



HEALTHY KIDS
COLORADO SURVEY

2021 Healthy Kids Colorado Survey
HIGH SCHOOL PORTFOLIO

CENSORED SURVEY



2021 Frequently Asked Questions (FAQs) – For Parents/Guardians

What is the Healthy Kids Colorado Survey (HKCS)?

The survey collects anonymous information from students in 6th to 12th grades about health-related attitudes and behaviors, including: unintentional injuries and violence; mental health; school safety and physical fighting; tobacco and other substance use; physical activity and nutrition; sexual behaviors; basic demographic information such as age; and risk and protective factors. The survey is administered every two years to randomly selected schools. In 2019, about 100,000 students participated from over 500 middle and high schools.

How do Colorado communities benefit from HKCS data?

- Provide state and regional estimates of a wide range of youth health behaviors.
- Track trends in behaviors at state, regional, and local levels over time.
- Increase public awareness about health and behavior issues that impact youth.
- Provide support for healthier learning environments through school health education policies and programs.
- Educate leaders to shape effective public policy.
- Bring funding into our state and local communities.
- Inform program planning and grant applications.

Some grants that utilize HKCS data:

- Drug Free Communities (DFC)
- Communities that Care (CTC)
- Chronic Disease Prevention Grants
- School Health Professionals Grant
- Bullying Prevention and Education Grant
- Comprehensive Sexual Health Education Grant
- State and local health foundation grants

How will the HKCS benefit our school?

- Each school receives a report with its own results.
- Results can be used to support grant applications, needs assessments, and program planning to focus on prevention.

Is participation confidential?

Yes, for both students and schools! Students do not put their name on the survey. Teachers follow protocols to protect confidentiality while the survey is being completed, such as not walking around the classroom or assisting a student while completing the survey. Individual data are never released, only summaries of combined data. Participating schools are not identified in any public release information. Districts and schools may share information with existing coalitions or committees (i.e. school accountability teams) at their own discretion.

How long does the survey take?

A single class period, or typically about 45 minutes.



Why does the HKCS ask about sensitive topics (like sex or drugs)?

Information about these behaviors helps Colorado provide resources and education necessary to prevent unhealthy behaviors and promote healthy behaviors. Students who complete the survey are instructed beforehand that their answers are completely anonymous and that they may skip any questions they do not feel comfortable answering.

Can answering the survey questions influence students to try unhealthy behaviors?

There is no research evidence to suggest that health surveys influence youth behavior or experimentation in unhealthy behaviors. This holds true even after repeated administration of the questionnaire. It is reassuring to know that many health-related behaviors – including sexual behaviors, tobacco use, and some forms of violence – have declined since 1991, at the same time that youth survey activities have increased nationwide.

Can I see a copy of the survey?

Yes, there is a copy of the survey module(s) being administered online at www.HealthyKidsColo.org.

Do I need to give permission for the survey?

Districts may vary in their policies about survey consent, so contact your district for questions regarding parent/guardian permission. Colorado law requires informed parental/guardian consent for surveying youth in schools. The requirement is met when parents/guardians are informed that their student has been asked to participate in a survey and given the option to opt the child out of participation. There is a copy of the parent/guardian consent form available online at www.HealthyKidsColo.org. You should receive one if your child is in a selected classroom that will take the survey.

Does my child have to participate?

Participation in the survey is not required, but your child's participation is valuable in order to have high participation rates to obtain valid health information representing the whole student population in Colorado.

Can I see the HKCS results?

You may contact your school principal and request to see the results from them. Results will be shared with each school and district in the spring semester following an administration.

If I have any further questions, whom can I contact?

All additional questions or inquires can be sent via email to CSPHSurveyTeam@CUAnschutz.edu.



Parent/Guardian Information Letter

Healthy Kids Colorado Survey

Dear Parent or Guardian:

This fall some of our students will take the Healthy Kids Colorado Survey (HKCS). It is an important survey about student health and behavior. The survey will ask students about health topics including: exercise, diet, alcohol, tobacco, drug use, mental health, suicide, bullying, sexual behaviors, and how they have been affected by the COVID-19 pandemic. The survey also asks students about school-life, school safety, trusted adult relationships, and other things known to be connected with healthy choices.

