Family Opportunities and Rewards for Prosocial Involvement

The next questions ask about your family. When answering these questions, please think about the people you consider to be your family – parent(s), step-parent(s), grandparent(s), aunt(s), uncle(s), etc.

Do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
If I had a personal problem, I could ask my parent(s) or caregiver(s) for help.				
My parent(s) or caregiver(s) give me lots of chances to do fun things with them.				
My parent(s) or caregiver(s) ask me what I think before most family decisions affecting me are made.				

Do you agree or disagree with the following statements?

	Always true	Sometimes true	Sometimes false	Always false
My parent(s) or caregiver(s) notice when I am doing a good job and let me know about it.				
My parent(s) or caregiver(s) tell(s) me they are proud of me for something I've done.				
I enjoy spending time with my parent(s) or caregiver(s).				

End of Block: Family Opportunities and Rewards for Prosocial Involvement

Start of Block: Academic Failure, Low Commitment to School & School Rewards for Prosocial Involvement

The next questions ask about your experiences with school.

Putting them all together, what were your grades like last year?

- Mostly As
- Mostly Bs
- Mostly Cs
- Mostly Ds
- Mostly Fs

Your school grades are better than the grades of most students in your class.

Always true

Sometimes true

Sometimes false

Always false

Think back over the past year in school. How often did you:

Never	Seldom	Sometimes	Often	Almost always
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Enjoy school?

Dislike school?

Try to do your best work in school?

How often do you feel the schoolwork you are assigned is meaningful and important?

Almost always

Often

Sometimes

Seldom

Never

How interesting are most of your courses to you?

Very interesting and stimulating

Quite interesting

Fairly interesting

Slightly dull

Very dull

How important do you think the things you are learning in school are going to be for you later in life?

Very important

Quite important

Fairly important

Slightly important

Not at all important

During the LAST 4 WEEKS, how many whole days of school have you missed because you skipped or "cut"?

0 days

1 day

2 days

3 days

4 - 5 days

6 - 10 days

11 or more days

Do you agree or disagree with the following statements?

	Always true	Sometimes true	Sometimes false	Always false
I feel safe during school.				
My teacher(s) notices when I am doing a good job and lets me know about it.				
The school lets my parent(s)/caregiver(s) know when I have done something well.				
My teacher(s) acknowledge or praise me when I work hard in school.				

End of Block: Academic Failure, Low Commitment to School & School Rewards for Prosocial Involvement

Start of Block: Perceived Risk of Drug Use & Favorable Attitudes Towards Drug Use

The next questions ask for your opinions.

How much do you think people risk harming themselves if they:

	No risk	Slight risk	Moderate risk	Great risk	Not sure
Smoke one or more packs of cigarettes per day?					
Vape regularly (at least once or twice a week)?					
Try marijuana once or twice?					
Use marijuana regularly (at least once or twice a week)?					
Have one or two alcoholic drinks nearly every day?					

How wrong do YOU think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
Drink beer, wine, or hard liquor regularly?				
Smoke cigarettes?				
Vape?				
Use marijuana?				
Use LSD, cocaine, amphetamines, or another illegal drug?				

End of Block: Perceived Risk of Drug Use & Favorable Attitudes Towards Drug Use

Start of Block: Honesty

How honest were you in filling out this survey?

I was very honest.

I was honest most of the time.

I was honest some of the time.

I was honest once in a while.

I was not honest at all.

End of Block: Honesty