Oregon Student Wellness Survey for Grade 11



- 1. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.
- 2. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.
- 3. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.
- 4. Please mark only ONE oval unless the question specifically asks you to "Please mark all that apply." Completely fill in the oval using a #2 pencil.

Completely fill in the oval using a #2 pencil.	To the prior like techniques of	
1. How old are you?	8. Are you enrolled in any of the following tribes?	
14 years old 17 years old	◯l am not enrolled in a tribe	
15 years old 18 years old	OBurns Paiute Tribe	
○ 16 years old ○ 19 years old or older	Coquille Indian Tribe	
	Cow Creek Band of Umpqua Tribe of Indians	
2. Have de veri identifica	Confederated Tribes of Grand Ronde	
2. How do you identify?		
Female Transgender	Confederated Tribes of the Umatilla Indian Reservation	
○ Male ○ Other	 Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians 	
3. Which of the following best describes you?	Confederated Tribes of Siletz Indians	
5. Willeth of the following best describes you?	Confederated Tribes of Warm Springs	
○ Heterosexual (straight)	○ Other	
Gay or lesbian Other		
○ Bisexual ○ Not sure	Would you say that in general your emotional and mental health is	
4. In what grade are you?	opoor good excellent	
9th 12th	ofair very good	
10th Ungraded or other grade	C (a) good	
011th	A	
	10. Would you say that in general your physical health is	
5. What is your race? (Please mark all that apply.)	opoor good excellent	
○ American Indian or Alaska Native	ofair very good	
O Asian	3 tal, gata	
OBlack or African American		
Native Hawaiian or Other Pacific Islander	11. Have you changed schools (including changing from	
White	elementary to middle and middle to high school) in the	
Other	past year?	
- 4618	◯Yes ◯ No	
6. Are you Hispanic or Latino/Latina?		
○Yes	12. How many times have you changed homes since	
O No	kindergarten?	
	○Never ○5 or 6 times	
	1 or 2 times 7 or more times	
7. What is the language you use most often at home?	3 or 4 times	
English		
Russian	42 Butting them all together what were your grades like	
○ Spanish	13. Putting them all together, what were your grades like	
Vietnamese	last year?	
○ A tribal language		
Another language	OMostly B's OMostly D's	

[SERIAL]

44 5 4 11 11 14 14 14 14 14 14 14 14 14 14 1		
14. During the LAST FOUR WEEKS how many whole days of	During the past 30 days, on how	
school have you missed because you skipped or "cut"?	1 2 12 12 12	
None	many days did you	1
○1 day	27. not go to school because you felt you would	
O2 days	be unsafe at school or on your way to or	
○3 days	from school?	0
O4 to 5 days	28. carry a gun as a weapon on school property?	ō
○6 to 10 days	29. carry a weapon (other than a gun) such as	
☐ 11 days or more	a knife or club on school property?	0
15. How do you like school?		
OI like school very much	During the past 12 months,	
OI like school	how many times	
OI neither like nor dislike school	18. 19. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	1
OI dislike school	30. were you in a physical fight?	0
OI dislike school very much	31. were you in a physical fight	
	on school property?	0
16. How important do you think the things you are	32. did you bully someone (such as	
16. How important do you think the things you are	hitting, kicking, pushing, saying	
learning in school are going to be for your later life?	mean things, spreading rumors, or	
○Very important	making sexual comments that	
Quite important	bothered them)?	0
○ Fairly important	33. have you been suspended from	П
○Slightly important	school?	0
○Not at all important	34. has someone threatened you with a	
	weapon such as a gun, knife, or club	
	on school property?	0
1000 100	35. have you been drunk or high at	F
2/4 O2 1/2 2/2 Ve	school?	0
17. How often do you feel that the schoolwork		
you are assigned is meaningful and important?	36. During the past 12 months, has anyone offered, sold, or	
18. Thinking back over the past school year, how	given you an illegal drug on school property?	
often did you try to do your best work in		
school?	○Yes	
	○No No	
10000 - 1		
How much do you agree with the following statements about	Harassment can include threatening, bullying, name-calling	l
following statements about	or obscenities, offensive notes or graffiti, unwanted	
school?	touching, and being pushed around or hit.	
10. I have lete of changes to be part of class		
19. I have lots of chances to be part of class discussions or activities.	In the last 30 days, how many times have you been harassed	
20. There are lots of chances for students in my		
school to get involved in sports, clubs, and other	at school, on a school bus, or going to and from school	
school activities outside of class.	and nom school	1
21. I respect most of my teachers.	37. because of your race or ethnic origin.	
22. My teachers notice when I am doing a good job	38. because someone said you were gay,	=
and let me know about it.	lesbian, bisexual, or transgender.	
23. I can talk to my teachers openly and freely	39. because of who your friends are.	_
about my concerns.	40. because of how you look (weight, clothes,	4
24. In my school, teachers treat students with	acne, or other physical characteristics).	
respect.	41. because you received unwanted sexual	4
25. Most students at my school help each other	comments or attention.	
when they are hurt or upset.	42. for other reasons.	
26. In my school, students that work hard to get	43. through email, social media sites (Facebook,	-
good grades are picked on by other students.	Twitter, YouTube, etc.), chat rooms, instant	
	messaging, web sites, texting, or phone?	

