

All Oregon youth deserve to be happy, healthy and resilient.

Please help us improve the health of students by taking this survey. This is your chance to let us know what's going on in school and your life. This helps us understand where students like you are doing well and where they may be struggling and need some help to succeed.

Your answers are confidential and anonymous. We promise that no one will know how you answer.



Use only the Back and Next buttons at the bottom of the screen to go back or go to the next question.

Before you start, you should know:

This is NOT a test.

We need you to be honest. Remember, no one will know how you answer.

There are no right or wrong answers.

You don't have to take the survey if you don't want to.

You don't have to answer any question you don't want to.

If an answer doesn't fit exactly, choose the one that's closest.

Just because a question is asked doesn't mean it's assumed that you're doing it or that it's okay to do it.

Because the survey is anonymous and we don't know how you answer, we cannot follow-up with anyone. If you feel like you need help, please talk to an adult you trust, like a parent, teacher, or counselor. A list of numbers to call or text for support will also be given to you at the end of the survey.

Use only the Back and Next buttons at the bottom of the screen to go back or go to the next question.

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SURVEY VERSION – FROM SURVEY BEING ADMINISTERED/DO NOT ASK

Indicate survey version

- 1 6th
- 2 8th
- 3 11th

AGREE TO PARTICIPATE

S1. Do you agree to participate in the Student Health Survey (SHS)?

- 1 Yes
- 2 No

We want to understand what types of things you are experiencing so we can get a better idea of how to help kids in Oregon.

OVERALL HEALTH

Let's start by seeing how you're doing overall.

1. Would you say that in general your emotional and mental health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

2. Would you say that in general your physical health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

SOCIAL MEDIA

The next questions ask about the time you spend on an electronic device like a cell phone or smart phone, laptop, Chromebook or tablet-NOT for school or homework.

3. How often do you check your phone, laptop, Chromebook or tablet when you're not in school?
- 1 Every 5 minutes or less
 - 2 Every 6-15 minutes
 - 3 Every half hour to hour
 - 4 Every 2-4 hours
 - 5 Every 4+ hours
 - 6 I don't have a cell phone, smart phone , laptop, Chromebook or tablet
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

Do you think your use of social media (Instagram or TikTok) makes each of the following better or worse?	A lot better	A little better	Neither better nor worse	A little worse	A lot worse	I am not sure	I don't know what this question is asking	I prefer not to answer
4. How you feel about your body	1	2	3	4	5	7	8	9
5. Grades in school	1	2	3	4	5	7	8	9
6. Relationships with friends or family	1	2	3	4	5	7	8	9
7. Your mental health or sense of well-being	1	2	3	4	5	7	8	9

DEMOGRAPHICS – GRADE AND AGE

8. What's your grade?

- 1 6th grade
 - 2 7th grade
 - 3 8th grade
 - 4 9th grade
 - 5 10th grade
 - 6 11th grade
 - 7 12th grade
 - 8 Other grade
-

9. How old are you?

- 01 10 years old or younger
- 02 11 years old
- 03 12 years old or younger
- 04 13 years old
- 05 14 years old
- 06 15 years old
- 07 16 years old
- 08 18 years old
- 09 19 years old or older
- 99 I prefer not to answer

DEMOGRAPHICS – RACE/ETHNICITY

Different types of people have different life experiences that can impact their health. Please tell us about yourself so we can get a better understanding of different communities so we can provide the best type of support for each one to help them be healthy and thrive.

So please tell us about yourself.

10. What is your race or ethnicity? **You can choose more than one.**

- 100 Indigenous American, American Indian or Alaska Native
- 200 Asian
- 300 Black or African American
- 400 Hispanic or Latino/a/x
- 500 Native Hawaiian or Pacific Islander
- 600 Middle Eastern
- 700 North African
- 800 White
- 997 I am not sure
- 998 I don't know what this question is asking
- 999 I prefer not to answer

