Office of the Deputy Superintendent 255 Capitol St NE, Salem, OR 97310

> Voice: 503-947-5600 Fax: 503-378-5156

#### Dear Superintendent:

School districts in Oregon have an opportunity to participate in an important survey in spring 2017 that will provide valuable data to schools on the health and well-being of their 8<sup>th</sup> and 11<sup>th</sup> graders. The survey monitors risk and protective factors and behaviors known to influence youth development and affect academic achievement and includes questions on the use of tobacco, alcohol, other drugs, as well as, nutrition, sexual activity and physical activity.

The *Oregon Healthy Teens Survey (OHT)* is a key part of the Oregon Health Authority's (OHA) statewide effort to help schools and local communities ensure that all Oregon youth are healthy and successful learners who contribute positively to their communities. OHA has contracted with International Survey Associates (ISA) to manage the survey procedures, analyze data and provide reports to the schools and districts. Participating districts will receive their reports in the fall of 2017.

The survey is completely anonymous. Students are not asked to write their name or any other identifying information on their answer booklet. The survey can be completed in one class period using paper-and-pencil and in even less time using the online survey version. The students' teachers will administer the survey at each school. The **survey administration will be conducted mid-February 2017 to end-May 2017.** Students in grades 8 and 11 are to be surveyed.

The survey provides an opportunity to gather information about students that can be used for 1) planning and evaluation efforts (at both the district and school building levels), 2) grant applications, 3) satisfying funding requirements, and 4) Community Health Assessments. In addition, county and state level reports provide a means for comparing your individual schools' and district's data.

Your district has been selected to participate in the OHT Survey in the spring of 2017. The survey is offered at no charge to schools that have been selected to participate. Schools not selected are encouraged to participate and can choose to participate for a low cost of \$2.00 per survey. Beginning in November, ISA will contact each selected school principal to work with staff to schedule dates for parental notification letters and for the survey administration.

The following information has been enclosed for your review:

- A list of your district's schools selected to participate
- *Project Fact Sheet*: This document provides answers to commonly asked questions about the survey.
- Copy of the Survey Instruments
- Survey Administration Time Line
- Agreement Form: If interested, please complete the attached School District Agreement Form and return it to Melissa Stephens at ISA via email melissa.stephens@pridesurveys.com or fax to 770-726-9327 as soon as conveniently possible. If you have questions for ISA, please call Melissa at 800-279-6361.

As soon as you contact ISA with your approval to participate, ISA can begin contacting your selected schools to begin the survey administration process.

Oregon Health Authority and Oregon Department of Education strongly recommend and encourage you to take advantage of this opportunity to use the OHT survey and will work closely with participating school districts. We sincerely hope your district will agree to participate in this important survey. If you have questions, please contact Renee Boyd at (971-673-1145) or <a href="mailto:renee.k.boyd@state.or.us">renee.k.boyd@state.or.us</a>. Information is also available online at:

https://public.health.oregon.gov/birthdeathcertificates/surveys/oregonHealthyTeens/Pages/index.aspx

https://oregonhealthyteens.pridesurveys.com

Sincerely,

Salam A. Noor, Ph.D.

Deputy Superintendent of Public Instruction

cc: Selected Principals

enclosures



September 15, 2016

To: District Superintendent

Dear Superintendent,

I am writing to share both research and evidence based support for the 2017 Oregon Healthy Teens (OHT) survey. This survey is of great use to practitioners, policy makers, teacher educators and education researchers advocating for Oregon youth. As the graduate director of the UOTeach: Curriculum and Instruction M.Ed., I supervise student teachers in public school settings throughout the Oregon community. In this role I direct ongoing university, school district and state partnerships designed to provide research based culturally responsive and equitable curriculum and instruction to both teacher candidates and to current teachers. In addition, as a researcher, I have 10 years of experience analyzing both quantitative and qualitative educational and life outcomes data on students based on sex, gender identity, and sexual orientation. In both my role as a teacher educator and as a researcher, the OHT survey provides rich data to support improved outcomes for Oregon youth.

The *UOTeach* teacher education program is centered on excellence in curriculum and instruction through culturally responsive content expertise focused on equity and inclusion. This licensure program prepares public school teachers to equitably educate diverse Oregonians including protected minority and historically underserved Oregonians.<sup>1</sup> The OHT survey provides the future teachers and faculty within this graduate program with rich information about the cultural context of students in our public schools. Notably the survey provides us with heretofore missing demographic information as it is associated with school climate, school safety, mental health, and high risk behaviors.<sup>2</sup> This survey provides future teachers, current teachers, school administrators and academics with school equity information that informs curriculum, instruction, and school based supports to improve learning for all Oregonians.<sup>3</sup> | 4

As an education researcher, I wish to highlight that the 2017 OHT survey gathers important information about Oregon school climate and educational practices concerning sexual orientation minority and gender identity minority youth. This specific demographic data informs Oregon child advocates about the experiences and educational outcomes for these young Oregonians who we know face a battery of health risks both at school and in the community. <sup>5</sup> | <sup>6</sup> | <sup>7</sup> The recently released Centers for Disease Control and Prevention study of LGBT youth health risks once again has confirmed over fifteen years of GLSEN National School Climate studies noting the excessive educational disparities, public safety concerns and health risks for this marginalized population of school children. <sup>8</sup> | <sup>9</sup>

Past Oregon Healthy Teens surveys have helped Oregon educators identify safe and healthy educational settings for sexual orientation minority youth here in Oregon. The survey has also helped educators to identify levels of hostility and violence directed at sexual minority Oregon students at school as well as to identify increased mental and physical health concerns for Oregonians related to that abuse. <sup>10</sup> In fact, the OHT data has shown that improving the educational environment for sexual minority youth reduces suicidal ideation among all youth within specific Oregon communities. <sup>11</sup>

The 2017 Oregon Healthy Teens survey is an important educational equity tool for Oregon youth, families, child advocates, public health agencies, public educators and education scholars. I wish to extend my gratitude and continued support for this important public health service and public education service to all Oregonians.

Sincerely,

Julia Heffernan, Ph.D.

Graduate Director of Curriculum and Instruction
Director of the UOTeach Teacher Licensure Program
Department of Education Studies



Board Member Oregon Safe Schools and Communities Coalition 2015 to present



Founder and Co-Director UOTeachOUT UO Educatoin Studies Teacher Leadership Program on Gender Identity and Sexual Orientation 2010 Established

#### OHT Related Research and Curriculum and Instruction Scholarship

<sup>1</sup> ORS 339.351 to 339.364. (Revised 2009). *Oregon Safe Schools Improvement* in ORS 339 School Attendance; Admission; Discipline; Safety.

- <sup>2</sup> Rosiek, J. L., & Heffernan, J. (2014). Can't Code What the Community Can't See: A Case of the Erasure of Heteronormative Harassment. *Qualitative Inquiry*, *20*(6), 726-733.
- <sup>3</sup> Gutierez-Schmich, T. and Heffernan, J. (2016). Public Pedagogy. In Rodriguez et. al. (eds.), Critical Concepts in Queer Studies and Education: An International Guide for the Twenty-First Century (Palgrave Macmillan)
- <sup>4</sup> Gutierez-Schmich, T. (2016). Public pedagogy and conflict pedagogy: Sites of possibility for antioppressive teacher education (Doctoral dissertation, University of Oregon).
- <sup>5</sup> Heffernan, J. I. (2010). *The sound of silence: Educators managing and reproducing heteronormativity in middle schools* (Doctoral dissertation, University of Oregon).
- <sup>6</sup> Wallace et.al. Eds. (2014) *Oregon Safe Schools Report* (no. 3). Oregon Safe Schools and Communities Coalition. Portland, OR. OSSCC.
  - Wallace et.al. Eds. (2013) *Oregon Safe Schools Report* (no. 2). Oregon Safe Schools and Communities Coalition. Portland, OR. OSSCC.
  - Wallace et.al. Eds. (2012) *Oregon Safe Schools Report* (no. 1). Oregon Safe Schools and Communities Coalition. Portland, OR. OSSCC.
- <sup>7</sup> Meyer, E. J. (2015). *Gender, bullying, and harassment: Strategies to end sexism and homophobia in schools*. Teachers College Press.
- <sup>8</sup> Kann, L. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015. *MMWR. Surveillance Summaries*, 65.
- <sup>9</sup> Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN. (8th biennial national report)
- Hatzenbuehler, M. L., & Keyes, K. M. (2013). Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *Journal of Adolescent Health*, 53(1), S21-S26. (Data from OHT survey)
- <sup>11</sup> Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*, 127(5), 896-903. (Data from OHT survey)



# Oregon Healthy Teens Survey 2016-2017 Timeline of Key Dates

**October 3, 2016** – International Survey Associates (ISA) mails Recruitment Packets to District Superintendents with schools that were chosen for the sample.

**November 2016** – School District Superintendents complete the District Agreement Form and fax/email it back to ISA.

**November 2016** – With Superintendent approval, ISA begins recruiting Sample Schools.

**November 2016 – April 30, 2017** – School Principals complete the School Agreement Form and fax/email it back to ISA.

**January 5 – May 15, 2017** – ISA ships surveys to participating schools using paper surveys.

**January 5 – May 28, 2017** – ISA emails web-based instructions to participating schools using web based surveys.

**January 5– May 29, 2017** – Web based surveys administered in participating schools.

February 13 – May 29, 2017 – Paper surveys administered in participating schools.

