



2023 IOWA YOUTH SURVEY

WELCOME

Welcome to the 2023 Iowa Youth Survey! The Iowa Youth Survey is administered and sponsored by the Iowa Department of Health and Human Services.

You can complete the survey in either English or Spanish. Use the dropdown menu in the upper right to switch languages.

INSTRUCTIONS:

For each question, please select the one response that comes closest to your honest answer. If you do not understand a question, please leave it blank. If you cannot answer truthfully or do not want to answer any question, please leave it blank.

Your teacher will not be able to answer questions about the survey once it has started.

The survey will not ask your name, birthday, address or student identification number. Your answers will be confidential and private. Special care will be taken to make sure your answers cannot be traced to you.

No information will ever be made public which could connect your answers to you. When the survey results are shared in public reports, your answers will be grouped with the answers of other Iowa students who took this survey. If survey results are shared with researchers or others for special studies, your privacy will be protected.

Please respond honestly. Your honest responses will help us understand the health behaviors of Iowa students and develop and improve programs to help young people like you and your classmates.

Thank you for completing this survey.

GENERAL INFORMATION

County name, school district number, and the building name are required for each survey.

Q1. Please select the name of the county where you live: [dropdown menu with all 99 counties]

Q2. Please enter your School District Number (4-digit number provided by your teacher):

Q3. Please enter your school name:

The first few questions are about you. They will help us match later questions based on your age, gender, etc.

Q4. What is your current grade in school?

- ☐ 8th
- ☐ 11th

Q5. Which of the following best describes you?

- ☐ Female
- ☐ Male

Q6. Which of the following best describes you?

- ☐ Straight (or heterosexual)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Another identity
- ☐ Not sure

Q7. Are you Hispanic or Latino/a?

- ☐ Yes
- ☐ No

Q8. What is your racial identity? *Check all that apply?*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other race(s) Please specify: _____

Q9. Do you have a parent/guardian currently in the military?

- ☐ Yes
- ☐ No [SKIP TO Q10]

Q9a. [IF Q9=YES] Thinking about your parent/guardian in the military, during the past 12 months, were they away for more than two weeks for training or deployment?

- Yes
- No

Q10. How many languages are spoken in your home?

- 1 language
- 2 languages
- 3 or more languages

Q11. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No

This section asks you to describe your experiences. Please read each question carefully and pay attention to the time periods listed.

Q12. During the current school year, have you...? [Yes / No response for each]

- a. Worked in a paid job
- b. Volunteered to improve your community (either with an organization or on your own)
- c. Participated in extra-curricular activities at school or outside of school (sports, music, clubs, 4-H, scouts, etc.)
- d. Attended religious services, programs, or activities

Q13. On an average school day, about how many hours of screen time do you spend for something that is not school work? *By screen time we mean time spent watching shows or videos, using a computer/tablet, playing video games, social media, apps, or using a phone for something other than calling or texting.*

- 0 hours
- Less than 2 hours
- 2- 4 hours
- 5- 6 hours
- 7- 8 hours
- 9- 10 hours
- 10 or more hours

Q14. On how many of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? *Add up all the time you spent in any kind of moderate or intense physical activity like running, walking fast, swimming, riding a bicycle, etc.*

- 0 days
- 1 day

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

The next 2 questions ask about food you ate or drank in the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

Q15. In the past 7 days, about how many times each day did you eat fruit (do not count fruit juice)?

- ☐ I did not eat any fruit during the past 7 days
- ☐ Less than 1 time each day
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 times per day
- ☐ 5 or more times per day

Q16. In the past 7 days, about how many times each day did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

- ☐ I did not eat any vegetables during the past 7 days
- ☐ Less than 1 time per day
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 times per day
- ☐ 5 or more times per day

Q17. In the past 30 days, did you ever go hungry because there was not enough food in your home?

- ☐ Yes
- ☐ No

Q18. Do you have any ongoing physical, mental, or emotional disabilities or impairments that limit your daily activities?

- ☐ Yes
- ☐ No

The next questions ask about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

Q19. In the past 12 months, have you had a concussion from playing a sport or being physically active?

- ☐ Yes
- ☐ No [SKIP TO Q20]
- ☐ Not sure [SKIP TO Q20]

Q19a. [IF Q19=YES] How many times did you have a concussion in the past 12 months?

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

“Homeless” means that you had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless shelter or other temporary shelter.