Once or twice per week How often have you Once or twice per month	Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event with an uncertain outcome.
A4. seen another student bully others by hitting, kicking, punching, or otherwise hurting them in school or on the school bus? 45. heard another student bully others by saying mean things, teasing, or calling other students names in your school or on the school bus? 46. heard another student spread mean rumors or leave other students out of activities to be mean in your school or on the school bus? 47. On an average school night, how many hours of sleep do you get?	56. Please mark ALL the different types of betting that you have done, if any, during the last 30 days: I did not gamble during the last 30 days Playing lottery tickets/Powerball/Megabucks Playing dice or coin flips Playing cards (poker, etc.) Betting on a sports team Betting on games of personal skill (bowling, video games, dares, etc.) Gambling on the Internet for free or with money Playing Bingo for money Other
 4 or less 5 hours 6 hours 7 hours 8 hours 9 hours 10 or more hours All of the time 	57. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money? Yes No I don't bet for money
During the past 30 days, how much of the time have you A good bit of the time Some of the time A little of the time None of the time	58. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could? Yes
48. been a happy person? 49. been a very nervous person? 50. felt calm and peaceful? 51. felt downhearted and blue? 52. felt so down in the dumps that nothing could cheer you up?	○ No ○ I don't bet for money 59. Have you ever lied to anyone about
53. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? Yes No	betting/gambling? 60. Have you ever bet/gambled more than you wanted to? 61. Have your parents ever talked to you about the risks of betting/gambling? 62. Have your teachers ever talked to you about the risks of betting/gambling?
54. During the past 12 months, did you ever seriously consider attempting suicide? Yes No No 55. During the past 12 months, how many times did you actually attempt suicide? 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times	

The next questions ask about drinking alcohol. This includes 70. During the past 30 days, from which of the following drinking beer, wine/wine coolers, flavored beverages such as sources did you get the alcohol you drank? Mike's Hard Lemonade and liquor "shots" such as rum, gin, Please mark all that apply. vodka, or whiskey. For these questions, drinking alcohol does I did not drink alcohol during the past 30 days not include drinking a few sips of wine for religious purposes. OAt a party Friends under 21 63. During your life, on how many days have you had at Friends 21 or older least one drink of alcohol? A brother or sister O days A parent 1 or 2 days A store or gas station 3 to 9 days Liquor store ○ 10 to 19 days Bar, night club, or restaurant 20 to 39 days Took it from home without permission ○40 to 99 days By asking a stranger to buy it for me 100 or more days OI got it some other way 71. In the last 12 months, which of the following have you experienced? Please mark all that apply. During the past 30 days, on OI did not drink alcohol in the last 12 months how many days did you... Missed school or class because of drinking alcohol 64. have at least one drink of alcohol? Gotten sick to my stomach because of drinking alcohol 65. have 5 or more drinks of alcohol in a Not been able to remember what happened while I was row, that is, within a couple of hours? drinking alcohol Later regretted something I did while drinking alcohol During the past 30 days, on how many ○Worried that I drank alcohol too much or too often days do you think most students in your school... During the past 30 days. 66. had at least one drink of alcohol? how many times did you... (your best estimate) 67, had 5 or more drinks of alcohol in a row, that is, within a couple of hours? 72. ride in a vehicle driven by a parent or (your best estimate) other adult who had been drinking alcohol? 73. ride in a vehicle driven by a teenager who had been drinking alcohol? 68. Think of your four best friends (the friends you feel 74. drive a car or other vehicle when you had closest to). In the past 12 months, how many of your best been drinking alcohol? friends have tried beer, wine, or hard liquor (for example, vodka, whiskey or gin)? During the past 30 days, how many times did most students in your school... None of my friends 1 of my friends 75. ride in a vehicle driven by a parent or other 2 of my friends adult who had been drinking alcohol? 3 of my friends 76. ride in a vehicle driven by a teenager who 4 of my friends had been drinking alcohol? 77. drive a car or other vehicle when they had been drinking alcohol? 69. During the past 30 days, what type of alcohol did you usually drink? Select only one response. I did not drink alcohol during the past 30 days Ol do not have a usual type Beer Flavored beverages (such as Smirnoff, Bacardi Silver, Hard Lemonade, Joose and Sparks) Wine coolers (such as Bartles & Jaymes or Seagrams) Wine Cliquor (such as vodka, rum, scotch, bourbon or whiskey)