**By May 29, 2017** – School Coordinator removes paper surveys from classrooms envelopes, places surveys back into original shipping box, and ships them back to ISA via UPS Return Service Label provided.

**By September 29, 2017** – ISA generates and posts password protected district and school reports on secure website.

Districts are encouraged to return questionnaires as soon as they are completed, <a href="mailto:before">before</a> the May 29<sup>th</sup> deadline.



#### 2017 Oregon Healthy Teens Survey Fact Sheet – For Schools

Oregon Health Authority & Oregon Department of Education

#### What is the Oregon Healthy Teens (OHT) Survey?

OHT is a comprehensive, school-based, anonymous and voluntary paper-and-pencil or web based survey. OHT monitors risk behaviors and other factors that influence the health and wellbeing of Oregon's adolescents. OHT is conducted among 8<sup>th</sup> and 11<sup>th</sup> graders statewide. State and local agencies depend on OHT to assess youth needs, develop comprehensive plans and prevention programs, solicit funding, and measure outcomes.

#### What is the goal of the OHT Survey?

Healthy students have better attendance, get higher grades and test score and are less likely to skip school, drop out or engage in risky behaviors. OHT provides schools, communities, and our state with a clearer picture of youth strengths and problems. OHT allows schools and communities to find out what prevention efforts are working and which need improvement, with a particular emphasis on tobacco prevention. Our goal is to do what the name says: give our teens the support they need to live healthy lives.

#### **How is the OHT Survey Developed?**

The Oregon Healthy Teens Survey was designed and is conducted as a collaborative effort by the Oregon Department of Education and Oregon Health Authority. Creating a single public health statewide system for getting a scientifically accurate picture of youth development helps reduce costs and redundancies sometimes associated with the multiple school assessments conducted in the past, and provides schools and their communities with a better opportunity to use the information for longer-term planning and evaluation of their efforts to improve youth outcomes.

#### Who Participates in the OHT Survey?

OHT is administered bi–annually in odd-numbered years to Oregon's 8<sup>th</sup> and 11<sup>th</sup> grade students. OHT is administered to students across the entire state of Oregon.

#### What Does OHT Measure?

OHT focus areas include:

- 1. Tobacco, alcohol and other drug use and access to substances;
- 2. Physical activity, nutrition and body weight,
- 3. Sexual risk behaviors that can result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
- 4. Mental health concerns such as suicidal ideation, depression, harassment, and body image;
- 5. Behaviors that result in intentional (violence and suicide) and unintentional injury (motor vehicle crashes);
- 6. Health care access, use of school-based health centers, and screening for conditions such as asthma;
- 7. Basic demographics.

#### **How Are OHT Data Used?**

OHT data are used to help evaluate the effectiveness of a variety of projects and programs that promote healthy adolescence in Oregon. OHT data are a key source of state and national health indicators, such as those included in the Oregon Benchmarks and Healthy People 2010. Many Oregon counties and local communities use OHT survey information in community health assessments. Survey findings serve as a valuable tool for legislators and other policy makers as they make decisions about health related policies, services, programs, and educational activities. Agencies, non-profit organizations, and community groups use the data to provide base-line and evaluation information required for grants and other funding sources, and for planning and evaluating activities and programs that promote health and ability to learn, prevent injury, and reduce high risk behaviors among youth.

Parents, school staff members, and community groups can use the information to identify areas where help is most needed for students to change behavior, and they can use that opportunity to develop and support activities and environments that encourage healthy behaviors. School districts also use the OHT data for school improvement plans.

#### Are Sensitive Question Asked?

Our goal is to reduce those behaviors among high school and middle school students that adversely affect their health and ability to learn. Some questions may be considered sensitive. AIDS, HIV infection, and other sexually transmitted diseases are major health problems. Sexual intercourse and intravenous drug use are among the behaviors known to increase the risk of HIV or other STDs. The only way to determine if adolescents are at risk in these areas is to ask questions about these behaviors. Mental health, attempted suicide, harassment, tobacco, alcohol and other drug use, and weapon carrying may be considered sensitive topics. Questions are presented in a straightforward and sensitive manner in recognition of these topics. Questions are age appropriate and are presented in a straightforward and sensitive manner. Students can also choose to not answer any question that may make them uncomfortable.

#### Does asking questions about a behavior encourage that behavior?

No. The CDC (Centers for Disease Control and Prevention) states that there is no evidence that simply asking students about health risk behaviors will encourage them to try that behavior. In addition, asking sensitive questions can bring good news, such as recent Oregon Healthy Teens findings that show a reduction in sexual activity and tobacco use among Oregon teens.

#### How will my family's privacy be protected?

This survey is **anonymous**. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. Students will not put their names or other identifying information on the questionnaires or answer sheets. When the surveys have been completed and collected, we will have **no identifying information** linking a questionnaire to an individual student or parent. Summary information across grade levels will be reported to the school district.

#### Is student participation anonymous? How is student privacy protected?

Survey administration procedures are designed to protect student privacy and allow for anonymous participation. The survey is proctored by classroom teachers, who are given training materials on the survey protocol. Students submit a completed optically scannable survey, containing no personal identifiers, which is then placed in one envelope for the entire class. Students not participating in the survey are provided with an alternative activity by their school, usually outside of the classroom. Aggregated reports sent to schools and districts are based on all of the students participating, so anonymity of students is preserved.

#### Are students tracked over time to see how their behavior changes?

No. Although an individual student might participate again in future years, it will be impossible to track individual students who participate because no identifying information is collected.

### How long does it take to fill out the questionnaire? Is there some sort of physical test?

One class period is needed for administration of the self-administered questionnaire. It takes approximately 5 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 40 minutes for students to record their responses. No physical test or exam is involved.

#### Are the questionnaire and consent letters provided in other languages?

Currently, we provide parent consent letters in English and Spanish. We provide the English version of the survey in paper and online. We provide the Spanish survey instrument online only. Schools needing the Spanish version can opt to take the survey online.

#### How do parents find out about OHT?

Oregon uses an "active notification" with a "passive permission/ passive consent" model for parents. OHT requires that participating schools actively notify the parents of selected students. A letter is sent to the home of each student in the selected grade, either via mail or email, to inform the parents or guardians of the upcoming survey and give parents a chance to find out more about the survey. The state coalition for OHT suggests that each school make a physical copy of the survey available in either the main office or the counseling office, where parents could visit and view the survey. Parents can also view the survey on the Oregon Health Authority website at:

https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/Pages/ohtdata.aspx or https://oregonhealthyteens.pridesurveys.com

If the school does not hear from a parent, the survey protocol assumes permission is given by the parent for their student to take the survey. If a parent does **not** wish their child to participate in the survey, they are asked to complete and return the parental notification form to opt their student out of the survey. Schools are asked to have an alternate site for those students to be placed while their classmates take the survey. Parents can also tell their child not to take the survey. Students can also opt out of the survey on their own even if the parent had not explicitly asked them not to participate. The survey is voluntary. The bottom of each page in the survey form also states that the survey is voluntary

#### Do students answer questions truthfully?

Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

#### Is OHT related to the "No Child Left Behind" mandates?

The focus of No Child Left Behind is on the improvement of students in academic areas. Program planning and support for increasing the health and well-being of students helps those students to be ready and able to learn once they are in the classroom. Schools are generally interested in having a healthy student-body that is able to focus on their education when they are in the classroom setting.

#### When is the survey conducted? When are results available?

Data collection is planned for February through May of 2017. Results, presented graphically for schools, districts and the state, are planned for release in Fall of 2017 and will be available in electronic format.





# Oregon Healthy Teens Survey • 2017 11th Grade •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

#### DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to "Select one or more responses."

#### **Marking Instructions:**

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT:

[SERIAL]

Τ.	In what grade are you?		
	○7th grade	○11th grade	
	○8th grade	○12th grade	
	○9th grade	○Ungraded or	
	○10th grade	other grade	
2.	How old are you?		
	○12 years old or younger	○16 years old	
	○13 years old	○17 years old	
	○14 years old	○18 years old or	older
	○15 years old		
3	Are you Hispanic or Latino/La	atina?	
٠.	○Yes ○No	ina.	
4.	What is your race? (Select or	-	es)
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	○Alaska Native		
	OAsian Indian		
	○ Chinese		
	○Japanese		
	○Korean		
	○Vietnamese		
	○ Filipino		
	ONative Hawaiian		
	Other Pacific Islander		
	OBlack or African American		
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	○White		
5.	○White		ce
5.	Other (Specify)		ce
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5.	Other (Specify)  If you selected more than on best describes you?	e race, what one ra	ce
5.	Other (Specify)  If you selected more than on best describes you?  Only one race selected in	e race, what one ra	ce
5.	Other (Specify)  If you selected more than on best describes you?  Only one race selected in American Indian/Native A	e race, what one ra	ce
5.	Other (Specify)  If you selected more than on best describes you?  Only one race selected in American Indian/Native A	e race, what one ra	ce
5.	Other (Specify)  If you selected more than on best describes you?  Only one race selected in American Indian/Native A Alaska Native  Asian Indian  Chinese	e race, what one ra	се
5.	Other (Specify)  If you selected more than on best describes you?  Only one race selected in American Indian/Native A Alaska Native  Asian Indian	e race, what one ra	се
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5.	Other (Specify)  If you selected more than on best describes you? Only one race selected in American Indian/Native A Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American	e race, what one ra previous question merican	ce
5.	Other (Specify)  If you selected more than on best describes you? Only one race selected in American Indian/Native A Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American White	e race, what one ra previous question merican	ce
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	Other (Specify)  If you selected more than on best describes you? Only one race selected in American Indian/Native A Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American White Other	e race, what one ra previous question merican	
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7. 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 on the answer sheet.