SKIP TO Q15

SKIP TO Q15

SKIP TO Q15

IF INDIGENOUS, AMERICAN INDIAN OR ALASKA NATIVE SELECTED

Are you... **You can choose more than one.**

- 105 Indigenous American
- 101 American Indian
- 102 Alaska Native
- 104 Canadian Inuit, Metis, or First Nation
- 103 Indigenous Mexican, Central American, or South American
- 195 Something else fits better
(Please tell us more) _____
- 197 I am not sure
- 198 I don't know what this question is asking
- 199 I prefer not to answer

IF ASIAN SELECTED

Are you... **You can choose more than one.**

- 201 Asian Indian
- 202 Cambodian
- 203 Chinese
- 204 Communities of Myanmar
- 205 Filipino/a/x
- 206 Hmong
- 207 Japanese
- 208 Korean
- 209 Laotian
- 210 South Asian
- 211 Vietnamese
- 295 Something else fits better
(Please tell us more) _____
- 297 I am not sure
- 298 I don't know what this question is asking
- 299 I prefer not to answer

IF BLACK/AFRICAN AMERICAN SELECTED

Are you... **You can choose more than one.**

- 301 Black
- 302 African American
- 310 Afro-Caribbean
- 311 Afro-Latino/a/x
- 303 Jamaican
- 304 Haitian
- 308 Ethiopian
- 309 Somali
- 395 Something else fits better
(Please tell us more) _____
- 397 I am not sure
- 398 I don't know what this question is asking
- 399 I prefer not to answer

IF LATINX SELECTED

Are you... **You can choose more than one.**

401 Mexican, Mexican American, Chicano/a

402 Puerto Rican

403 Cuban

404 Guatemalan

405 Honduran

407 Salvadoran

420 Afro-Latino/a/x/e

495 Something else fits better

(Please tell us more) _____

497 I am not sure

498 I don't know what this question is asking

499 I prefer not to answer

IF NATIVE HAWAIIAN/PACIFIC ISLANDER SELECTED

Are you... **You can choose more than one.**

501 Native Hawaiian/Kanaka Maoli

502 CHAmoru (Chamorro)

503 Chuukese

504 Communities of the Micronesia Region

505 Fijian

506 Guamanian

507 Kosraean

508 Maori

509 Marshallese

510 Palauan

514 Samoan

515 Tongan

595 Something else fits better

(Please tell us more) _____

597 I am not sure

598 I don't know what this question is asking

599 I prefer not to answer

IF WHITE SELECTED

Are you... **You can choose more than one.**

- 803 English
- 804 French
- 805 German
- 806 Greek
- 808 Irish
- 809 Italian
- 810 Norwegian
- 811 Polish
- 812 Romanian
- 813 Russian
- 814 Scottish
- 816 Spaniard/Spanish
- 817 Swedish
- 818 Ukrainian
- 895 Something else fits better
(Please tell us more) _____
- 897 I am not sure
- 898 I don't know what this question is asking
- 899 I prefer not to answer

ASK IF MULTIPLE RACES SELECTED

You answered that you have more than one race or ethnicity.

11. Is there one you think of as your **main** racial or ethnic identity?
- 1 Yes, I have one main race or ethnic identity
 - 2 I do not have just one main racial or ethnic identity/No single race
best describes me **SKIP TO Q13**
 - 3 I identify as biracial or multiracial **SKIP TO Q13**
 - 7 I am not sure **SKIP TO Q13**
 - 8 I don't know what this question is asking **SKIP TO Q13**
 - 9 I prefer not to answer **SKIP TO Q13**

ASK IF MULTIPLE RACES SELECTED

12. Which **one** do you think is your **main** racial or ethnic identity?
- 100 Indigenous American, American Indian or Alaska Native
 - 200 Asian
 - 300 Black or African American
 - 400 Hispanic or Latino/a/x
 - 500 Native Hawaiian or Pacific Islander
 - 600 Middle Eastern
 - 700 North African
 - 800 White
 - 997 I am not sure
 - 998 I don't know what this question is asking
 - 999 I prefer not to answer

