

Please help us improve the health and well-being of students by taking this survey. Your answers will help us understand where students like you are doing well, and where they may be struggling, so we can help you succeed.

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



Before you start, you should know:

This is NOT a test.

We need you to be honest.

There are no right or wrong answers.

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

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

If you are not comfortable answering a question, you can choose "I prefer not to answer."

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

If you don't know what a question means, choose "I don't know what this question is asking."

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

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

Indicate survey version

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

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

- 1 Yes
- 2 No

MUST SAY YES TO CONTINUE

S2. Since this school year started, how are you attending school?

- 1 Learning at school in person only
- 2 Distance learning only
- 3 Both in person (at school) and distance learning
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

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

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

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

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

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

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

3. Thinking about your life at school, at home and in your community, what people, relationships, places or activities help you feel healthier, happier and/or safer?

The experiences you have with different people can impact your health.

We want to know how much you trust groups of people, organizations or institutions. When we say “trust”, we mean that you believe they are truthful, reliable and that they try to do the right thing for you and your community.

How much trust do you have in ...	No trust at all	A little trust	Some trust	A lot of trust	I am not sure	I don't know what this question is asking	I prefer not to answer
4. Your family	1	2	3	4	7	8	9
5. Your neighbors	1	2	3	4	7	8	9
6. Schools	1	2	3	4	7	8	9
7. Health care	1	2	3	4	7	8	9
8. Police	1	2	3	4	7	8	9
9. Government	1	2	3	4	7	8	9

In your day-to-day life, how often do any of the following things happen to you?

10. You are treated with less courtesy and respect than other people.

- 1 Almost every day
 - 2 At least once a week
 - 3 A few times a month
 - 4 A few times a year
 - 5 Less than once a year
 - 6 Never
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-

11. You are followed around in stores.

- 1 Almost every day
 - 2 At least once a week
 - 3 A few times a month
 - 4 A few times a year
 - 5 Less than once a year
 - 6 Never
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-

12. People act as if they think you are not smart.

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

13. People act as if they are afraid of you.

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

14. You are called names, insulted, threatened or harassed.

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

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

15. I can do most things if I try.

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

16. I volunteer to help others in my community.

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

17. I can work out my problems.

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

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

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

Different types of people have different life experiences, so please tell us how you would describe yourself.

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

- 100 American Indian or Alaska Native
- 200 Asian
- 300 Black or African American
- 400 Hispanic or Latino/a/x
- 500 Native Hawaiian or Pacific Islander
- 600 Middle Eastern
- 700 North African
- 800 White
- 995 Something else fits better **(Please specify)** _____
- 997 I am not sure **SKIP TO Q24**
- 998 I don't know what this question is asking **SKIP TO Q24**
- 999 I prefer not to answer **SKIP TO Q24**

IF AMERICAN INDIAN OR ALASKA NATIVE SELECTED:

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

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

IF ASIAN SELECTED

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

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

IF BLACK OR AFRICAN AMERICAN SELECTED:

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

- 301 Black
- 302 African American
- 303 Jamaican
- 304 Haitian
- 305 Nigerian
- 306 South African
- 307 Kenyan
- 308 Ethiopian
- 309 Somali
- 395 Something else fits better **(Please specify)** _____
- 397 I am not sure
- 398 I don't know what this question is asking
- 399 I prefer not to answer

IF LATINX SELECTED

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

- 401 Mexican, Mexican American, Chicano/a
- 402 Puerto Rican
- 403 Cuban
- 404 Guatemalan
- 405 Honduran
- 406 Nicaraguan
- 407 El Salvadoran
- 408 Costa Rican
- 409 Panamanian
- 410 Argentinian
- 411 Bolivian
- 412 Brazilian
- 413 Chilean
- 414 Columbian
- 415 Ecuadoran
- 416 Peruvian
- 417 Venezuelan
- 495 Something else fits better **(Please specify)** _____
- 497 I am not sure
- 498 I don't know what this question is asking
- 499 I prefer not to answer