Your child is in a class that has been chosen to take the survey. Students do not have to take this survey. The survey is optional and anonymous. It takes no longer than one class period to complete. The survey process will protect your student's privacy. No information is collected on the survey that can identify a student. Only your child will know how he or she answers the questions. Students do not get school credit for taking the survey, and there is no penalty for not taking the survey. Students who take the survey may choose not to answer any question.

The survey results will help state health agencies, your school, and community groups. The results will also help plan programs and services for youth. In order to get the most accurate information about youth health, we would like all students in selected classrooms to take part in the survey.

This survey was created in-part by the Centers for Disease Control and Prevention (CDC) and the Colorado Departments of Education (CDE), Human Services (CDHS), Public Safety (CDPS) and Public Health and Environment (CDPHE). These groups provide funding to the University of Colorado Anschutz Medical Campus to conduct the Healthy Kids Colorado Survey in schools biennially. This project has been approved by your school district and the Colorado Multiple Institutional Review Board (COMIRB).

Students will receive the survey during class time (either in-person or virtually) and are instructed to answer the questions or leave the survey blank. Students who are not completing the survey will do other schoolwork during the survey time. We encourage you to discuss the topic with your child and share your views on their choice to participate.

For more information about the study and to view a copy of the survey, please visit our website at <http://www.healthykidscolo.org> or call the Healthy Kids Colorado Survey Director, Dr. Ashley Brooks-Russell, at 303-724-8437. For questions regarding IRB approval, please contact COMIRB at 303-724-1055.

Please sign and return this form to your child's school within the next two weeks if you do NOT want your child to participate.

Student's name: _____ Grade: _____

I have read this form and understand what the Healthy Kids Colorado Survey is about.

I do **not** want my child to complete the survey.

Parent/Guardian's name (printed): _____

Parent/Guardian's signature: _____ Date: _____



Carta de información para los padres o tutores Encuesta Healthy Kids Colorado

Estimado Padre o Tutor:

Este otoño, algunos de nuestros estudiantes tomarán la Encuesta Healthy Kids Colorado (HKCS). Esta es una encuesta importante sobre la salud y el comportamiento de los estudiantes. En la encuesta se les preguntará a los estudiantes sobre temas de salud incluyendo: ejercicio, dieta, alcohol, tabaco, uso de drogas, salud mental, suicidio, acoso escolar, y cómo han sido afectados por la pandemia del COVID-19. En la encuesta también se les preguntará a los estudiantes sobre la vida escolar, la seguridad de la escuela, relaciones de confianza con los adultos y otras cosas por estar relacionadas con opciones saludables.

Su hijo está en una clase que ha sido elegida para tomar la encuesta. Los estudiantes no tienen que tomar esta encuesta. La encuesta es opcional y anónima. No se necesita más de una clase para completarla. El proceso de la encuesta protegerá la privacidad de su estudiante. No se recopilará información sobre la encuesta que pueda identificar a un estudiante. Solo su niño sabrá cómo él o ella contestaron a las preguntas. Los estudiantes no recibirán crédito escolar por tomar la encuesta, y no hay ninguna penalidad por no tomar la encuesta. Los estudiantes que toman la encuesta pueden optar por no responder a ninguna pregunta.

Los resultados de la encuesta ayudarán a las agencias estatales de salud, su escuela y los grupos comunitarios particularmente en comprender los efectos del COVID-19. Los resultados también ayudarán a planificar programas y servicios para los jóvenes. Con el fin de obtener la información más precisa sobre la salud de la juventud, nos gustaría que todos los estudiantes de las aulas seleccionadas participaran en la encuesta.

Esta encuesta fue creada en parte por los Centros para el Control y la Prevención de Enfermedades (CDC) y los Departamentos de Educación de Colorado (CDE), Servicios Humanos (CDHS), seguridad pública (CDPS) y Salud Pública y Medio Ambiente (CDPHE). Estos grupos proveen fondos al Campus Médico Anschutz de la Universidad de Colorado por conducir la Encuesta Healthy Kids Colorado en las escuelas bianualmente. Este proyecto ha sido aprobado por su distrito escolar y la Junta de Revisión Institucional Múltiple de Colorado (COMIRB).