DEMOGRAPHICS – TRIBES

IF INDIGENOUS AMERICAN, AMERICAN INDIAN OR ALASKA NATIVE SELECTED

13. Are you an enrolled member of a tribe located in the state of Oregon?

- | | | |
|---|---|--------------------|
| 1 | Yes, enrolled in an Oregon tribe | |
| 2 | No, enrolled in a tribe outside of Oregon | SKIP TO Q15 |
| 3 | No, not enrolled in any tribe | SKIP TO Q15 |
| 7 | I am not sure | SKIP TO Q15 |
| 8 | I don't know what this question is asking | SKIP TO Q15 |
| 9 | I prefer not to answer | SKIP TO Q15 |
-

14. Which Oregon Tribe are you a member of?

- | | |
|----|--|
| 01 | Burns Paiute Tribe |
| 02 | Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians |
| 03 | Confederated Tribes of Grand Ronde |
| 04 | Confederated Tribes of Siletz Indians |
| 05 | Confederated Tribes of Umatilla Indian Reservation |
| 06 | Confederated Tribes of Warm Springs |
| 07 | Coquille Indian Tribe |
| 08 | Cow Creek Band of Umpqua Indians |
| 09 | Klamath Tribes |
| 10 | I am enrolled in a different tribe |
| | (Please tell us more) _____ |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

DEMOGRAPHICS – LANGUAGES

15. What language or languages do you use at home? **You can choose more than one.**
- 01 English
- 02 Spanish
- 03 American Indian/Alaska Native tribal language
- 04 Cantonese
- 05 Mandarin
- 06 Vietnamese
- 07 Hawaiian
- 08 Samoan
- 09 Somali
- 10 Russian
- 11 ASL, PSE, tactile interpreting, etc.
- 95 Another language
- (Please tell us more)** _____
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

DEMOGRAPHICS - HOUSELESSNESS

Where you live can impact your health.

-
16. During the past 30 days, where did you usually sleep?
- 01 In my parent's, stepparent's or guardian's home
 - 02 In the home of a friend, family member, or other person because I had to leave my home, or my parent or guardian cannot afford housing
 - 03 In a foster home
 - 04 In a shelter or emergency housing
 - 05 In a motel or hotel
 - 06 In a car, park, campground, or other public place
 - 07 I do not have a usual place to sleep
 - 95 Some other place fits better **(Please tell us more)** _____
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

DEMOGRAPHICS - FOSTER CARE

-
17. Have you ever been placed in foster care or stayed in a group home?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

DEMOGRAPHICS - DISABILITY

We want to get a sense of how many students have physical, emotional, or mental disabilities.

18. Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

19. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

20. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

21. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

22. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

DEMOGRAPHICS – GENDER IDENTITY AND SEXUAL ORIENTATION

23. What is your gender identity? **You can choose more than one.**

- 01 Two Spirit **SHOW ONLY IF INDIGENOUS AMERICAN, NATIVE AMERICAN OR ALASKA NATIVE**
- 02 Girl or Woman
- 03 Boy or Man
- 04 Demigirl/Demiboy
- 05 Nonbinary
- 06 Genderfluid
- 08 Genderqueer
- 09 Questioning
- 07 Agender/No gender

SHOW 20-25 ONLY IF NATIVE HAWAIIAN/PACIFIC ISLANDER

- 20 Fa'afafine
- 21 Fa'atane
- 22 Leiti
- 23 Mahu kane
- 24 Mahu wahine
- 25 Takatapui
- 95 Something else fits better
(Please tell us more)_____
- 97 I am not sure of my gender identity
- 98 I don't know what this question is asking
- 99 I prefer not to answer

24. Are you transgender?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

25. What is your sexual orientation? **You can choose more than one.**

- 02 Straight
- 01 Lesbian
- 07 Gay
- 03 Bisexual
- 04 Pansexual
- 05 Asexual or Aromantic
- 06 Queer
- 08 Questioning
- 95 Something else fits better
(Please tell us more) _____
- 97 I am not sure of my sexual orientation
- 98 I don't know what this question is asking
- 99 I prefer not to answer

DEMOGRAPHICS - HEIGHT AND WEIGHT

You can be healthy at any weight. Health is not body size. Health is not a number on a scale.

We ask about height and weight so we can calculate Body Mass Index (BMI) to look at trends for students overall. We do not look at BMI for any one person, and no one will know how you answer.