IF NATIVE HAWAIIAN OR PACIFIC ISLANDER SELECTED

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

- 501 Native Hawaiian/Kanaka Maoli
- 502 CHAmoru
- 503 Chuukese
- 504 Communities of the Micronesia Region
- 505 Fijian
- 506 Guamanian
- 507 Kosraean
- 508 Maori
- 509 Marshallese
- 510 Palauan
- 511 Pingelapese
- 512 Refaluwasch
- 513 Saipanese
- 514 Samoan
- 515 Tongan
- 516 Yapese
- 595 Something else fits better **(Please specify)**_____
- 597 I am not sure
- 598 I don't know what this question is asking
- 599 I prefer not to answer

IF WHITE SELECTED

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

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

ASK IF AMERICAN INDIAN/ALASKA NATIVE

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

- 1 Yes, enrolled in an Oregon tribe
- 2 No, enrolled in a tribe outside of Oregon **SKIP TO Q22**
- 3 No, not enrolled in any tribe **SKIP TO Q22**
- 7 I am not sure **SKIP TO Q22**
- 8 I don't know what this question is asking **SKIP TO Q22**
- 9 I prefer not to answer **SKIP TO Q22**

21. Which Oregon Tribe are you a member of?

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

ASK IF MORE THAN ONE RACE/ETHNIC CATEGORY SELECTED

Earlier you said you are more than one race or ethnicity.

22. Is there one you think of as your **main** racial or ethnic identity?
- | | | |
|---|--|--------------------|
| 1 | Yes, I have one main race or ethnic identity | |
| 2 | I do not have just one main racial or ethnic identity/No single race best describes me | SKIP TO Q24 |
| 3 | I identify as biracial or multiracial | SKIP TO Q24 |
| 7 | I am not sure | SKIP TO Q24 |
| 8 | I don't know what this question is asking | SKIP TO Q24 |
| 9 | I prefer not to answer | SKIP TO Q24 |

-
23. Which **one** do you think is your **main** racial or ethnic identity?

LIST OF PREVIOUSLY SELECTED RACE/ETHNIC GROUPS

- | | |
|-----|---|
| 901 | I am not sure |
| 902 | I don't know what this question is asking |
| 903 | I prefer not to answer |

-
24. What language or languages do you use at home? **You can choose more than one.**

- | | |
|----|--|
| 01 | English |
| 02 | Spanish |
| 03 | American Indian/Alaska Native tribal language |
| 04 | Cantonese |
| 05 | Mandarin |
| 06 | Vietnamese |
| 07 | Hawaiian |
| 08 | Samoan |
| 09 | Somali |
| 10 | Russian |
| 11 | ASL, PSE, tactile interpreting, etc. |
| 95 | Another language (Please specify) _____ |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

-
25. What is your gender identity? **You can choose more than one.**
- 01 Two Spirit **SHOW ONLY IF IDENTIFY AS AMERICAN INDIAN/ALASKA NATIVE**
 - 02 Girl/Woman
 - 03 Boy/Man
 - 04 Demigirl/Demiboy
 - 05 Nonbinary
 - 06 Gender fluid
 - 07 Agender/No gender

SHOW ONLY IF IDENTIFY AS NATIVE HAWAIIAN/PACIFIC ISLANDER

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

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

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

01 Lesbian or gay

02 Straight

03 Bisexual

04 Pansexual

05 Asexual or Aromantic

06 Queer

95 Something else fits **better (Please specify)** _____

97 I am not sure of my sexual orientation

98 I don't know what this question is asking

99 I prefer not to answer

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

1 Yes

2 No

7 I am not sure

8 I don't know what this question is asking

9 I prefer not to answer

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

1 Yes

2 No

7 I am not sure

8 I don't know what this question is asking

9 I prefer not to answer

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

1 Yes

2 No

7 I am not sure

8 I don't know what this question is asking

9 I prefer not to answer

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

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

32. Do you have difficulty dressing or bathing?

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

Where you live can impact your health.

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

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

-
35. What's your grade?
- 1 6th grade
 - 2 7th grade
 - 3 8th grade
 - 4 9th grade
 - 5 10th grade
 - 6 11th grade
 - 7 12th grade
 - 8 Other grade

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

36. Adults in my school respect people from different backgrounds (for example, people of different races, cultures, religions, genders, sexual orientation or people of different abilities).

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

37. I feel safe at my school.

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

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

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

39. I am happy to be at this school.

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

40. In my classes I am often distracted from doing schoolwork because other students are misbehaving, for example, talking or fighting.