Q20. Have you ever been homeless?

- ☐ Yes
- ☐ No [SKIP TO Q21]

Q20a. [IF Q20=YES] Were you homeless at any time in the past 12 months?

- ☐ Yes
- ☐ No

***** **GAMBLING QUESTIONS** *****

Q21. During the past 30 days, have you...? [Yes / No response for each]

- a. Bet or wagered on sporting events (football, baseball, hockey, soccer, e-sports, etc.)
- b. Bet or wagered on an internet fantasy sports contest (including season-long and daily fantasy sports)
- c. Bet or wagered on card or dice games with friends or family (including poker)
- d. Spent money on in-game or in-app purchases to extend play (online/internet, apps, video gaming, loot boxes, etc)
- e. Bet or wagered on games of skill such as pool, bowling, or dominoes
- f. Purchased lottery scratch off tickets or lotto numbers

***** **MENTAL HEALTH QUESTIONS** *****

The next questions ask about mental health. Mental health is your emotional, psychological and social well-being.

Q22. In the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- ☐ Yes
- ☐ No

Q23. In the past 12 months, have you thought about killing yourself?

- ☐ Yes
- ☐ No [SKIP TO Q27]

Q24. [IF YES to Q23] In the past 12 months, have you made a plan about how you would kill yourself?

- ☐ Yes
- ☐ No

Q25. [IF YES TO Q23] In the past 12 months, have you tried to kill yourself?

- ☐ Yes
- ☐ No

Q26. [IF YES to Q25] If you attempted to kill yourself in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ☐ Yes
- ☐ No

***** BELIEFS & ATTITUDES *****

This section of the survey asks you to describe your beliefs and attitudes. Please respond honestly about your beliefs and attitudes, not what you “think” is an acceptable answer to others.

Q27. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. It is important to help others
- b. I care about other peoples’ feelings
- c. I feel sorry for people who have things stolen or damaged
- d. I am accepting of those different than myself
- e. It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.
- f. I can say “no” when someone wants me to do things I know are wrong or dangerous
- g. I feel I have much to be proud of
- h. Violence is an acceptable way to solve problems

Q28. Thinking about possible risks to physical or mental health, please indicate the level of risk for each of the following activities

Little or no risk Slight risk Moderate risk High risk

- a. Drinking 4 [FEMALE] / 5 [MALE] or more drinks of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin) within a couple of hours
- b. Smoking cigarettes regularly
- c. Using marijuana regularly
- d. Gambling regularly
- e. Using methamphetamines (crank) regularly
- f. Using cocaine regularly
- g. Using amphetamines other than methamphetamines (like stimulants, uppers, speed) regularly
- h. Using any other illegal drug regularly
- i. Regularly using over-the-counter medications differently than directed
- j. Regularly using prescription medication for non-medical reasons
- k. Regularly use e-cigarettes (vape-pens, JUUL, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

*****PEER QUESTIONS*****

The questions in this section of the survey refer to the students in your school. When you read and answer these questions keep in mind the attitudes and beliefs of other students.

Q29. About how many students in your grade would feel it is okay for you to do each of the following?

- | Almost none
would think
it is ok | A few would
think it is ok | Some would and
some wouldn't
think it is ok | Most would
think it is ok | Almost all
would think
it is ok |
|---|-------------------------------|---|------------------------------|---------------------------------------|
| <ul style="list-style-type: none">a. Drink beer, wine, alcoholic drinks, or hard liquor (for example: vodka, whisky, rum, tequila, gin)b. Smoke cigarettesc. Use an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigaretted. Use marijuanae. Use <u>any</u> illegal drug <u>other than</u> alcohol, cigarettes, or marijuanaf. Use prescription drugs for non-medical reasons | | | | |

*****SCHOOL QUESTIONS*****

The questions in this section refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators, or other things connected to the school.