26. How tall are you without your shoes on? Your best guess is fine.

EXAMPLE

Height		Height	
Feet	Inches	Feet	Inches
5	6		
③	①	③	①
④	①	④	①
●	②	⑤	②
⑥	③	⑥	③
⑦	④	⑦	④
	⑤		⑤
	●		⑥
	⑦		⑦
	⑧		⑧
	⑨		⑨
	⑩		⑩
	⑪		⑪

- 97 I am not sure
 98 I don't know what this question is asking
 99 I prefer not to answer

27. How much do you weigh without your shoes on? Your best guess is fine.

EXAMPLE

Weight Pounds			Weight Pounds		
1	6	5			
①	①	①	①	①	①
●	①	①	①	①	①
②	②	②	②	②	②
③	③	③	③	③	③
④	④	④	④	④	④
⑤	⑤	●	⑤	⑤	⑤
⑥	●	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨

997 I am not sure

998 I don't know what this question is asking

999 I prefer not to answer

EATING DISORDERS HELPLINE

The National Association of Anorexia Nervosa & Associated Disorders (ANAD) is a non-profit organization that provides support and resources to individuals and families affected by eating disorders, disordered eating, or body image concerns. They offer free, easy to access resources to anyone who needs them.

1-888-375-7767

Website: <https://anad.org/get-help/eating-disorders-helpline/>

NATIONAL ALLIANCE FOR EATING DISORDERS

The Alliance provides a free helpline is run by licensed therapists who specialize in eating disorders.

6:00 am to 4:00 pm Pacific Time (Monday through Friday)
(866) 662-1235

Email: info@allianceforeatingdisorders.com

POSITIVE YOUTH DEVELOPMENT, SCHOOL CLIMATE, ABSENTEEISM AND BULLYING

For these next statements, mark how true you feel each is for you.

28. I can do most things if I try.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

29. I can work out my problems.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

30. There are people in my life who encourage me to do my best.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

31. I believe that I can make a difference in my community.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

Since you spend a large amount of your time at school, we want to know how you feel about your school. Please tell us how strongly you agree or disagree with the next statements.

32. There is at least one teacher or other adult in my school that really cares about me.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

33. I feel safe at my school.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

34. It is easy to talk with teachers and other adults at this school.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

35. I am happy to be at this school.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

36. In my classes I am often distracted from doing schoolwork because other students are misbehaving, for example, talking or fighting.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly Disagree
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

I think this school welcomes and respects students...	Strongly agree	Agree	Disagree	Strongly disagree	I am not sure	I don't know what this question is asking	I prefer not to answer
37. Of all races and ethnicities	1	2	3	4	7	8	9
38. From all cultures	1	2	3	4	7	8	9
39. From all religions	1	2	3	4	7	8	9
40. Of all gender identities	1	2	3	4	7	8	9
41. Of all sexual orientations	1	2	3	4	7	8	9
42. Who have disabilities	1	2	3	4	7	8	9

43. What kind of grades do you usually get in school?

- 1 Mostly A's
- 2 Mostly B's
- 3 Mostly C's
- 4 Mostly D's
- 5 Mostly F's
- 6 None of these grades
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

44. In the past 30 days, have you missed any days of school?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

The next questions are about bullying.

If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet that will be handed out when you're done with the survey for details.

45. During the past 30 days, have you been bullied by another student using any kind of **technology**, such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.)?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

46. During the past 30 days, have you ever been bullied **AT SCHOOL** (including any school events)? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.).

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

MENTAL HEALTH AND SUICIDE PREVENTION

Earlier we asked about your overall mental health, now we'd like to ask a few more questions about how you're feeling.