Some other type

During the past 30 days, on	How old
how many days did you	How old were you 92. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time?
78. smoke cigarettes?	92. when you had more
79, use other tobacco products such as	92. when you had more than a sip or two of beer,
snuf, dip or chewing tobacco (Redman,	wine, or hard liquor (for
Copenhagen, Marlboro Snus etc)	example, vodka, whiskey,
80. smoke tobacco in a "Hookah," also	or gin) for the first time?
known as a water pipe?	93. when you first began
81. smoke e-cigarettes, vape-pens, or	drinking alcoholic beverages
e-Hookahs OOOOO	regularly, that is at least
	once or twice a month?
82. During the past 30 days, from which of the following	94. when you smoked a whole
sources did you get tobacco (cigarettes, chew, cigars)?	cigarette for the first time?
Please mark all that apply.	95. the first time you used
I did not get tobacco during the past 30 days	tobacco products other than
○ A store or gas station	cigarettes such as snuff,
Friends 18 or older	chewing tobacco, and
○ Friends under 18	smoking tobacco from a
○ Took from home without permission	pipe?
○ A family member	96. when you tried marijuana for the first time?
○ The Internet ○ Some other source	for the first time? 97. when you tried synthetic
O Some other source	marijuana (also called K2,
83. During the past 30 days, how many times did you	Spice, etc.) for the first time?
use marijuana?	98. when you first tried
0 times 010 to 19 times	e-cigarettes, vape-pens, or
1 or 2 times 20 to 39 times	e-hookahs?
3 to 9 times 40 or more times	
84. During the past 30 days, from which of the following sources did you get marijuana? Please mark all that apply.	How much do you think people risk harming themselves (physically or in other ways)
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	During the past 12 months Don't know or can't say
During your life,	No No
how many times have you	Yes
The state of the s	119. do you recall hearing, reading, or watching an
18 18 18 18 18	advertisement about prevention of substance
106. used marijuana?	abuse?
107. sniffed glue, breathed the contents of	120. have you had a special class about drugs or
aerosol spray cans, or inhaled any paints	alcohol in school?
or sprays to get high?	121. have you talked with at least one of your parents
108. taken steroid pills or shots without a	about the dangers of tobacco, alcohol, or drug use?
doctor's prescription?	By parents we mean your biological parents,
109. taken a prescription drug not prescribed	adoptive parents, stepparents, or adult guardians,
to you?	whether or not they live with you.
110. used any form of cocaine, including	ANY VARIA
powder, crack, or freebase?	400 W
111. used ecstasy (also called MDMA)?	122. Would you be more or less likely to want to work for an
112. used heroin (also called smack, junk, or	employer that tests its employees for drug or alcohol
China White)?	use on a random basis?
113. used methamphetamines (also called	
speed, crystal, crank or ice)?	◯Less likely
And the second s	○Would make no difference
	ODon't know or can't say
114. During your life, how many times have you used a	<u>Carried of Santolly</u>
needle to inject any illegal drug into your body?	Don't know/Can't say
O times	How do you feel about Strongly Disapprove
1 time	someone your age Somewhat Disapprove
2 or more times	Neither Approve nor Disapprove
C 2 of more amore	123. having one or two drinks of
	an alcoholic beverage nearly every day?
During the past 30 days, on	124. smoking one or more packs of cigarettes a day?
how many days did you	125. trying marijuana or hashish once or twice?
115. sniff glue, breathe the contents of	126. using prescription drugs not prescribed to them?
aerosol spray cans, or inhale any	
	127. using synthetic marijuana, example: K2, Spice?
paints or sprays to get high? 116. use synthetic marijuana, example: K2,	128. smoking e-cigarettes, vape-pens, or e-hookahs?
Spice etc?	How wrong do your friends
	feel it would be for you to Wrong
OxyContin, Percocet, Vicodin,	A little bit wrong
codeine, Adderall, Ritalin, or Xanax)	Not wrong at all
without a doctor's orders?	129. have one or two drinks of
	an alcoholic beverage nearly every day?
118. Which of the following illicit drugs did you use during	130. smoke tobacco?
the past 30 days? Please mark all that apply.	131. use marijuana?
407	132. use prescription drugs not prescribed to you?
I did not use illicit drugs during the past 30 days	133. use synthetic marijuana, example: K2, Spice?
OMarijuana	134. smoking e-cigarettes, vape-pens, or e-hookahs?
Any form of cocaine including powder, crack or freebase	
○ Ecstasy (also called MDMA)	How wrong do you think your
Heroin or other opiates or narcotics	parents feel it would be for Wrong
LSD or other hallucinogens or psychedelics	you to A little bit wrong
Methamphetamines (also called speed, crystal,	Not wrong at all
crank or ice)	135. have one or two drinks of an alcoholic beverage
Steroid pills or shots without a doctor's prescription	nearly everyday?
	136. smoke cigarettes?
	137. smoke marijuana?
	138. use prescription drugs not prescribed to you?
	139. use synthetic marijuana, example: K2, Spice
	140. smoke e-cigarettes, vape-pens, or e-hookahs