Los estudiantes recibirán la encuesta en durante horario escolar (ya sea en persona o virtualmente) y recibirán instrucciones para contestar las preguntas o dejar la encuesta en blanco. Los estudiantes que no estén completando la encuesta harán otro trabajo escolar durante el tiempo de la encuesta. Le animamos a que discuta el tema con su hijo y comparta sus puntos de vista sobre su elección de participar.

Para obtener más información sobre el estudio y para ver una copia de la encuesta, visite nuestro sitio web en <http://www.healthykidscolo.org> o llame a la directora de la Encuesta Healthy Kids Colorado, Dra. Ashley Brooks-Russell, al 303-724-8437. Para preguntas sobre la aprobación del IRB, por favor comuníquese con COMIRB al 303-724-1055.

Por favor firme y devuelva este formulario a la escuela de su hijo dentro de las próximas dos semanas, si usted NO quiere que su hijo participe.

Nombre del estudiante: _____ Grado: _____

He leído este formulario y entiendo de qué se trata la Encuesta Healthy Kids Colorado.

No deseo que mi hijo complete la encuesta.

Nombre del Padre/Madre/Tutor: _____

Firma del Padre/Madre/Tutor: _____ Fecha: _____

2021 Healthy Kids Colorado Survey: High School

*This document includes all questions on the high school version of the Healthy Kids Colorado Survey. When administered online, students randomly receive Module A or Module B to shorten the survey length to **118 questions**. A core set of questions is asked on both modules, followed by unique questions specific to each module. Skip logic is also used to streamline the survey experience.*

STUDENT INSTRUCTIONS

You are about to take the Healthy Kids Colorado Survey. This survey is about your health and things that affect your health. Your answers are very important and will help your school, community, and state policy-makers improve health programs for people your age right here in Colorado.

This survey is completely anonymous, meaning the answers you give will be kept private. No one will know what you answer and your responses cannot be tied to your student login or device in any way.

Completing the survey is voluntary. You may choose not to answer some or all of the questions. If you are not comfortable answering a question, just leave it blank. Whether or not you answer the questions will not affect your grade in this class.

When you have completed your survey, please read or sit quietly to allow everyone to finish in silence. Thank you for your participation!

1. How old are you?

- A. 12 years old or younger
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old
- G. 18 years old or older

2. In what grade are you?

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. Ungraded or other grade

3. What is your gender identity?

- A. Female
- B. Male
- C. Genderqueer/Nonbinary
- D. I do not know my gender identity (questioning)
- E. I have a different identity

4. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- A. No, I am not transgender
 - B. Yes, I am transgender
 - C. I am not sure if I am transgender
 - D. I do not know what this question is asking
5. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Asexual
 - E. I describe my sexual identity some other way
 - F. I am not sure about my sexual identity (questioning)
 - G. I do not know what this question is asking
6. What racial or ethnic identity do you most identify with? (Select all that apply.)
- A. American Indian or Alaska Native
 - B. Black or African American
 - C. East or Southeast Asian
 - D. Hispanic or Latinx
 - E. Middle Eastern, North African, or Arab
 - F. Native Hawaiian or Pacific Islander
 - G. South Asian
 - H. White
 - I. Other
7. What is the highest level of schooling your mother completed?
- A. Completed grade school or less
 - B. Some high school
 - C. Completed high school
 - D. Some college
 - E. Completed college
 - F. Graduate or professional school
 - G. Not sure
8. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
- A. Yes
 - B. No
 - C. Not sure
9. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
- A. Yes
 - B. No
 - C. Not sure

The next section asks about safety.

10. How often do you wear a seat belt when **riding** in a car driven by someone else?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

13. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** (also called pot, weed, or cannabis)?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

14. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot, weed, or cannabis)?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

15. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- A. I did not drive a car or other vehicle during the past 30 days
- B. 0 days
- C. 1 or 2 days
- D. 3 to 5 days
- E. 6 to 9 days

- F. 10 to 19 days
- G. 20 to 29 days
- H. All 30 days

The next section asks about violence-related behaviors.

16. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

17. During the past 12 months, how many times were you in a **physical fight**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

18. During 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.)

- A. I did not date or go out with anyone during the past 12 months
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

The next section asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue, fight, or tease each other in a friendly way.

19. During the past 12 months, have you ever been bullied **on school property**?

- A. Yes
- B. No

20. Where were you bullied on **school property**? (Select all that apply.)

- A. I have not been bullied on school property
- B. In a classroom
- C. In a hallway or stairwell
- D. In a bathroom or locker room
- E. In a cafeteria or lunch room
- F. On a bus or at a bus stop
- G. Outside on school property before school

- H. Outside on school property after school
- I. Outside on school property during lunch or break
- J. Somewhere else on school property

21. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- A. Yes
- B. No

22. During the past 12 months, have you ever been a victim of teasing or name calling because of your actual or perceived: _____ (Select all that apply.)

- A. I have not been a target of teasing or name calling in the past 12 months
- B. Race
- C. Ethnic background or national origin
- D. Sexual orientation
- E. Gender identity
- F. Religion
- G. Disability status (physical, mental, or developmental)
- H. Physical appearance

The next section asks about hurting yourself on purpose.

23. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

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

24. My stress level is manageable most days.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

25. After a stressful situation, how many days does it take you to feel fully recovered?

- A. Less than 1 day
- B. 1 to 2 days
- C. 3 to 4 days
- D. 5 to 6 days
- E. 7 or more days

26. 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?
- A. Yes
 - B. No
27. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
28. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
29. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
30. If you had a serious problem, do you know an adult in or out of school whom you could talk to or go to for help?
- A. Yes
 - B. No
 - C. Not sure
31. During your life, how often have you felt that you were able to talk to a friend about your feelings?
- A. Always
 - B. Most of the time
 - C. Sometimes
 - D. Rarely
 - E. Never

The next section asks about tobacco use.

32. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried cigarette smoking, not even one or two puffs
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
33. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days

- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

34. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?

- A. I did not smoke cigarettes during the past 30 days
- B. Yes
- C. No
- D. Not sure

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

- A. Very hard
- A. Sort of hard
- B. Sort of easy
- C. Very easy

36. During the past 30 days, where did you buy your own cigarettes? (Select all that apply.)

- A. I did not smoke cigarettes during the past 30 days
- B. A gas station
- C. A convenience store
- D. A grocery store
- E. A drugstore
- F. A vending machine
- G. Over the internet
- H. Through the mail
- I. Some other place not listed here

37. During the past 12 months, did you ever try **to quit** smoking cigarettes?

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

38. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

39. How wrong do you think it is for someone your age to smoke cigarettes?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

40. How wrong would most adults (over 21) in your neighborhood think it is for kids to smoke cigarettes?

- A. Very wrong

- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

41. In the past 30 days, which of the following products have you used on at least one day? Do not include any electronic vapor products. (Select all that apply.)

- A. Cigars, cigarillos, or little cigars
- B. Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus
- C. Smoking tobacco from a hookah, narghile, or other type of waterpipe
- D. Smoking tobacco from a pipe that was not hookah, narghile, or other type of waterpipe
- E. Bidis or small brown cigarettes wrapped in a leaf
- F. I have not used any of the products listed above

The next section asks about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. Do not include marijuana.

42. Have you ever used an electronic vapor product?

- A. Yes
- B. No

43. How old were you when you used an electronic vapor product for the first time?

- A. I have never used an electronic vapor product
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

45. What are the reasons you have used electronic vapor products? (Select all that apply.)

- A. I have never used an electronic vapor product
- B. Friend or family member used them
- C. To try to quit using other tobacco products
- D. They cost less than other tobacco products
- E. They are easier to get than other tobacco products
- F. They are less harmful than other forms of tobacco
- G. They are available in flavors, such as mint, candy, fruit, or chocolate
- H. They can be used in areas where other tobacco products are not allowed
- I. I used them for some other reason