	Height		
	Feet	Inches	
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₽	<b>○</b> 6	○3	
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		<b>O</b> 7	
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	Height		
	Feet	Inches	
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	<b>O</b> 4	<b>O</b> 1	
	<b>O</b> 5	<b>O</b> 2	
	<b>O</b> 6	○3	
	<b>O</b> 7	<b>O</b> 4	
		○5	
		<b>○</b> 6	
		<b>O</b> 7	
		○8	
		○9	
h		○10	
۱		<b>O11</b>	

8. 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 on the answer sheet.

	Weight		
•	Pounds		
	0	9	5
	●0	O0	<b>O</b> 0
<u>e</u>	<b>O</b> 1	$\bigcirc$ 1	<b>O</b> 1
n	<b>O</b> 2	<b>O</b> 2	<b>O</b> 2
Example	○3	○3	○3
û		<b>0</b> 4	<b>O</b> 4
		○5	●5
		<b>○</b> 6	<b>○</b> 6
		○7	<b>O</b> 7
		<b>8</b>	○8
		■9	$\bigcirc$ 9

Weight			
	Pounds		
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○3	○3	○3	
	<b>O</b> 4	<b>O</b> 4	
	○5	○5	
	<b>○</b> 6	<b>○</b> 6	
	<b>O</b> 7	<b>7</b>	
	○8	○8	
	<b>O</b> 9	<del>9</del>	

9. Please tell us your zip code.

**Directions:** Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

		Zip Code		
9	7			
		<b>O</b> 0	<b>O</b> 0	<b>O</b> 0
		01	<b>O</b> 1	01
		<b>O</b> 2	<b>O</b> 2	<b>O</b> 2
		○3	○3	○3
		<b>O</b> 4	<b>O</b> 4	<b>O</b> 4
		○5	○5	<b>O</b> 5
		<b>○</b> 6	<b>○</b> 6	<b>○</b> 6
	•	<b>O</b> 7	<b>O</b> 7	<b>O</b> 7
		○8	○8	○8
		○9	<b>O</b> 9	<b>O</b> 9

The next questions will help us look at differences in health based on social and economic factors.	17. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you think <b>other people at school</b> would describe you?
	Overy feminine
10. Does your family own a car, van, or truck?	O Mostly feminine
○No	○ Somewhat feminine
○Yes, one	<ul><li>Equally feminine and masculine</li></ul>
○Yes, two or more	○ Somewhat masculine
	○ Mostly masculine
11. Do you have your own bedroom for yourself?	○Very masculine
○No ○Yes	○I am not sure
	○I do not know what this question is asking
12. During the past 12 months, how many times did you travel away on vacation with your family?	
Once	The next questions ask about health care issues.
○Twice	
	10 Wayldyn yn Ababir awynd yn yn bydad baalth ia
○ More than twice	18. Would you say that in general your <b>physical health</b> is
	○ Excellent
13. How many computers does your family own?	○ Very good
○None	Good
One	Fair
○Two	Poor
More than two	
	19. Would you say that in general your emotional and
14. Do you receive free or reduced price lunches at school?	mental health is
○Yes	○ Excellent
○No	○ Very good
○ Don't Know	Good
	Fair
	OPoor
The next questions will help us look at differences in	
health among various groups.	20. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or
	injured?
15. How do you identify? (Select one or more responses)	Ouring the past 12 months
○Female	○ Between 12 and 24 months ago
○Male	○ More than 24 months ago
○Transgender	○Never
○ Gender nonconforming/Genderqueer	○ Not sure
Gender fluid/not exclusively male or female	
OIntersex/Intergender	21. During the past 12 months, did you have any <b>physical</b>
Something else fits better	health care needs that were not met? (Count any
(Specify)	situation where you thought you should see a doctor,
I am not sure of my gender identity	nurse, or other health professional.)
I do not know what this question is asking	Yes ONO
Of do flot know what this question is asking	Tes ONO
16. A person's appearance, style, dress or the way they walk	22. During the past 12 months, did you have any <b>emotional or</b>
or talk may affect how people describe them. How do	mental health care needs that were not met?(Count any
you see <b>yourself</b> ?	situation where you thought you should see a counselor,
○Very feminine	social worker, or other mental health professional.)
Mostly feminine	Yes \Quad No
Somewhat feminine	O 163 O NO
© Equally feminine and masculine	
O Somewhat masculine	
O Mostly masculine	
O Very masculine	
OI am not sure	
I do not know what this question is asking	I

OHT 2017 11th Grade

23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? (Select one or more responses) Yes – during school hours	The next questions ask about health or learning conditions you may have.
Yes – during school hours  Yes – during the summer	34. Are you deaf or do you have serious
Yes – on the weekend or before/after school	difficulty hearing?
No	
	35. Are you blind or do you have serious difficulty
○ Don't know	seeing, even when wearing glasses?
	36. Because of a physical, mental, or emotional
24. When did you last go to a dentist or dental hygienist for a	condition, do you have serious difficulty
check-up, exam, teeth cleaning, or other dental work?	concentrating, remembering or making decisions?
Ouring the past 12 months	37. Do you have serious difficulty walking or
○ Between 12 and 24 months ago	climbing stairs?
○ More than 24 months ago	38. Do you have difficulty dressing or bathing?
○Never	39. Because of a physical, mental, or emotional
○ Not sure	condition, do you have difficulty doing errands
	alone such as visiting a physician's office or
	shopping?
For these statements, mark how true you	
feel each is for you.	The next questions ask about asthma.
42	40. Has a doctor or nurse ever told you that you have asthma
(B) 1/2 A 1/8/2	○ Yes
74cg 7cg 18 01	ONO
(to to to to	ONot sure
25. I can do most things if I try.	
26. There is at least one teacher or other adult	41. Do you still have asthma?
in my school that really cares about me.	OI have never had asthma ONo
27. I volunteer to help others in my community.	OYes ONot sure
28. I can work out my problems.	
25. Feath distributions my production	
	The next questions ask about School-Based Health
	Centers. SBHCs are health clinics in a school or on school
The next questions ask about grades and school.	grounds that are staffed by doctors, nurses, mental health
	professionals or other medical professionals. They are
29. During the past 12 months, how would you describe your	different than a school nurse.
grades in school?	
	42 December 1 house Cobe of December 2
Mostly A's  Mostly F's	42. Does your school have a School-Based Health Center?
Mostly B's  None of these grades	○Yes
○ Mostly C's ○ Not sure	O No
○ Mostly D's	○ Don't know
1	43. How many times have you used the School-Based Health
1 10 12/20	Center at your school in the past 12 months?
30. During the past 12 months, how many days of school did	○ Never ○ Twice
how many days of school did	○I've used it, but not ○3-5 times
you miss for any reason?	in the last 12 months O6-10 times
31. During the past 12 months, how many	Once
days of school did you miss because	
of physical health reasons?	
32. During the past 12 months, how many	The next question is about the food
days of school did you miss because	you ate during the past 12 months.
of emotional or mental health reasons?	
33. During the past 12 months, how many	44. In the past 12 months, did you ever eat less than you felt
days of school did you have unexcused	you should because there wasn't enough money to buy
absences (meaning you skipped or cut	food?
school)?	○Yes ○No

The next questions ask 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.

45.	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.)  I did not drink 100% fruit juice during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day	
46.	During the past 7 days, how many times did you eat <b>fruit</b> ?  (Do <b>not</b> count fruit juice.)  I did not eat fruit during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day	
47.	During the past 7 days, how many times did you eat green salad?  I did not eat green salad during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day	
48.	During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)  I did not eat potatoes during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day	
49.	During the past 7 days, how many times did you eat carrots?  I did not eat carrots during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day	

50.	During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)  I did not eat other vegetables during the past 7 days  1 to 3 times during the past 7 days  4 to 6 times during the past 7 days  1 time per day  2 times per day  3 times per day  4 or more times per day
51.	During the past 7 days, on how many days did you eat breakfast?  O days  1 day  2 days  6 days  3 days  7 days
	The next question is about sleep patterns.
52.	On an average school night, how many hours of sleep do you get?  4 or less hours  5 hours  9 hours  10 or more hours  7 hours
	The next questions ask about physical activity.
53.	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.)  O days  4 days  1 day  5 days  6 days  7 days
54.	On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?  O days  4 days  1 day  5 days  2 days  6 days  7 days
55.	In an average week when you are in school, on how