47. During the past 30 days, how often have you felt worried or stressed?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

48. During the past year, 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?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

49. During the past year, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

50. During the past year, did you ever consider attempting suicide?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

51. During the past year, did you attempt suicide?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

If you need emotional support, call or text the national mental health crisis hotline at **988 for free and confidential help 24/7.**

52. There is a teacher or some other adult in my school I feel safe going to if I need help.

- 1 Yes
- 2 No **SKIP TO Q54**
- 7 I am not sure **SKIP TO Q54**
- 8 I don't understand this question **SKIP TO Q54**
- 9 I prefer not to answer **SKIP TO Q54**

53. How likely are you to go to this teacher or other adult in school if you need help?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Not at all likely
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

54. Outside of school hours, there is a safe place or person I can go to if I need help.

- 1 Yes
- 2 No **SKIP TO NEXT MODULE**
- 7 I am not sure **SKIP TO NEXT MODULE**
- 8 I don't know what this question is asking **SKIP TO NEXT MODULE**
- 9 I prefer not to answer **SKIP TO NEXT MODULE**

55. How likely are you to go to this safe place or person outside of school if you need help?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Not at all likely
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

PHYSICAL ACTIVITY AND NUTRITION

56. 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 spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 01 0 days
- 02 1 day
- 03 2 days
- 04 3 days
- 05 4 days
- 06 5 days
- 07 6 days
- 08 7 days
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

57. In the past 30 days, how often were you hungry because there was not enough food at home?

- 1 Never or almost never
- 2 About once a week
- 3 2 to 3 times a week
- 4 Almost every day
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

Now think about what you ate and drank during the past 7 days. Include all 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. This information is used to estimate how many servings of fruits and vegetables you eat.

58. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- 01 I did not eat fruit during the past 7 days
- 02 1 to 3 times during the past 7 days
- 03 4 to 6 times during the past 7 days
- 04 1 time per day
- 05 2 times per day
- 06 3 times per day
- 07 4 or more times per day
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

59. During the past 7 days, how many times did you eat **vegetables**?

- 01 I did not eat vegetables during the past 7 days
- 02 1 to 3 times during the past 7 days
- 03 4 to 6 times during the past 7 days
- 04 1 time per day
- 05 2 times per day
- 06 3 times per day
- 07 4 or more times per day
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

-
60. During the past 7 days how many times did you drink **soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop)
- 01 0 times in past 7 days
 - 02 1 to 3 times in past 7 days
 - 03 4 to 6 times in past 7 days
 - 04 1 time per day
 - 05 2 times per day
 - 06 3 times per day
 - 07 4 or more times per day
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

ACCESS TO CARE

We'd like to see if you're able to get the physical and mental health care you need.

-
61. During the past year, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
62. During the past year, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

63. What things in your life help with your emotional and mental health? **You can choose more than one.**

- 01 Friends
- 02 Family
- 02 A boyfriend, girlfriend or partner
- 03 Talking to a counselor, therapist or other mental health professional
- 04 After school programs or activities (clubs, sports, etc.)
- 05 Exercising
- 06 Religion/Faith (praying, attending church, gatherings)
- 07 Journaling
- 08 Spending time outdoors/in nature
- 09 Pets/animals
- 95 Something else fits better
(Please tell us more) _____
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

64. When did you last go to a doctor or nurse practitioner for a check-up when you were not sick or injured?

- 1 During the past year
- 2 Between 1 and 2 years ago
- 3 More than 2 years ago
- 4 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

65. When did you last get a dental check-up, exam, teeth cleaning, or other dental work?

- 1 During the past year
- 2 Between 1 and 2 years ago
- 3 More than 2 years ago
- 4 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

66. Have you ever had a cavity? **You can choose more than one.**

- 1 During the past year
- 2 Between 1 and 2 years ago
- 3 More than 2 years ago
- 4 I have never had a cavity
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

COMPREHENSIVE SEX EDUCATION, SEXUAL HEALTH AND VIOLENCE PREVENTION

The next questions ask about topics you may have been taught in school during the last school year (2023-24).

67. During the last school year, were you taught in school about how to use a condom to prevent pregnancy or sexually transmitted infections , including HIV?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

68. During the last school year, were you taught in school about how to use birth control methods or where to get birth control?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

69. During the last school year, were you taught in school about healthy and respectful relationships?

- 1 Yes
- 2 No **SKIP TO Q76**
- 7 I am not sure **SKIP TO Q76**
- 8 I don't know what this question is asking **SKIP TO Q76**
- 9 I prefer not to answer **SKIP TO Q76**

The next few questions ask about sexual health and sexual behavior. Remember that your answers will be kept private. You do not have to answer question that you don't want to.