46. If you wanted to get any electronic vapor products, how easy would it be for you to get some?
- A. Very hard
 - B. Sort of hard
 - C. Sort of easy
 - D. Very easy
47. During the past 30 days, where did you buy your own electronic vapor products? (Select all that apply.)
- A. I did not buy electronic vapor products during the past 30 days
 - B. A gas station
 - C. A convenience store
 - D. A grocery store
 - E. A drugstore
 - F. A vending machine
 - G. Over the internet
 - H. Through the mail
 - I. Some other place not listed here
48. During the past 12 months, did you ever try to quit using electronic vapor products?
- A. I did not use electronic vapor products during the past 12 months
 - B. Yes
 - C. No
49. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products every day?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
50. How wrong do you think it is for someone your age to use electronic vapor products?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
51. How wrong would most adults (over 21) in your neighborhood think it is for kids to use electronic vapor products?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
52. How wrong do your parents or guardians feel it would be for you to use electronic vapor products?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all

53. How much do you think people risk harming themselves (physically or in other ways) if they breathe vapor from someone else's electronic vapor product? (Do **not** include marijuana.)

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

54. Out of every 10 students in your grade at school, how many do you think use electronic vapor products?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8
- J. 9
- K. 10

55. In the past 30 days, did anyone in a store ever refuse to sell you any tobacco product or electronic vaping product because of your age?

- A. I did not try to buy those products in a store in the past 30 days
- B. Yes, someone refused to sell me those products because of my age
- C. No, no one refused to sell me those products because of my age

The next section asks about secondhand smoke and vapor.

56. During the past 7 days, on how many days were you inside your home while someone was smoking a cigarette, cigar, pipe or using an electronic vapor product? (Do **not** include marijuana.)

- A. 0 days
- B. 1 to 2 days
- C. 3 to 4 days
- D. 5 to 6 days
- E. 7 days

57. During the past 7 days, on how many days were you in a car with your parent or guardian while they were smoking a cigarette, cigar, pipe, or using an electronic vapor product? (Do **not** include marijuana.)

- A. My parents/guardians do not smoke
- B. 0 days
- C. 1 to 2 days
- D. 3 to 4 days
- E. 5 to 6 days
- F. 7 days

The next section asks about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, whiskey, etc. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

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

- A. I have never had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

The next question asks about how many drinks of alcohol you have had in a row, that is, within a couple of hours.

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

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

61. Out of every 10 students in your grade at school, how many do you think had 5 or more drinks on at least 1 day in the past 30 days?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8
- J. 9
- K. 10

62. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy

D. Very easy

63. How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of alcohol nearly every day?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

64. How wrong do you think it is for someone your age to drink alcohol regularly (at least once or twice a month)?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

65. How wrong do your parents or guardians feel it would be for you to drink alcohol regularly (at least once or twice a month)?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

66. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to drink alcohol?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

67. If you drank some beer, wine or hard liquor without your parents' permission, would you be caught by your parents?

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

The next section asks about marijuana use. Marijuana also is called pot, weed, or cannabis.

68. During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

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

- A. I have never tried marijuana
- B. 8 years old or younger
- C. 9 or 10 years old

- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

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

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

71. During the past 30 days, on how many days did you use THC concentrates, hash oil, or waxes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

72. During the past 30 days, how did you use marijuana? (Select all that apply.)

- A. I did not use marijuana during the past 30 days
- B. I smoked it
- C. I ate it (in an edible, candy, tincture or other food)
- D. I used a vaporizer
- E. I dabbed it
- F. I used it in some other way

73. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)

- A. I did not use marijuana during the past 30 days
- B. I smoked it
- C. I ate it (in an edible, candy, tincture or other food)
- D. I used a vaporizer
- E. I dabbed it
- F. I used it in some other way

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

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

75. During the past 30 days, how did you **usually** get the marijuana that you used? (Select only **one** response.)

- A. I did not use marijuana in the past 30 days
- B. I bought it at a marijuana store or center
- C. I bought it from someone else