Q30. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. I feel safe at school
- b. I care about my school
- c. I try to do my best in school
- d. I do not plan to finish high school
- e. My school lets my parent/guardian know if I'm doing a good job
- f. My school lets my parent/guardian know if I've done something wrong
- g. There is at least one adult at school that I could go to for help with a problem
- h. Students try to make new students feel welcome in the school
- i. My school has up-to-date computers and other electronic equipment available to students
- j. We have space and facilities for extra-curricular activities at my school
- k. My school building is well maintained

Q31. In the past 12 months, have you done any of the following on school property or at a school event? [Yes / No response for each]

- a. Carried a gun, knife, club, or other weapon that is not used for a school activity like archery, kendo, skeet shooting, etc.
- b. Used alcohol or other illegal drugs
- c. Used cigarettes, smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus), or e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)
- d. Had your belongings (clothing, books, bike, car) stolen or deliberately damaged
- e. Been disciplined for fighting, theft, or damaging property
- f. Been threatened or injured by someone with a weapon (like a gun, knife or club)

Q32. In the past 12 months, have you ...? [Yes / No response for each]

- a. Damaged property on purpose (like breaking windows, scratching a car, etc.)
- b. Hit, kicked, or fought someone because they made you angry
- d. Used a weapon, force, or threats to get money or things from someone
- e. Verbally threatened to physically harm someone
- f. Stolen something

Q33. [If Yes to Q32b] What is your relationship with the person or persons you hit, kicked, or fought in the past 12 months?

- Sibling(s) only
- Sibling(s) and another person or persons (e.g. friends, classmates, peers)
- Another person or persons (e.g. friends, classmates, peers)

The following questions are about bullying. Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance (such as the use of physical strength, access to embarrassing information, or popularity to control or harm others). Bullying can occur in person or through technology.

Q34. In the past 30 days, how often have the following occurred, if at all?

Has not occurred Happened once 2-4 times 5-10 times More than 10 times

- a. I was called names, was made fun of, or teased in a hurtful way
- b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me
- c. I was hit, kicked, pushed, or shoved in a way meant to harm me
- d. Other students told lies, spread false rumors about me, and tried to make others dislike me
- e. Other students made hurtful sexual jokes, comments, or gestures
- f. I have received a threatening or hurtful message from another student in an email, on a website, on a cell phone, from text messaging, in an internet chat room, or on social media
- g. Something hurtful has been shared about me on social media (Facebook, Twitter, Snapchat, TikTok, Instagram, etc.)

Q35. [IF ANY Q34=YES, ASK FOR EACH] What, if anything, do you think may have made you a target of this behavior? *Check all that apply.*

- ☐ My race, country of origin, or ethnicity
- ☐ My culture
- ☐ My religion
- ☐ My sexual orientation
- ☐ My gender
- ☐ Another reason
- ☐ Don't know/Not sure

Q36. In the past 30 days, how many times, if ever, have you done any of the following to someone else at school?

Has not occurred Happened once 2-4 times 5-10 times More than 10 times

- a. I called someone names or made fun of them or teased them in a hurtful way
- b. I left another student or students out of things on purpose, excluded them from my group of friends, or ignored them
- c. I hit, kicked, pushed, or shoved someone
- d. I told lies, spread false rumors about another student
- e. I made sexual jokes, comments, or gestures
- f. I sent a threatening or hurtful message in an email, a text message, or a direct message (DM)
- g. I shared potentially damaging info about someone else on social media (Facebook, Twitter, Snapchat, TikTok, Instagram, etc.)

Q37. How often, if ever, do school staff attempt to stop bullying when they know about it?

- ☐ Almost never
- ☐ Once in a while
- ☐ Sometimes
- ☐ Often

- Almost always

Q38. In the past 30 days, did you ever stay home because you felt unsafe going to school or being at school?

- Yes
- No

Q39. Please indicate how much you agree or disagree with each of the following statements. Students in this school respect other people regardless of

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. gender
- b. race/ethnicity/skin color
- c. cultural/religious differences
- d. physical disabilities
- e. learning disabilities
- f. sexual orientation

Q40. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. My teachers care about me
- b. My teachers are available to talk with students one-on-one
- c. My teachers notice when I am doing a good job and let me know about it

Q41. For each of the following, please indicate how much you agree or disagree with each statement.

Staff in this school respect...

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. gender differences
- b. racial/ethnic/skin color differences
- c. cultural/religious differences
- d. all sexual orientations
- e. students with learning disabilities
- f. students with physical disabilities

Q42. How easy or hard do you think it would be for someone your age to get each of the following:

Very Hard Hard Easy Very Easy Don't Know/Not sure

- a. Cigarettes
- b. E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes
- c. Alcoholic beverages (beer, wine, or liquor)

- d. Marijuana (pot, weed, bud, hash)
- e. Any other illegal drug (methamphetamine, heroin, cocaine, etc.)
- f. A firearm (handgun, shotgun, rifle, etc.)
- g. Prescription medication that is not prescribed for you by a doctor or nurse
- h. Lottery or scratch tickets

Q43. Have you ever had a drink (more than a few sips) of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ Yes
- ☐ No [SKIP TO Q47]

Q43a. [IF Q43=YES] How old were you when you first drank (more than a few sips of) alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14
- ☐ 15 or 16
- ☐ 17 or older

Q44. [IF Q43=YES] In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

- ☐ Yes
- ☐ No [SKIP TO Q47]

Q44a. [IF Q44=YES] When you drank in the past 30 days, did you drink...?