Some of these questions might bring up difficult feelings and emotions. If you or someone you know is in crisis and needs help:

- Call 24/7: 800-273-8255
- Text: 273TALK to 839863

Please see the Support Resource Sheet for more ways to get free, confidential and anonymous help.

70. Have you ever had sex or engaged in sexual behavior with another person?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q73 |
| 7 | I am not sure | SKIP TO Q73 |
| 8 | I don't know what this question is asking | SKIP TO Q73 |
| 9 | I prefer not to answer | SKIP TO Q73 |

71. How old were you the first time you had sex or engaged in sexual behavior with another person?

- | | |
|----|---|
| 01 | 11 years old or younger |
| 02 | 12 years old |
| 03 | 13 years old |
| 04 | 14 years old |
| 05 | 15 years old |
| 06 | 16 years old |
| 07 | 17 years old or older |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

-
72. The last time you had sex or engaged in sexual behavior, what method(s) did you or your partner use to prevent pregnancy or sexually transmitted infections? **You can choose more than one.**
- 01 I have never engaged in sexual behavior that could lead to pregnancy or a sexually transmitted infection
 - 02 Condom or other barrier method
 - 03 Birth control pills
 - 04 Contraceptive implant (Implanon or Nexplanon)
 - 05 Contraceptive patch
 - 06 Contraceptive ring
 - 07 Depo-Provera (injectable birth control)
 - 08 Emergency contraception (Plan B/morning after pill)
 - 09 IUD (intrauterine device such as Mirena or Paragard)
 - 10 Withdrawal/Pull out
 - 11 Some other method
 - 12 No method was used to prevent pregnancy or sexually transmitted infections
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

The next few questions ask about dating violence, sexual assault, and domestic violence or abuse. Remember that your answers will be kept private. You do not have to answer question that you don't want to.

Some of these questions might bring up difficult feelings and emotions. If you or someone you know is in crisis and needs help:

- YouthLine
Teens are available to help daily from 4-10 pm PST (adults are available by phone at all other times)
Call: **877.968.8491**
Text: **teen2teen to 839863B**
- National Sexual Assault 24-Hour Hotline:
1-800-656-HOPE (1-800-656-4673) or [RAINN.org](https://rainn.org)
- National Domestic Violence 24-Hour Hotline:
1-800-799-SAFE (1-800-799-7233) or thehotline.org

73. During the past year, did someone you were dating, hooking up, hanging out or going out with ever physically hurt you? For example, slapped or shoved you, threw something at you or physically prevented you from doing something, such as leaving?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't understand this question
- 9 I prefer not to answer

74. Has anyone ever touched or grabbed you or made unwanted sexual comments about your body without your permission?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't understand this question
- 9 I prefer not to answer

75. Have you ever witnessed someone at school being physically, emotionally or sexually harmed?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't understand this question
- 9 I prefer not to answer

76. Has an adult ever physically hurt you? For example, slapped or shoved you, threw something at you or physically prevented you from leaving when you felt unsafe?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't understand this question
- 9 I prefer not to answer

SUBSTANCE USE, DRUG-FREE COMMUNITIES AND PROBLEM GAMBLING

The next questions ask about drinking alcohol. This includes drinking beer, wine, spiked seltzers such as White Claw or Truly, and liquor “shots” such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

77. Have you ever had a drink of alcohol other than a few sips?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | I have never had a drink of alcohol | SKIP TO Q81 |
| 7 | I am not sure | SKIP TO Q81 |
| 8 | I don't know what this question is asking | SKIP TO Q81 |
| 9 | I prefer not to answer | SKIP TO Q81 |
-

78. How old were you when you had your first drink of alcohol other than a few sips?

- | | |
|----|---|
| 02 | 12 years old or younger |
| 03 | 13 years old |
| 04 | 14 years old |
| 05 | 15 years old |
| 06 | 16 years old |
| 07 | 17 years old or older |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |
-

79. During the past 30 days, did you have at least one drink of alcohol?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q81 |
| 7 | I am not sure | SKIP TO Q81 |
| 8 | I don't know what this question is asking | SKIP TO Q81 |
| 9 | I prefer not to answer | SKIP TO Q81 |
-

80. During the past 30 days, did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- | | |
|---|---|
| 1 | Yes |
| 2 | No |
| 7 | I am not sure |
| 8 | I don't know what this question is asking |
| 9 | I prefer not to answer |

The next questions are about marijuana. This means marijuana or cannabis in any form, sometimes called weed, hash or pot. Do not include hemp-based or CBD-only products.