56. During an average physical education (PE minutes do you spend actually exercising OI do not take PE 31 to	-	The next questions ask about the ways you get to and from school.
OLess than 10 minutes O41 to	50 minutes	
	60 minutes	In an average school week, on how
	e than 60 minutes	many days do you use each of these
C21 to 30 minutes Officer	e than oo minutes	forms of transportation to get to or
57. On an average school day, how many hou	ırs	from school?
do you watch TV?		67. Walk.
OI do not watch TV on an average scho	ol day	68. Ride a bike.
CLess than 1 hour per day		69. Ride a skateboard, skates, or scooter.
○1 hour per day		70. Ride a school bus.
○2 hours per day		71. Ride public transportation, including a
○3 hours per day		city bus or light rail.
○4 hours per day		72. Ride in or drive a car or other private
5 or more hours per day		vehicle (with only members of your
		family.)
58. On an average school day, how many hou	ırs do you play	73. Ride in a carpool (with people other
video or computer games or use a compu	uter for something	then your family.)
that is not school work? (Count time spe	nt on things such as	
Xbox, Play Station, an iPod, an iPad or ot	her tablet, a	74. During the past 7 days, how many times did you visit a
smartphone, YouTube, Facebook or othe	r social networking	convenience store such as Plaid Pantry, 7-Eleven,
tools, and the Internet.)	_	Circle K, a mini-mart, or a gas station store?
OI do not play video or computer game	es or use a	OI did not visit a convenience store during the
computer for something that is not so		past 7 days
OLess than 1 hour per day		1 time during the past 7 days
1 hour per day		2 or 3 times during the past 7 days
2 hours per day		○4 to 6 times during the past 7 days
3 hours per day		7 or more times during the past 7 days
4 hours per day		or more times during the past 7 days
○5 or more hours per day		
3 of more nours per day		
The next questions ask about the types of you drink.	of beverages that	The next questions ask about 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.
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The next questions ask about personal safety.	The next questions refer to the "Choking Game," also called Knock Out, Space Monkey,  Flatlining, or The Fainting Game.
78. During the past 30 days, on how many days did you <b>not</b> go	
to school because you felt you would be unsafe at school	
or on your way to or from school?	84. This is an activity that some youth participate in to get a
O days	high by cutting off blood and oxygen to the brain using a
O1 day	variety of methods. Which of the following is true for you?
○2 or 3 days	(Select one or more responses)
Of our mount days	OI have never heard of the Choking Game
○ 6 or more days	OI have heard of someone participating in the
70 During the part 12 menths, how many times has semena	Choking Game
79. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club	○I have helped someone else participate in the Choking Game
on school property?	I have participated in the Choking Game myself
○0 times ○6 or 7 times	Thave participated in the Choking dame myself
1 time 8 or 9 times	85. How many times in your life have <b>you</b> participated in the
O2 or 3 times O10 or 11 times	Choking Game yourself?
04 or 5 times 012 or more times	○ None – I have never participated myself
C 12 of more times	One time
80. During the past 12 months, how many times were you	Two times
in a physical fight on school property?	3 to 5 times
○0 times ○6 or 7 times	OMore than 5 times
○1 time ○8 or 9 times	
○2 or 3 times ○10 or 11 times	86. Thinking back to the last time you yourself participated in
○4 or 5 times ○12 or more times	the "Choking Game", were you alone or with other
	people?
81. During the past 12 months, has anyone offered, sold or	OI have never participated in the "Choking Game"
given you an illegal drug on school property?	Ot was alone
○Yes ○No	OI was with other people
	The next questions ask about gambling.
The next questions ask about bullying. Bullying is when	The rest of the second
one or more students tease, threaten, spread rumors	
about, hit, shove, or hurt another student over and over	87. Gambling involves betting anything of value (money, a
again. It is not bullying when two students of about the	watch, soda, etc.) on a game or event. Please check ALL th
same strength or power argue or fight or tease each other	different types of gambling that you have bet on, if any,
in a friendly way.	during the last 30 days. (Select one or more responses)
	Ol did not gamble in the last 30 days
82. During the past 30 days, have you been bullied by someone	<ul> <li>Playing scratch off tickets, or any lottery tickets (such as Powerball or Megabucks)</li> </ul>
using any kind of <b>technology</b> , such as through social media,	○ Playing dice or coin flips
cell phones, or video games?	Playing cards (poker, etc.)
Yes No	Betting on games of personal skill (bowling, video
Cres	games, dares, etc.)
83. During the past 30 days, have you ever been bullied at	Playing Fantasy Sports (Fan Duel, Draft King, etc.)
school (including any school events, or on the way to or	Traying runtasy sports (run buci, brait king, etc.)
from school) in relation to any of the following issues?	
This includes in-person and cyberbullying. (Select one	During the last 12 months,
or more responses)	have you ever
Bullying about your race or ethnic origin	During the last 12 months, have you ever  88. Felt that you would like to stop betting
<ul><li>Unwanted sexual comments or attention</li></ul>	197
Bullying because someone thought you were gay,	88. Felt that you would like to stop betting
lesbian or bisexual	money but didn't think you could?
Bullying about your weight, clothes, acne, or	89. Bet or gambled more than you wanted to?
other physical characteristics	
○ Bullying about your group of friends	
Other reasons	

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OI have not been bullied at school

## The next questions ask about sexual orientation and behavior.

90. Do you think of yourself as  ○ Lesbian or gay	
Straight, that is, not lesbian or gay	
○ Bisexual	
O Something else (Specify)	
○ Don't know/Not sure	
91. Have you ever had sexual intercourse?  O Yes  No	
92. How old were you when you had sexual intercourse for the <b>first time</b> ?	
○I have never had sexual intercourse	
○11 years old or younger	
○12 years old	
○13 years old	
○14 years old	
○15 years old	
○16 years old	
17 years old or older	
93. During your life, with how many people have you had sexual intercourse?	
OI have never had sexual intercourse	
○1 person	
○2 people	
○3 people	ĺ.
○4 people	
○5 people	
○6 or more people	٦
94. During the past 3 months, with how many people did you	
have sexual intercourse?	
OI have never had sexual intercourse	
OI have had sexual intercourse, but not during	
the past 3 months	
1 person	
O2 people	
O3 people	
O4 people	
○5 people	
○6 or more people	
95. Did you drink alcohol or use drugs before you had sexual intercourse the <b>last time</b> ?	
○ I have never had sexual intercourse	
○ Yes	
○ No	
96. The <b>last time</b> you had sexual intercourse, did you or your	
partner use a condom?	
○I have never had sexual intercourse	
Yes	
○ No	
○ IVO	

	The next questions ask about tobacco u	ise.		The very first time you used <b>any tobacco or vaping</b> product (including e-cigarettes), which type of	
	directly and 20 days are			product did you use?	
	ring the past 30 days, on	70 N		○I have never used any tobacco or vaping product	
nov	v many days did you	13 3 3		○ Cigarette	
	Control of the contro	25 825 825 825		○ Chewing tobacco	
104	I. Smoke cigarettes?			○Small cigar	
	5. Smoke <b>menthol</b> cigarettes?			CLarge cigar	
	5. Use chewing tobacco, snuff or dip,			○Hookah	
	such as Redman, Levi Garrett,			○ E-cigarette or other vaping product	
	Beechnut, Skoal, Skoal Bandits,			OAnother type of product	
	Copenhagen, Camel Snus, or			The state of the s	
	Marlboro Snus?		116.	During the past 12 months, did you ever try to quit	
107	7. Smoke a <b>little cigar</b> , such as			smoking cigarettes?	
	_			OI did not smoke during the past 12 months	
108	B. Smoke a large cigar?			OYes	
	9. Smoke <b>tobacco in a hookah</b> , also			ONO	
103					
110	D. Use an <b>e-cigarette</b> or <b>other vaping</b>	10000	117	If one of your best friends offered you an e-cigarette,	
110	product?			would you smoke it?	
	product:			O Definitely not	
111	. Have you ever used any <b>tobacco or vaping</b> pro	duct with		Probably not	
	mint, fruit, coffee, candy, or other flavors? Exc			O Probably would	
	marijuana.	uue		Definitely would	
	○Yes			C Definitely Would	
	○No		110	During the past 30 days, from which of the following	
	ONot sure			sources did you get tobacco or vaping products? (Sele	oct.
	O NOT Sure			one or more responses)	ECL
112	2. During the past 30 days, have you used any <b>tol</b>	aacco or		Oldid not get tobacco or vaping products	
112	vaping product with mint, fruit, coffee, candy,			during the past 30 days	
	flavors? Exclude marijuana.	or other		A store or gas station	
	Yes			○ Friends 18 or older	
	ONo			OFriends under 18	
	ONot sure			○ Took from home without permission	
	Civot suite	'		○ A family member	
112	3. How old were you when you smoked a whole o	igarette		OThe Internet	
113	for the first time?	ngarette	1	Some other source	
	I have never smoked a whole cigarette			Some other source	
	○8 years old or younger ○13 years old		110	Does someone living in your house (other than you)	
	9 years old 14 years old			smoke or vape tobacco?	
	10 years old 15 years old			Nobody smokes or vapes	
	11 years old 15 years old			Someone smokes or vapes, but not inside the hou	ıco
	12 years old 17 years old 17 years old	or older		Someone smokes or vapes inside the house	136
	C17 years old	Ji Oldel		Someone smokes of vapes inside the nouse	
111	I. How old were you when you first used any for	m of	120	During this school year, have you seen anyone smokir	20.0
114					ig o
	tobacco or vaping product other than regular	tigarettest		vaping tobacco on school property?	
	Exclude marijuana.			○Yes ○No	
	OI have never used any of those products		121	During the past 20 days, have you seen an advertisem	+
	○8 years old ○13 years old			During the past 30 days, have you seen an advertisem	
	○9 years old ○14 years old			promoting tobacco or a vaping product on a storefror	it Ol
	10 years old			in a store?	
	○11 years old ○16 years old ○17 years old	ar older		○ Yes	
	○ 12 years old ○ 17 years old o	n older		O No	
				○ Not sure	