- D. A parent or family member over the age of 21 gave it to me
- E. A friend over the age of 21 gave it to me
- F. Someone under the age of 21 gave it to me
- G. I took it without permission from the owner
- H. I used a marijuana delivery service

76. Out of every 10 students in your grade at school, how many do you think used marijuana in the past 30 days?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8
- J. 9
- K. 10

77. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana regularly?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

78. How wrong do **you** think it is for **someone your age** to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

79. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

80. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

The next section asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

81. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

82. During the past 30 days, how many times did you take **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

83. If you wanted to get **prescription drugs** not prescribed to you, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

84. How wrong do you think it is for someone your age to use **prescription drugs** without a doctor's prescription?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

The next section asks about other drugs.

85. During your life, have you ever used the following drugs? (Select all that apply.)

- A. Any form of cocaine, including powder, crack or freebase
- B. Inhalants like glue, aerosol spray cans, or any paints or sprays
- C. Heroin (also called smack, junk, or China White)
- D. Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
- E. Ecstasy (also called MDMA or Molly)
- F. I have never used any of these drugs

86. If you wanted to get a drug like cocaine, LSD, amphetamines, or any other illegal drug, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

87. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

88. In the past 12 months, what are the reasons you have used substances? Count using alcohol, marijuana, tobacco or nicotine products, off-label prescription drugs, or illicit drugs. (Select all that apply.)

- A. I have not used substances in the last 12 months
- B. To experiment - see what it felt like
- C. To feel good or get high
- D. To have a good time with my friends
- E. Because of boredom, nothing else to do
- F. Because I am "hooked" - I feel I have to have them
- G. Don't know how to say no when offered
- H. To cope with or overcome negative/difficult feelings
- I. To gain connection or acceptance of peers or older siblings
- J. It feels socially acceptable because everyone does it
- K. Some other reason

The next section asks about food you ate or drank during 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.

89. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- A. I did not drink 100% fruit juice during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

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

- A. I did not eat fruit during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day s
- G. 4 or more times per day

91. During the past 7 days, how many times did you eat **vegetables** such as green salad, potatoes, carrots, and other vegetables? (Do **not** count french fries, fried potatoes, or potato chips.)

- A. I did not eat vegetables during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

92. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite?

(Do **not** count diet soda or diet pop.)

- A. I did not drink soda or pop during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

93. Which of the following beverages did you drink a can, bottle, or glass of one or more times per day during the past 7 days?

(Select all that apply.)

- A. Sports drink, such as Gatorade or PowerAde (do not count low-calorie sports drinks such as Propel or G2)
- B. Energy drink, such as Red Bull or Jolt (do not count diet energy drinks)
- C. Other sugar-sweetened beverage, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or SunnyDelight
- D. Diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero
- E. Plain water, such as tap, bottled, or unflavored sparkling water
- F. Something else

94. During the past 7 days, on how many days did you eat **breakfast**?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

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

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

The next section asks about physical activity.

96. 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.)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days

H. 7 days

97. 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.)

- A. Less than 1 hour per day
- B. 1 hour per day
- C. 2 hours per day
- D. 3 hours per day
- E. 4 hours per day
- F. 5 or more hours per day

98. If you wanted to, could you walk or ride a bike, scooter, or skateboard to school?

- A. No, it is too far
- B. No, it is not safe
- C. No, it is too far and it is not safe
- D. No, my school does not allow it
- E. Yes

99. In an average week when you are in school, on how many days do you walk or ride your bike to school when weather allows you to do so?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

100. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

101. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

The next question asks 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.

102. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?

- A. 0 times

- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 or more times

The next section asks about your home life.

103. During the past 30 days, where did you usually sleep? (Select all that apply.)

- A. In my parent's or guardian's home
- B. 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
- C. In a shelter or emergency housing
- D. In a motel or hotel
- E. In a car, park, campground, or other public place
- F. I do not have a usual place to sleep
- G. Somewhere else

104. The rules in my family are clear.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

105. If I had a personal problem, I could ask my parents or guardians for help.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

106. My parents or guardians ask if I've gotten my homework done.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

107. If you skipped school, would you be caught by your parents or guardians?

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

108. My parents or guardians give me lots of chances to do fun things with them.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

109. My parents or guardians ask me what I think before most family decisions affecting me are made.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

110. How often do you feel safe and secure in your neighborhood?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

The next section asks about your school.