81. Have you ever used marijuana in any form?

- 1 Yes
- 2 I have never used marijuana or cannabis **SKIP TO Q85**
- 7 I am not sure **SKIP TO Q85**
- 8 I don't know what this question is asking **SKIP TO Q85**
- 9 I prefer not to answer **SKIP TO Q85**

82. How old were you when you tried marijuana for the first time?

- 02 12 years old or younger
- 03 13 years old
- 04 14 years old
- 05 15 years old
- 06 16 years old
- 07 17 years old or older
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

83. During the past 30 days, did you use marijuana?

- 1 Yes
- 2 No **SKIP TO Q85**
- 7 I am not sure **SKIP TO Q85**
- 8 I don't know what this question is asking **SKIP TO Q85**
- 9 I prefer not to answer **SKIP TO Q85**

84. During the past 30 days, how did you use marijuana?

You can choose more than one.

- 01 Smoked it (in a joint, bong, pipe, blunt)
- 02 Vaped it (e.g., vape pen)
- 03 Ate it (in brownies, cakes, cookies, candy)
- 04 Drank it (tea, cola, alcohol)
- 05 Dabbed it
- 06 Used in some other way
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

The next questions ask about the use of prescription opioids.

85. Have you ever used prescriptions opioid drugs such as Oxycontin, Percocet, Vicodin or Codeine without a doctor's orders or differently than how a doctor told you to use it?
- 1 Yes
 - 2 No **SKIP TO Q87**
 - 7 I am not sure **SKIP TO Q87**
 - 8 I don't know what this question is asking **SKIP TO Q87**
 - 9 I prefer not to answer **SKIP TO Q87**

-
86. During the past 30 days, did you use prescription opioid drugs such as Oxycontin, Percocet, Vicodin, or Codeine without a doctor's orders or differently than how a doctor told you to use it?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

The next questions ask about the use of other drugs.

87. Have you ever used any drugs such as cocaine, ecstasy, LSD, shrooms (mushrooms that make you high), heroin, fentanyl or meth?
- 1 Yes
 - 2 No **SKIP TO Q98**
 - 7 I am not sure **SKIP TO Q98**
 - 8 I don't know what this question is asking **SKIP TO Q98**
 - 9 I prefer not to answer **SKIP TO Q98**

-
88. During the past 30 days, have you used any drugs such as cocaine, ecstasy, LSD, shrooms, heroin, fentanyl or meth?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

89. Have you ever used any vape, e-cigarettes or other tobacco products such cigarettes, chewing tobacco, cigarillos, or hookah?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q91 |
| 7 | I am not sure | SKIP TO Q91 |
| 8 | I don't know what this question is asking | SKIP TO Q91 |
| 9 | I prefer not to answer | SKIP TO Q91 |

90. During the past 30 days, which products have you used?
You can choose more than one.

- | | |
|----|---|
| 01 | Cigarettes |
| 02 | Vaping product or other e-cigarettes |
| 03 | Chewing tobacco, such as Skoal or Copenhagen |
| 04 | Cigarillos or little cigars, such as Swisher Sweets |
| 05 | Hookah or waterpipe |
| 06 | Any other tobacco product |
| 07 | I have not used any of these products in the past month |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

ASK IF USED TOBACCO OR VAPING PRODUCTS IN PAST 30 DAYS

91. In the past month, have you used any flavored tobacco or vaping product such as mint, fruit, coffee, candy, or other flavors? Exclude marijuana.