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122. Do you agree or disagree with the following statement:  Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.	127. During the past 30 days, what type of alcohol did you usually drink? (Select only one response)  Ol did not drink alcohol during the past 30 days
Strongly agree	OI do not have a usual type
Somewhat agree	O Beer
Opon't know/Not sure	Malt beverages, such as Smirnoff Ice,
Somewhat disagree	Bacardi Silver, or Hard Lemonade
Strongly disagree	○ Wine coolers, such as Bartles & Jaymes or Seagrams
Strongly disagree	Wine Coolers, such as Bartles & Jayines of Seagrans
123. Do you think tobacco companies have been honest or	○ Liquor, such as vodka, rum, scotch,
·	bourbon, or whiskey
dishonest with the public about the dangers	
of tobacco use?	Flavored alcoholic beverages, such as lemon vodka,
OVery honest	coconut rum, etc.
O Somewhat honest	○ Some other type
ODon't know/Not sure	
○ Somewhat dishonest	128. During the past 30 days, from which of the following
Very dishonest	sources did you get the alcohol you drank? (Select one
	or more responses)
	OI did not drink alcohol during the past 30 days
The next questions ask about drinking alcohol. This	○At a party
includes drinking beer, wine, wine coolers, and liquor such	OFriends 21 or older
as rum, gin, vodka, or whiskey. For these questions,	© Friends under 21
-	○ Family member (not parents)
drinking alcohol does not include drinking a few sips of	At home with my parents' permission
wine for religious purposes.	A store, gas station, or liquor store
	Bar, night club or restaurant
124. How old were you when you had your first drink of alcohol	OFrom home without my parents' permission
other than a few sips?	OI gave money to someone to get it for me
OI have never had a drink of alcohol other than a few sips	OI got it some other way
○8 years old or younger ○13 years old	- Secretaine canor may
9 years old 14 years old	129. During the past 30 days, how many times did you drive a
10 years old 15 years old	car or other vehicle when you had been drinking alcohol?
11 years old 16 years old	OI did not drive a car in the past 30 days
12 years old 17 years old or older	0 times
C 12 years old C17 years old or older	1 time
125. During the past 30 days, on how many days did you have	2 or 3 times
at least one drink of alcohol?	04 or 5 times
00 days	○6 or more times
10 to 19 days	
3 to 5 days 20 to 29 days	
○6 to 9 days	The next questions ask about marijuana (also called grass
405 0 1 11 100 1	or pot), and other drugs
126. 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?	130. How old were you when you tried marijuana
○0 days	for the first time?
○1 day	OI have never tried marijuana
○2 days ○10 to 19 days	○8 years old or younger
○3 to 5 days ○20 or more days	○9 years old
	○10 years old
	○11 years old
	○12 years old
	○13 years old
	○14 years old
	○15 years old
	○16 years old
	○17 years old or older
	I and the second

131. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?  O days  1 to 2 days  3 to 5 days  6 to 9 days  10 or more days	138. If one of your best friends offered you some marijuana, would you use it?  Openinitely not Probably not Probably would Definitely would
132. During the past 30 days, how many times did you use marijuana on school property?  O times	During the past 30 days, have you seen an advertisement for marijuana products or stores:
○1 or 2 times ○3 or 9 times ○10-19 times	139. In a magazine or newspaper? 140. On a storefront?
20 to 39 times 40 or more times	141. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?
133. During the past 30 days, if you used marijuana, how did you use it? (Select one or more responses)  Oldid not use marijuana during the past 30 days	142. On a billboard? 143. On the sidewalk (like signs or people wearing or waving signs)?
<ul><li>Smoked it (in a joint, bong, pipe, blunt)</li><li>Vaporized it (e.g., vapor pen)</li><li>Ate it (in brownies, cakes, cookies, candy)</li></ul>	144. During the past 30 days, on how many days have you used prescription drugs (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's
<ul><li>Drank it (tea, cola, alcohol)</li><li>Dabbed it</li><li>Used in some other way</li></ul>	orders?  0 days  1 or 2 days  3 to 5 days  20 to 29 days
134. When you smoked marijuana during the past 30 days, did you ever mix it with tobacco? Either rolling with loose tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.	○ 6 to 9 days ○ All 30 days
○ I have not smoked marijuana in the past 30 days ○ Yes ○ No	145. Some beer, wine or hard liquor (for
135. When you used marijuana during the past 30 days,	145. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?
did you ever drink alcohol at the same time?  OI have not used marijuana in the past 30 days	146. E-cigarettes or other vaping products, how easy would it be for you to get some?
<ul><li>Yes, most of the time</li><li>Yes, some of the time</li><li>Yes, rarely</li></ul>	147. Some marijuana, how easy would it  be for you to get some?  148. Prescription drugs not prescribed to you,
○No	how easy would it be for you to get some?
<ul> <li>136. During the past 30 days, how many times did you drive a car or other vehicle within three hours after using marijuana?</li> <li>I did not drive in the past 30 days</li> <li>0 times</li> </ul>	How much do you think people risk harming themselves (physically or in other ways) if they
1 time 2-3 times 4-5 times	149. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
○ 6 or more times	150. Have five or more drinks of an alcoholic beverage once or twice a week?
137. Does any adult living in your house use marijuana?  ○ Yes  ○ No	151. Smoke one or more packs of cigarettes  per day?  152. Use e-cigarettes or other vaping product
	every day?  153. Use marijuana regularly (at least once or
	twice a week)?  154. Use prescription drugs that are not prescribed to them?

PLEASE DO NOT WRITE IN THIS AREA

[SERIAL]

#### The next questions ask about family and friends.

How wrong do your parents feel it would be for you to	Not bit won	wonder	2010	<i>\</i>
155. Drink beer, wine, or liquor (for example,				ĺ
vodka, whiskey, or gin) regularly?	0	0	0	0
156. Smoke cigarettes?	0	0	0	0
157. Use e-cigarettes or other vaping products?	0	0	0	0
158. Use marijuana?	0	0	0	0
159. Use prescription drugs not prescribed to you?	0	0	0	0

How wrong do your friends feel it would be for you to ...

eer it would be for you to	bit vio	ton wito	ar.	\
	٠ 🗸	o /3		<b>/</b> /
L60. Have one or two drinks of an alcoholic				
beverage nearly every day?	0	0	0	$\circ$
L61. Smoke cigarettes?	0	0	0	0
L62. Use an e-cigarette or other vaping product?	0	0	0	0
L63. Use marijuana?	0	0	0	0
L64. Use prescription drugs not prescribed to you?	0	0	0	C

#### Finally, please tell us how truthful you were.

165. How honest were you in filling out this survey?

- OI was very honest
- OI was honest most of the time
- OI was honest some of the time
- OI was honest once in a while
- ○I was not honest at all

## THANK YOU FOR YOUR PARTICIPATION





# Oregon Healthy Teens Survey • 2017 8th Grade •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

#### DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to "Select one or more responses."

#### **Marking Instructions:**

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT:

[SERIAL]

	In what grade are you?  7th grade  8th grade  9th grade  10th grade	<ul><li>11th grade</li><li>12th grade</li><li>Ungraded or other grade</li></ul>	
	How old are you?  12 years old or younger  13 years old  14 years old  15 years old  Are you Hispanic or Latino/  Yes  No	<ul><li>○16 years old</li><li>○17 years old</li><li>○18 years old or older</li></ul>	
4.	What is your race? <b>(Select o</b> American Indian/Native  Alaska Native		
	○Asian Indian		
	○ Chinese		
	OJapanese		
	○ Korean ○ Vietnamese		
	O Filipino		
	ONative Hawaiian		
	Other Pacific Islander		
	OBlack or African America	n	
		11	
	○White		L
	○ White ○ Other (Specify)		
			1
5	Other (Specify)		
5.	Other (Specify)		
5.	Other (Specify)  If you selected more than obest describes you?	ne race, what one race	
5.	Other (Specify)	ne race, what one race	1
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Alaska Native	ne race, what one race	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Alaska Native  Asian Indian	ne race, what one race	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Asian Indian  Chinese	ne race, what one race	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Asian Indian  Chinese  Japanese	ne race, what one race	
5.	Other (Specify)  If you selected more than obest describes you? Only one race selected i American Indian/Native Alaska Native Asian Indian Othinese Japanese Korean	ne race, what one race	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Asian Indian  Chinese  Japanese	ne race, what one race	
5.	Other (Specify)  If you selected more than of best describes you?  Only one race selected in the control of the	ne race, what one race	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander	ne race, what one race n previous question American	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander  Black or African America	ne race, what one race n previous question American	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i American Indian/Native  Alaska Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander  Black or African America  White	ne race, what one race n previous question American	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i  American Indian/Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander  Black or African America	ne race, what one race n previous question American	
5.	Other (Specify)  If you selected more than obest describes you?  Only one race selected i American Indian/Native  Alaska Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander  Black or African America  White	ne race, what one race n previous question American	
	Other (Specify)  If you selected more than obest describes you? Only one race selected i American Indian/Native Alaska Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African America White Other	ne race, what one race n previous question American	
	Other (Specify)  If you selected more than obest describes you?  Only one race selected i American Indian/Native  Alaska Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander  Black or African America  White	ne race, what one race n previous question American	
	Other (Specify)  If you selected more than obest describes you? Only one race selected in American Indian/Native Asian Indian Chinese Japanese Korean Vietnamese Filipino Native Hawaiian Other Pacific Islander Black or African American White Other  What is the language you use English Spanish	ne race, what one race n previous question American n	
	Other (Specify)  If you selected more than of best describes you?  Only one race selected in the American Indian/Native  Asian Indian  Chinese  Japanese  Korean  Vietnamese  Filipino  Native Hawaiian  Other Pacific Islander  Black or African American  White  Other  What is the language you use English	ne race, what one race n previous question American n	

7. 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 on the answer sheet.