- | | | |
|-----------------------|-----|----|
| i. Beer | Yes | No |
| ii. Any other alcohol | Yes | No |

Q45. [IF Q44=YES] In the past 30 days, have you had 4 [FEMALE] 5 [MALE] or more drinks of alcohol in a row within a couple of hours?

- ☐ Yes
- ☐ No

Q46. [IF Q44=YES] In the past 30 days, did you get alcohol in the following ways?
[Yes / No response for each]

- a. I bought it
- b. I gave someone money to buy it
- c. A parent/guardian gave it to me
- d. I took it from my parent/guardian's cabinet/refrigerator
- e. I got it at a party
- f. A friend who is under 21 gave to me

g. A friend who is 21 or over gave it to me

Q47. Have you ever driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs?

- ☐ Yes
- ☐ No

***** TOBACCO QUESTIONS*****

Q48. Have you ever smoked tobacco or used any tobacco products (not including e-cigarettes)?

- ☐ Yes
- ☐ No

Q49. Have you ever used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette?

- ☐ Yes
- ☐ No

Q50. Have you ever used a heated (heat-not-burn) tobacco product, heat tobacco stick or capsule to produce a vapor (iQOS, HeatSticks, glo, Eclipse, lil)? *These are different from e-cigarettes which heat a liquid to produce a vapor.*

- ☐ Yes
- ☐ No

Q51. [IF Q48 or Q49 or Q50=YES] In the past 30 days, have you: [Yes / No response for each]

- a. Smoked cigarettes
- b. Smoked menthol cigarettes (menthol cigarettes taste like mint)
- c. Smoked cigars
- d. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)
- e. Smoked tobacco using a water pipe or hookah
- f. Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- g. Used a heated (heat-not-burn) tobacco product, heat tobacco sticks or capsules

Q52. [If Q51a or Q51b=YES] In the past 30 days, on the days you smoked, on average, about how many cigarettes did you smoke per day?

- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per day

Q53. [IF YES TO Q48] In the past 12 months, have you stopped smoking cigarettes for one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

Q54. [IF YES TO Q49] In the past 12 months have you stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

Q55. [IF YES TO Q48 or Q49 or Q50] How old were you when you first...?

Never 8 or younger 9 or 10 11 or 12 13 or 14 15 or 16 17 or older

- a. Smoked a whole cigarette
- b. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)
- c. Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- d. Used heated (heat-not-burn) tobacco products, heat tobacco sticks or capsules
- e. Smoked menthol cigarettes (menthol cigarettes taste like mint)

***** **MARIJUANA and OTHER QUESTIONS** *****

Q56. Have you ever used marijuana (pot, grass, hash, bud, weed)?

- ☐ Yes
- ☐ No [SKIP TO Q57]

Q56a. [IF YES TO Q56] In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

- ☐ Yes
- ☐ No

Q56b. [IF YES TO Q56] How old were you when you first tried marijuana (pot, grass, hash, bud, weed)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14
- ☐ 15 or 16
- ☐ 17 or older

Q57. In the past 30 days, have you...? [Yes / No response for each]

- a. Sniffed glue, breathed the contents of gases or sprays in order to get high

- b. Used over-the-counter medications differently from the way the directions indicate
- c. Used prescription medications that were not prescribed for you by your doctor
- d. Used cocaine (blow, crack, rock, coke [not Coca Cola])
- e. Used methamphetamines (crank)
- f. Used amphetamines other than methamphetamines (like stimulants, uppers, speed)
- g. Used an opioid (heroin or fentanyl) or a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons
- h. Used mushrooms (shrooms, psilocybin)
- i. Used MDMA (Ecstasy/Molly)

You have completed the survey.

You will now be redirected to the [Your Life Iowa](#) website, a resource that may be useful to you. Thank you.

Total items = x