- | | |
|---|---|
| 1 | Yes |
| 2 | No |
| 7 | I am not sure |
| 8 | I don't know what this question is asking |
| 9 | I prefer not to answer |

ASK IF USED TOBACCO OR VAPING PRODUCTS IN PAST 30 DAYS

92. In the past month, where did you get your tobacco or vaping products? **You can choose more than one.**

- 1 A store or gas station
- 2 Friends or family members 21 or older
- 3 Friends or family members under 21
- 4 The Internet
- 5 Some other source
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

The following questions ask about what you, your parents, and your friends think about alcohol, tobacco, and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight Risk	Moderate Risk	Great Risk	I am not sure	I don't know what this question is asking	I prefer not to answer
93. Have five or more drinks of an alcoholic beverage once or twice a week?	1	2	3	4	7	8	9
94. Smoke one or more packs of cigarettes per day?	1	2	3	4	7	8	9
95. Use e-cigarettes or other vaping products, such as Juul?	1	2	3	4	7	8	9
96. Use marijuana regularly (once or twice a week)	1	2	3	4	7	8	9
97. Use prescription drugs that are not prescribed to them?	1	2	3	4	7	8	9

How wrong do your parents feel it would be for you to	Not wrong at all	A little bit wrong	Wrong	Very wrong	I am not sure	I don't know what this question is asking	I prefer not to answer
98. Have one or two drinks of an alcoholic beverage nearly every day?	1	2	3	4	7	8	9
99. Smoke cigarettes?	1	2	3	4	7	8	9
100. Use marijuana?	1	2	3	4	7	8	9
101. Use prescription drugs not prescribed to you?	1	2	3	4	7	8	9

How wrong do your friends feel it would be for you to	Not wrong at all	A little bit wrong	Wrong	Very wrong	I am not sure	I don't know what this question is asking	I prefer not to answer
102. Have one or two drinks of an alcoholic beverage nearly every day?	1	2	3	4	7	8	9
103. Smoke cigarettes?	1	2	3	4	7	8	9
104. Use marijuana?	1	2	3	4	7	8	9
105. Use prescription drugs not prescribed to you?	1	2	3	4	7	8	9

If you wanted to, how easy would it be for you to get...	Very easy	Sort of easy	Sort of hard	Very hard	I am not sure	I don't know what this question is asking	I prefer not to answer
106. Beer, wine or hard liquor (for example, vodka, whiskey or gin)?	1	2	3	4	7	8	9
107. Cigarettes?	1	2	3	4	7	8	9
108. E-cigarettes or other vaping products, such as Juul?	1	2	3	4	7	8	9
109. Marijuana?	1	2	3	4	7	8	9
110. Prescription drugs not prescribed to you?	1	2	3	4	7	8	9
111. Shrooms (mushrooms that make you high) or psilocybin?	1	2	3	4	7	8	9
112. Other drugs such as cocaine, ecstasy, LSD, heroin, fentanyl or meth?	1	2	3	4	7	8	9
113. A loaded gun without a parent or other adult's permission?	1	2	3	4	7	8	9

The next questions are about gambling.

-
114. Gambling, or betting, involves the risking of something of value (money, a watch, a soda, etc.) on a game or event in order to win money or something of value. Please choose ALL the types of gambling that you have done in the last 3 months.
- 01 I did not gamble in the last 3 months **GO TO NEXT MODULE**
 - 02 Sporting events where I was not playing (betting on a sporting event outcome, score, raffle, pool, etc.)
 - 03 Skill games where I was playing (sports, video games, dares, etc.)
 - 04 Games of chance where I was playing (cards, dice, Lotería, etc.)
 - 05 Lottery games (scratchoffs, PowerBall®, Megabucks™, etc.)
 - 06 Internet/online gambling activities (using real money to purchase tokens or loot boxes for e-sports, casino games, video games, etc.)
 - 07 Other activities where I bet or gambled
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

HONESTY

115. How honest were you in answering the questions?
- 1 I was very honest
 - 2 I was honest most of the time
 - 3 I was honest once in a while
 - 4 I was not honest at all

CLOSING

That's the end of the survey.

Thank you for taking the time to answer our questions.

Scan the QR code for a list of places that can help you and provide support for challenges you might be facing.