The next questions ask about certain experiences you may have or had in your life, which might have made you feel uncomfortable or sad in your surroundings.

	180	/
141. Were your parents ever separated or		
divorced after you were born?	0	0
142. Have you ever lived with a household member	-	
who is/was depressed or mentally ill?	0	0
Have you ever lived with someone who:		
143. is/was a problem drinker or alcoholic?	0	0
144. uses/used street drugs?	0	0
Have you ever felt that:		
145. you did not have enough to eat?	0	0
146. you had to wear dirty clothes?	0	ō
147, you had no one to protect you?	0	0

How true are the following statements?	A CI PO PO
148. I can do most things if I try.	10000
149. I can work out my problems.	0000
150. I volunteer to help others in my community.	0000
151. There is at least one teacher or other adult in	
my school that really cares about me.	0000
152. My parents ask if I've gotten my homework	7 6
done.	0000
153. My parents would catch me if I skipped school.	0000
154. When I am not at home, one of my parents	
knows where I am and whom I am with.	0000
155. My family has clear rules about alcohol and	
drug use.	0000
156. How would most students in your school	
respond to this statement: "My family has	
clear rules about alcohol and drug use "	0000

157. How tall are you without your shoes on? Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number.

Height		
Feet Inches		
4	10	
3	0	
	①	
⑤	2	
6	3	
EYA	PLE	
AP	(
Er	7	
	®	
	9	
	00	

Height		
Feet	Inches	
3	0	
4	①	
(5)	2	
6	3	
7	4	
	(5)	
	6	
	7	
	®	
	9	
	100	
	00	

158. How much do you weigh without your shoes on? Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Weight		
Pounds		
0	9	5
	0	0
Œ	O	(D)
2	201	Y ②
3	Call	3
(D)	La Carre	4
③	⑤	
6	6	6
Ø	Ø	Ø
®	®	(B)
9		9

1	Weight		
F	Pounds		
0	0	0	
0	(D)	①	
2	2	2	
3	3	3	
4	4	4	
(5)	(5)	(5)	
6	6	6	
7	7	Ø	
(B)	3	(B)	
9	9	3	

159. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

160. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- ol am not trying to do anything about my weight

During the past 30 days, did you...

161. Go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

162. Take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

163. Vomit or take laxatives to lose weight or to keep from gaining weight?