	Height		
	Feet	Inches	
	4	11	
	○3	0	
	<b>4</b>	$\bigcirc$ 1	
ע	○5	○2	
₹	○6	○3	
Example	○7	<b>O</b> 4	
ù		95	
		06	
		<b>07</b>	
		<b>08</b>	
		○9	
4		○10	
		●11	

Height		
Feet	Inches	
○3	O0	
<b>O</b> 4	01	
○5	○2	
<b>O</b> 6	○3	
○7	<b>O</b> 4	
	○5	
	○6	
	○7	
	○8	
	○9	
	○10	
	O11	

8. 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 on the answer sheet.

		Weight	
•		Pounds	
	0	9	5
	●0	0	0
<u>ө</u>	$\bigcirc$ 1	$\bigcirc$ 1	$\bigcirc$ 1
Example	○2	○2	○2
an	○3	○3	$\bigcirc$ 3
Ã		<b>0</b> 4	<b>0</b> 4
		○5	<b>●</b> 5
		<b>○</b> 6	○6
		○7	○7
		○8	○8
		●9	<b>9</b>

	Weight				
	Pounds				
00	00	0			
01	$\bigcirc$ 1	01			
○2	○2	<b>O</b> 2			
○3	○3	○3			
	<b>0</b> 4	<b>0</b> 4			
	○5	○5			
	○6	○6			
	○7	○7			
	○8	○8			
	○9	○9			

9. Please tell us your zip code.

**Directions:** Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Zip Code				
9	7			
		O0	O0	00
		01	01	01
		○2	○2	<b>O</b> 2
		○3	○3	○3
		<b>O</b> 4	<b>O</b> 4	<b>O</b> 4
		○5	○5	○5
		○6	○6	○6
	•	○7	○7	○7
		○8	○8	○8
		○9	○9	○9

The next questions will help us look at differences in health based on social and economic factors.	17. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you think <b>other people at school</b> would describe you?
	O Very feminine
10. Does your family own a car, van, or truck?	O Mostly feminine
○No	○ Somewhat feminine
○Yes, one	Equally feminine and masculine
○Yes, two or more	○ Somewhat masculine
	○ Mostly masculine
11. Do you have your own bedroom for yourself?	○ Very masculine
○No ○Yes	○I am not sure
	○I do not know what this question is asking
12. During the past 12 months, how many times did you travel away on vacation with your family?	
O Not at all	The next questions ask about health care issues.
Once	
Twice	
○ More than twice	18. Would you say that in general your <b>physical health</b> is
13. How many computers does your family own?	○ Very good
None	Good
One	Fair
○Two	Poor
○ More than two	
	19. Would you say that in general your <b>emotional and</b>
14. Do you receive free or reduced price lunches at school?	mental health is
○Yes	○ Excellent
○No	○ Very good
○ Don't Know	Good
	Fair
	Poor
The next questions will help us look at differences in	
health among various groups.	20. When did you last go to a doctor or nurse practitioner for
Warmannon's ranken Storter	a check-up or physical exam when you were not sick or
	injured?
15. How do you identify? (Select one or more responses)	Ouring the past 12 months
○Female	○ Between 12 and 24 months ago
○Male	○ More than 24 months ago
○Transgender	○ Never
○ Gender nonconforming/Genderqueer	○ Not sure
○ Gender fluid/not exclusively male or female	
○Intersex/Intergender	21. During the past 12 months, did you have any <b>physical</b>
○ Something else fits better	health care needs that were not met? (Count any
(Specify)	situation where you thought you should see a doctor,
○I am not sure of my gender identity	nurse, or other health professional.)
○I do not know what this question is asking	○Yes ○No
16. A person's appearance, style, dress or the way they walk	22. During the past 12 months, did you have any <b>emotional or</b>
or talk may affect how people describe them. How do	mental health care needs that were not met?(Count any
you see <b>yourself</b> ?	situation where you thought you should see a counselor,
○ Very feminine	social worker, or other mental health professional.)
○ Mostly feminine	○Yes ○No
○ Somewhat feminine	
○ Equally feminine and masculine	
○ Somewhat masculine	
○ Mostly masculine	
OVery masculine	
OI am not sure	
○I do not know what this question is asking	

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23. In the past 12 months, have you visited an emergency	The next questions ask about asthma.
room or urgent care clinic for a physical or mental health	The next questions ask about astimus
care need? (Select one or more responses)	
○Yes – during school hours	34. Has a doctor or nurse ever told you that you have asthma?
○Yes – during the summer	○Yes
○Yes – on the weekend or before/after school	○No
○ No	○ Not sure
○Don't know	
	35. Do you still have asthma?
24. When did you last go to a dentist or dental hygienist for a	○I have never had asthma ○No
check-up, exam, teeth cleaning, or other dental work?	○Yes ○Not sure
Ouring the past 12 months	
○ Between 12 and 24 months ago	The next questions ask about School-Based Health
○ More than 24 months ago	Centers. SBHCs are health clinics in a school or on school
○Never	grounds that are staffed by doctors, nurses, mental health
○ Not sure	professionals or other medical professionals. They are
	different than a school nurse.
	different than a school nurse.
For these statements mould be untimed use.	
For these statements, mark how true you	36. Does your school have a School-Based Health Center?
feel each is for you.	Yes
	No
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	○ Don't know
Exten & to.	
17 had the to the to	37. How many times have you used the School-Based Health
The traite	Center at your school in the past 12 months?
25. I can do most things if I try.	○Never ○Twice
26. There is at least one teacher or other adult	○I've used it, but not ○3-5 times
in my school that really cares about me.	in the last 12 months O6-10 times
27. I volunteer to help others in my community.	Once Omore than 10 times
28. I can work out my problems.	
	The next question is about the food
	you ate during the past 12 months.
The next questions ask about grades and school.	
	38. In the past 12 months, did you ever eat less than you felt
29. During the past 12 months, how would you describe your	you should because there wasn't enough money to buy
grades in school?	food?
○ Mostly A's	○Yes ○No
OMostly B's None of these grades	
○ Mostly C's ○ Not sure	
○ Mostly D's	The next questions ask 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
1/20	sure to include food you ate at home, at school, at
30. During the past 12 months,	restaurants, or anywhere else.
how many days of school did	
you miss for any reason?	39. During the past 7 days, how many times did you drink
31. During the past 12 months, how many	<b>100% fruit juices</b> such as orange juice, apple juice, or
days of school did you miss because	grape juice? (Do <b>not</b> count punch, Kool-Aid, sports drinks,
of physical health reasons?	or other fruit-flavored drinks.)
32. During the past 12 months, how many	I did not drink 100% fruit juice during the past 7 days
days of school did you miss because	1 to 3 times during the past 7 days
of emotional or mental health reasons?	○ 4 to 6 times during the past 7 days
33. During the past 12 months, how many	1 time per day
days of school did you have unexcused	2 times per day
absences (meaning you skipped or cut	3 times per day
	○4 or more times per day
school)?	— — — — — — — — — — — — — — — — — — —
	I and the second