111. Are your school grades better than the grades of most students in your class?

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

112. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

113. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?

- A. Yes
- B. No

114. During the **last four weeks**, how many whole days of school have you missed because you skipped or "cut"?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 to 5 days
- F. 6 to 10 days
- G. 11 or more days

115. I feel safe at my school.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

116. How important is it to you to continue education past high school such as college or a technical or vocational school?

- A. Very important
- B. Important
- C. Not very important
- D. Not at all important

117. The school lets my parents or guardians know when I have done something well.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

118. My teachers notice when I am doing a good job and let me know about it.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

119. How interesting are most of your courses to you?

- A. Very interesting
- B. Quite interesting
- C. Fairly interesting
- D. Slightly boring
- E. Very boring

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

- A. Very important
- B. Important
- C. Not very important
- D. Not at all important

121. Thinking back over the past year in school, how often did you try to do your **best work** in school?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

122. Thinking back over the past year in school, how often did you **enjoy** being in school?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

123. Do you agree or disagree that you feel like you belong at your school?

- A. Strongly agree
- B. Agree
- C. Not sure

- D. Disagree
- E. Strongly disagree

The next section asks about other health-related topics.

124. On an average school night, how many hours of sleep do you get?

- A. 4 or less hours
- B. 5 hours
- C. 6 hours
- D. 7 hours
- E. 8 hours
- F. 9 hours
- G. 10 or more hours

125. If you wanted to get a handgun, how easy would it be for you to get one?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

126. How long would it take you to get and be ready to fire a loaded gun without a parent or other adult's permission? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.

- A. I could not get a loaded gun
- B. Less than 10 minutes
- C. 10 or more minutes, but less than 1 hour
- D. 1 or more hours, but less than 4 hours
- E. 4 or more hours, but less than 24 hours
- F. 24 or more hours

127. In the past 12 months, which of the following problems with your mouth or teeth have you experienced? Do not include problems caused by braces or mouth injury, such as being hit in the mouth. (Select all that apply.)

- A. Difficulty when biting or chewing foods
- B. Avoided smiling
- C. Felt anxious or embarrassed
- D. Took days off school because of pain or discomfort
- E. Problems sleeping
- F. Experienced pain
- G. I have not experienced any of these problems with my mouth or teeth

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

- A. Yes
- B. No
- C. Not sure

The next section asks about experiences with racism. Racism is the disrespect, harm, and mistreatment of people based on their race or ethnicity.

129. During the past 12 months, have you experienced any of the following forms of racism? (Select all that apply.)

- A. Treated badly or unfairly in school because of your race or ethnicity

- B. Watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity
- C. People assumed you are less intelligent because of your race or ethnicity
- D. Seen your parents or other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture
- E. I did not experience any of these forms of racism

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. 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 section asks about your experiences during this time, whether in the past or continuing now.

130. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

131. During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?

- A. My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
- B. Yes
- C. No

132. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

133. Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

134. During the COVID-19 pandemic, how often did a parent or other adult in your home swear at you, insult you, or put you down?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

135. During the COVID-19 pandemic, how often did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

136. Because of COVID-19, did you do any of the following more often? (Select all that apply.)

- A. Drink alcohol
- B. Use marijuana
- C. Use other drugs such as cocaine, LSD, amphetamines, or any other illegal drug
- D. Vape or use e-cigarettes
- F. Smoke cigarettes
- G. Use prescription drugs without a doctor's prescription
- H. Use social media
- I. Feel more daily stress
- J. Wash your hands
- K. Visit a "food pantry" or other food donation location to receive donated groceries
- L. Spend quality time with family
- M. Exercise
- N. None of these

Have you fully completed your survey? *If so, select "Yes" and press "SUBMIT" to record your responses. You cannot edit your responses after submitting. If you are not finished, select "No" and use the back arrow to return to any incomplete section.*

- A. Yes
- B. No