40. During the past 7 days, how many times did you eat <b>fruit</b> ? (Do <b>not</b> count fruit juice.)	The next question is about sleep patterns.	
<ul> <li>○I did not eat fruit during the past 7 days</li> <li>○1 to 3 times during the past 7 days</li> <li>○4 to 6 times during the past 7 days</li> <li>○1 time per day</li> </ul>	46. On an average school night, h do you get? ○4 or less hours	ow many hours of sleep
○2 times per day	○5 hours	○9 hours
3 times per day	○6 hours	○10 or more hours
○4 or more times per day	○7 hours	
41. During the past 7 days, how many times did you	The next questions ask abo	out physical activity.
eat green salad?  OI did not eat green salad during the past 7 days		
1 to 3 times during the past 7 days	47. During the past 7 days, on ho	w many days were you
○ 4 to 6 times during the past 7 days	physically active for a total of	
1 time per day	(Add up all the time you spen	
○2 times per day	activity that increased your h	
○3 times per day	breathe hard some of the tim	
○4 or more times per day	0 days 4 day	· ·
o For more times per day	1 day 5 day	
42. During the past 7 days, how many times did you eat	2 days 6 day	
<b>potatoes</b> ? (Do <b>not</b> count french fries, fried potatoes, or	⊘3 days	
potato chips.)		
OI did not eat potatoes during the past 7 days	48. On how many of the past 7 da	ays did you do exercises to
1 to 3 times during the past 7 days	strengthen or tone your mus	
○4 to 6 times during the past 7 days	push-ups, sit-ups, or weight li	
○1 time per day	○0 days ○4 day	_
○2 times per day	○1 day ○5 day	'S
○3 times per day	○2 days ○6 day	'S
○4 or more times per day	○3 days ○7 day	'S
43. During the past 7 days, how many times did you eat carrots?	49. In an average week when you	
OI did not eat carrots during the past 7 days	many days do you go to phys	
1 to 3 times during the past 7 days	○0 days ○3 day	
04 to 6 times during the past 7 days	O1 day O4 day	
1 time per day	○2 days ○5 day	'S
2 times per day	FO During an average physical ad	lucation (DE) class how many
○3 times per day ○4 or more times per day	50. During an average physical ed minutes do you spend actuall	
4 of more diffes per day	OI do not take PE	31 to 40 minutes
44. During the past 7 days, how many times did you eat <b>other</b>	OLess than 10 minutes	○41 to 50 minutes
vegetables? (Do not count green salad, potatoes, or	10 to 20 minutes	○51 to 60 minutes
carrots.)	O21 to 30 minutes	OMore than 60 minutes
OI did not eat other vegetables during the past 7 days	21 to 30 minutes	William of minutes
1 to 3 times during the past 7 days	51. On an average school day, ho	w many hours
○ 4 to 6 times during the past 7 days	do you watch TV?	,
○1 time per day	OI do not watch TV on an av	verage school day
○2 times per day	OLess than 1 hour per day	,
○3 times per day	○1 hour per day	
○4 or more times per day	○2 hours per day	
	○3 hours per day	
45. During the past 7 days, on how many days did	○4 hours per day	
you eat breakfast?	○5 or more hours per day	
○0 days ○4 days		
○1 day ○5 days		
○2 days ○6 days		
○3 days		

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52. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as	The next questions ask about the ways you get to and from school.
Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)  I do not play video or computer games or use a computer for something that is not school work  Less than 1 hour per day  1 hour per day  2 hours per day  3 hours per day  6 or more hours per day	In an average school week, on how many days do you use each of these forms of transportation to get to or from school?  61. Walk. 62. Ride a bike. 63. Ride a skateboard, skates, or scooter. 64. Ride a school bus. 65. Ride public transportation, including a city bus or light rail.
The next questions ask about the types of beverages that you drink.  During the past 7 days,	66. Ride in or drive a car or other private vehicle (with only members of your family.)  67. Ride in a carpool (with people other then your family.)
how many times did you drink  53. Soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)  54. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice.)  55. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks.)	68. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?  I did not visit a convenience store during the past 7 days  1 time during the past 7 days  2 or 3 times during the past 7 days  4 to 6 times during the past 7 days  7 or more times during the past 7 days
56. Sports drinks such as Gatorade or Powerade?  57. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain	The next questions ask about 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.
milk.)  58. Plain milk? (Include milk that you added to cereal.)  59. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?  60. Plain water? (Include tap and bottled water.)	<ul> <li>69. 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</li> <li>70. During the past 12 months, did you ever seriously consider attempting suicide?  Yes  No</li> </ul>
	71. During the past 12 months, how many times did you actually attempt suicide?  O times  1 time  2 or 3 times  4 or 5 times  6 or more times

		called Knock Out, Space Monkey,
72. During the past 30 d	lays, on how many days did you <b>not</b> go	Flatlining, or The Fainting Game.
	ou felt you would be unsafe at school	
or on your way to or	r from school?	78. This is an activity that some youth participate in to get a
○0 days		high by cutting off blood and oxygen to the brain using a
○1 day		variety of methods. Which of the following is true for you?
○2 or 3 days		(Select one or more responses)
○4 or 5 days		○I have never heard of the Choking Game
○6 or more days		<ul> <li>I have heard of someone participating in the Choking Game</li> </ul>
73. During the past 12 m	nonths, how many times has someone	OI have helped someone else participate in the
	h a weapon such as a gun, knife, or club	Choking Game
on school property?		○ I have participated in the Choking Game myself
○0 times	○ 6 or 7 times	
○1 time	○8 or 9 times	79. How many times in your life have <b>you</b> participated in the
○2 or 3 times	○ 10 or 11 times	Choking Game yourself?
○4 or 5 times	○12 or more times	O None – I have never participated myself
		One time
	nonths, how many times were you	Two times
in a physical fight <b>or</b>		3 to 5 times
○0 times	○6 or 7 times	OMore than 5 times
○1 time	○8 or 9 times	
2 or 3 times	○10 or 11 times	80. Thinking back to the last time <b>you yourself</b> participated in
○4 or 5 times	○12 or more times	the "Choking Game", were you alone or with other
75 During the neet 42 m	menths has anyone effected sold as	people?
	months, has anyone offered, sold or	Of have never participated in the "Choking Game"
	drug on school property?	Ol was with other people
○Yes ⊂	⊃No	OI was with other people
		The most musting a line in the
The next questions of	ask about bullying. Bullying is when	The next questions ask about gambling.
	nts tease, threaten, spread rumors	
	hurt another student over and over	81. Gambling involves betting anything of value (money, a
	ing when two students of about the	watch, soda, etc.) on a game or event. Please check ALL the
	ver argue or fight or tease each other	different types of gambling that you have bet on, if any,
	n a friendly way.	during the last 30 days. (Select one or more responses)
		OI did not gamble in the last 30 days
76 Dente 11 102 1		O Playing scratch off tickets, or any lottery tickets (such
_	lays, have you been bullied by someone	as Powerball or Megabucks)
	chnology, such as through social media,	O Playing dice or coin flips
cell phones, or video	_	O Playing cards (poker, etc.)
○Yes	No	Betting on games of personal skill (bowling, video
77 Dumin - 15 - 1 22 1		games, dares, etc.)
	days, have you ever been bullied at	OPlaying Fantasy Sports (Fan Duel, Draft King, etc.)
	ny school events, or on the way to or	
· ·	tion to any of the following issues?	During the last 12 months
	son and cyberbullying. <b>(Select one</b>	During the last 12 months,
or more responses)		have you ever
	our race or ethnic origin	"[a]
	al comments or attention	During the last 12 months, have you ever  82. Felt that you would like to stop betting
lesbian or bisexu	e someone thought you were gay,	82. Felt that you would like to stop betting
	our weight, clothes, acne, or	money but didn't think you could?  83. Bet or gambled more than you wanted to?
other physical ch		os. bet of gambled more than you wanted to:
	our group of friends	
Other reasons	our Proup or menus	
		1

The next questions refer to the "Choking Game," also

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○I have not been bullied at school

The next questions ask about personal safety.

### The next questions ask about sexual orientation and behavior.

	○I have never had sexual	intercourse
84. Do you think of yourself as	○IUD (intrauterine device	such as Mirena or Paragard
○Lesbian or gay	○Contraceptive implant (I	mplanon or Nexplanon)
○Straight, that is, not lesbian or gay	Opepo-Provera (injectable	e birth control)
○Bisexual	○Birth control pills	
○ Something else (Specify)	○ Contraceptive patch	
Opon't know/Not sure	○ Contraceptive ring	
	○ Condoms	
85. Have you ever had sexual intercourse?	○Withdrawal	
○Yes ○No	<ul> <li>Emergency contraceptio</li> </ul>	n (morning after pill)
	○Some other method	
86. How old were you when you had sexual intercourse for	ONo method was used to	prevent pregnancy
the first time?	○Not sure	
○I have never had sexual intercourse		
○11 years old or younger	The next questions ask	about tobacco use.
○12 years old	The Hoxe questions as	about tobacto use.
○13 years old	During the past 30 days, on	
○14 years old	how many days did you	10 3 6 6 60 to All
○15 years old	non many days and you m	04.50.000,000,000
○16 years old		045,05,05,05,05,05,05
○17 years old or older	92. Smoke cigarettes?	
	93. Smoke <b>menthol</b> cigarettes?	
87. During your life, with how many people have you had	94. Use chewing tobacco, snuff	
sexual intercourse?	such as Redman, Levi Garret	
OI have never had sexual intercourse	Beechnut, Skoal, Skoal Band	
○1 person	Copenhagen, Camel Snus, o	
○2 people	Marlboro Snus?	
○3 people	95. Smoke a <b>little cigar</b> , such as	
○4 people	Swisher Sweets?	
○5 people	96. Smoke a large cigar?	
○6 or more people	97. Smoke tobacco in a hookah,	
	known as a waterpipe?	
88. During the past 3 months, with how many people did you	98. Use an <b>e-cigarette</b> or <b>other</b> v	vaping
have sexual intercourse?	product?	
OI have never had sexual intercourse		
OI have had sexual intercourse, but not during	99. Have you ever used any <b>tob</b> a	
the past 3 months	mint, fruit, coffee, candy, or	other flavors? Exclude
○1 person	marijuana.	
O2 people	○Yes	
○3 people	ONO ON THE PROPERTY OF THE PRO	
○4 people	○ Not sure	
○5 people	100 During the rest 20 days have	
○6 or more people	100. During the past 30 days, have	
OO Did you drink also had an year drawer hafers you had sowned	vaping product with mint, fr	fult, coffee, candy, or other
89. Did you drink alcohol or use drugs before you had sexual	flavors? Exclude marijuana.	
intercourse the last time?	○Yes	
○ I have never had sexual intercourse	ONo	
○ Yes	○ Not sure	
○ No	101 Have ald over a	المساومون
OO The lest time you had sowed interest and did you	101. How old were you when you	i smoked a whole digarette
90. The <b>last time</b> you had sexual intercourse, did you or your	for the first time?	de a la la simon - ++ -
partner use a condom?	OI have never smoked a w	_
OI have never had sexual intercourse	○8 years old or younger	13 years old
○Yes	9 years old	14 years old
○No	10 years old	15 years old
	11 years old	15 years old
	○12 years old	○17 years old or older

91. The last time you had sexual intercourse, what method(s)

did you or your partner use to prevent pregnancy?

(Select one or more responses)

102. How old were you when you	=	109. During the past 30 days, have	•
	other than regular cigarettes?	promoting tobacco or a vapir	ng product on a storefront or
Exclude marijuana.		in a store?	
OI have never used any o		○Yes	
8 years old or younger	○13 years old	○No	
○9 years old	○14 years old	○ Not sure	
○10 years old	○15 years old		
○11 years old	○16 years old	110. Do you agree or disagree with	n the following statement:
<ul><li>○ 12 years old</li><li>103. The very first time you used</li></ul>	○ 17 years old or older  any tobacco or vaping	Cigarette companies delibera cigarettes to encourage yout ○Strongly agree	
product (including e-cigaret		○ Somewhat agree	
product did you use?	ices), which type of	ODon't know/Not sure	
OI have never used any to	phacco or vaning product	Somewhat disagree	
○ Cigarette	bacco or vaping product	Strongly disagree	
○ Chewing tobacco		Strongly disagree	
_		111. Do you think tobacco compar	nias hava haan hanast ar
○ Small cigar			
○ Large cigar		dishonest with the public abo	out the dangers
OHookah		of tobacco use?	
© E-cigarette or other vap		Overy honest	
Another type of produc	t	Somewhat honest	
		Opon't know/Not sure	
104. During the past 12 months,	did you ever try <b>to quit</b>	Somewhat dishonest	
smoking cigarettes?		OVery dishonest	
OI did not smoke during t	the past 12 months		
○Yes		The yeart processing ask about	t deinking alaahal This
○No		The next questions ask abou	_
		includes drinking beer, wine, wi	
105. If one of your best friends o	ffered you an e-cigarette,	as rum, gin, vodka, or whisk	
would you smoke it?	, ,	drinking alcohol does not inclu	
Opefinitely not		wine for religiou	s purposes.
O Probably not			
OProbably would		112. How old were you when you	had your first drink of alcohol
Opefinitely would		other than a few sips?	nad your mot drink or alcono
Definitely would			of alcohol other than a few sig
106 During the past 20 days fro	m which of the following	8 years old or younger	·
106. During the past 30 days, fro			13 years old
	o or vaping products? (Select	9 years old	14 years old
one or more responses)		○ 10 years old	○15 years old
OI did not get tobacco or		○11 years old	○16 years old
during the past 30 days		○12 years old	○17 years old or older
○ A store or gas station			
OFriends 18 or older		113. During the past 30 days, on h	ow many days did you have
OFriends under 18		at least one drink of alcohol?	
○Took from home withou	ut permission	○0 days	
○ A family member		○1 or 2 days	○ 10 to 19 days
○The Internet		○3 to 5 days	○20 to 29 days
○Some other source		○6 to 9 days	○ All 30 days
		,	,
107. Does someone living in your	r house (other than you)	114. During the past 30 days, on h	ow many days did you have
smoke or vape tobacco?	nouse (outer than you)	5 or more drinks of alcohol in	
○ Nobody smokes or vape	25	couple of hours?	. a. ow, and is, within a
	pes, but not inside the house	O days	
			Of to 0 days
○Someone smokes or var	jes mside trie nouse	○1 day	○ 6 to 9 days
100 5		○ 2 days	○10 to 19 days
108. During this school year, hav		○3 to 5 days	○20 or more days
vaping tobacco on school p	roperty?		
○Yes ○No			
			[OEDIAL]
PLEASE DO NOT WRITE IN THIS	AREA 0000000	000000000000	ooo [Serial]

115. During the past 30 days, what type of alcohol did you	120. When you smoked marijuana during the past 30 days, did
usually drink? (Select only one response)	you ever mix it with tobacco? Either rolling with loose
○I did not drink alcohol during the past 30 days	tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.
○I do not have a usual type	○I have not smoked marijuana in the past 30 days
○Beer	○Yes
○ Malt beverages, such as Smirnoff Ice,	○No
Bacardi Silver, or Hard Lemonade	
○ Wine coolers, such as Bartles & Jaymes or Seagrams	121. When you used marijuana during the past 30 days,
○Wine	did you ever drink alcohol at the same time?
○Liquor, such as vodka, rum, scotch,	OI have not used marijuana in the past 30 days
bourbon, or whiskey	Yes, most of the time
Flavored alcoholic beverages, such as lemon vodka,	Yes, some of the time
coconut rum, etc.	OYes, rarely
Some other type	ONO ONO
Some other type	
The next questions ask about marijuana (also called grass	122. Does any adult living in your house use marijuana?
or pot), and other drugs	○ Yes ○ No
o. pos,, and other areas	
	123. If one of your best friends offered you some marijuana,
116. How old were you when you tried marijuana	would you use it?
for the first time?	ODefinitely not
○I have never tried marijuana	O Probably not
○8 years old or younger	○ Probably would
○9 years old	Openitely would
○10 years old	
○11 years old	During the past 30 days, have you
○12 years old	seen an advertisement for marijuana
○13 years old	During the past 30 days, have you seen an advertisement for marijuana products or stores:    April 1
○14 years old	100
○15 years old	E. 18 14 16
○16 years old	124. In a magazine or newspaper?
○17 years old or older	125. On a storefront?
	126. Online? On your cellphone, tablet, or computer
117. During the past 30 days, on how many days did you use	(through email, websites, or social media)?
marijuana or hashish (weed, hash, pot)?	127. On a billboard?
0 days	128. On the sidewalk (like signs or people wearing
1 to 2 days	or waving signs)?
3 to 5 days	
6 to 9 days	129. During the past 30 days, on how many days have you used
10 or more days	prescription drugs (such as Oxycontin, Percocet, Vicodin,
10 of filore days	Codeine, Adderall, Ritalin, or Xanax) without a doctor's
118. During the past 30 days, how many times did you use	orders?
marijuana on school property?	0 days
O times	○1 or 2 days ○10 to 19 days
1 or 2 times	○3 to 5 days ○20 to 29 days
3 or 9 times	○ 6 to 9 days ○ All 30 days
○ 10-19 times	
○ 20 to 39 times	If you wanted to get
○40 or more times	(6, 17, 17, 16)
	130. Some beer, wine or hard liquor (for
119. During the past 30 days, if you used marijuana, how did	example, vouka, whiskey of girl), flow
you use it? (Select one or more responses)	easy would it be for you to get some?
○I did not use marijuana during the past 30 days	131. E-cigarettes or other vaping products, how
○Smoked it (in a joint, bong, pipe, blunt)	easy would it be for you to get some?
○Vaporized it (e.g., vapor pen)	132. Some marijuana, how easy would it
○ Ate it (in brownies, cakes, cookies, candy)	be for you to get some?
Oprank it (tea, cola, alcohol)	133. Prescription drugs not prescribed to you,
○ Dabbed it	how easy would it be for you to get some?
○Used in some other way	, , , , , , , , , , , , , , , , , , , ,

How much do you think people risk	
harming themselves (physically or in	200
other ways) if they	hr are tear
Other ways) if they	Professor list
134. Take one or two drinks of an alcoholic	
Beverage (beer, wine, liquor) nearly every day?	
135. Have five or more drinks of an alcoholic	
beverage once or twice a week?	
136. Smoke one or more packs of cigarettes	
per day?	
137. Use e-cigarettes or other vaping product	
every day?	
138. Use marijuana regularly (at least once or twice	
a week)?	
139. Use prescription drugs that are not prescribed	
to them?	
to them:	
The next questions ask about family and frie	ends.
, , , , , , , , , , , , , , , , , , , ,	
How wrong do your parents	10.
feel it would be for you to	6 47
2n	With Mars
en would be for you to	Not alto le st all
140. Drink beer, wine, or liquor (for example,	
vodka, whiskey, or gin) regularly?	
141. Smoke cigarettes?	0000
142. Use e-cigarettes or other vaping products?	0000
	0000
143. Use marijuana?	0000
144. Use prescription drugs not prescribed to you?	
How wrong do your friends	10.
feel it would be for you to	6.470
Yu.	1, 4, 78 St
feel it would be for you to	Moranons ar an
145. Have one or two drinks of an alcoholic	
beverage nearly every day?	0000
146. Smoke cigarettes?	
147. Use an e-cigarette or other vaping product?	
148. Use marijuana?	
149. Use prescription drugs not prescribed to you?	0000
143. Ose prescription drugs not prescribed to you.	
Finally, please tell us how truthful you we	re.
7	
150. How honest were you in filling out this survey?	
OI was very honest	
OI was honest most of the time	
OI was honest some of the time	
OI was honest once in a while	
OI was not honest at all	
- i was not nonest at an	

## THANK YOU FOR YOUR PARTICIPATION

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Your participation in this survey is voluntary.