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

41. At this school, there is conflict or tension based on race, culture, religion, gender, sexual orientation or people of different abilities:

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

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

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

-
43. In the past 30 days, have you missed any days of school?
- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q45 |
| 7 | I am not sure | SKIP TO Q45 |
| 8 | I don't know what this question is asking | SKIP TO Q45 |
| 9 | I prefer not to answer | SKIP TO Q45 |
-

44. What is causing you to miss school?
-

The next questions are about bullying.

If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet for details.

45. During the past 30 days, have you been bullied by another student using any kind of **technology**, such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.)?
- | | | |
|---|---|--|
| 1 | Yes | |
| 2 | No | |
| 7 | I am not sure | |
| 8 | I don't know what this question is asking | |
| 9 | I prefer not to answer | |

-
46. During the past 30 days, have you ever been bullied **AT SCHOOL** (including any school events) in relation to any of the following issues? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.). **You can choose more than one.**
- 01 I have not been bullied at school
 - 02 Bullied about my race or ethnic origin
 - 03 Unwanted sexual comments or attention
 - 04 Bullied about my sexual orientation (lesbian, gay, bisexual, etc.)
 - 05 Bullied about my gender or gender identity (male, female, transgender, etc.)
 - 06 Bullied about my weight, clothes, acne, or other physical characteristics
 - 07 Bullied about my group of friends
 - 08 Bullied about a physical, mental or emotional disability
 - 09 Bullied for wearing or not wearing a mask or face covering to protect against COVID-19
 - 10 Bullied for other reasons
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

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

-
47. During the past 30 days, how often have you been bothered by feeling nervous, anxious or on edge? ANXIOUS
- 1 Not at all
 - 2 Several days
 - 3 More than half the days
 - 4 Nearly every day
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
48. During the past year, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

-
49. During the past year, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- 1 0 times
 - 2 1 or more times
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
50. During the past year, did you ever **seriously** consider attempting suicide?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
51. During the past year, how many times did you actually attempt suicide? SUIATT12
- 1 0 times
 - 2 1 or more times
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

If you are in crisis, call the national mental health crisis hotline at **988 for free and confidential emotional support 24/7.**

We care about you and your safety.

Suicide affects us all. More people die by suicide than car accidents each year, and firearms are the most common way that people take their own lives. The next question will help us learn more about safety and gun access.

52. How long would it take you to get and be ready to fire a gun? The gun could be yours or someone else's.
- 1 I could not get a gun
 - 2 Less than 10 minutes
 - 3 Less than 1 hour
 - 4 Less than 24 hours
 - 6 24 or more hours
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
53. If you had a physical or mental health care problem or felt stressed/anxious during the school day, who would you go to at your school for help? Help could be in-person, a phone call, an appointment, an email, IM or text. **You can choose more than one.**
- 01 Friend/classmate
 - 02 School counselor
 - 03 School-Based Health Center (SBHC)
 - 04 School nurse
 - 05 School secretary/office staff
 - 06 Mental health therapist at your school
 - 07 Principal or vice principal
 - 08 Teacher
 - 09 School Resource Officer/Police Officer
 - 10 Parent/stepparent/guardian
 - 25 Other adult at school **(Please specify)** _____
 - 50 No one
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

54. Outside of school hours, there is a safe place or person I can go to if I need help.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly Disagree
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

Now please tell us about your physical health.

55. How tall are you without your shoes on?

EXAMPLE

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

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

56. How much do you weigh without your shoes on?

Directions: If you weigh less than 100 pounds, please write 0 (zero) in the first column and fill in the matching circle (0).

EXAMPLE

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

57. 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.) ^{PHYACT60}

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

-
58. In the past 30 days, how often were you hungry because there was not enough food?
- 1 Never or almost never
 - 2 About once a week
 - 3 2 to 3 times a week
 - 4 Almost every day
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-

Now think about what you ate and drank during the past 7 days. Include all meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else. This information is used to estimate how many servings of fruits and vegetables you eat.

59. 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.)
- 01 I did not drink 100% fruit juice during the past 7 days
 - 02 1 to 3 times during the past 7 days
 - 03 4 to 6 times during the past 7 days
 - 04 1 time per day
 - 05 2 times per day
 - 06 3 times per day
 - 07 4 or more times per day
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer
-
60. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
FRUIT7
- 01 I did not eat fruit during the past 7 days
 - 02 1 to 3 times during the past 7 days
 - 03 4 to 6 times during the past 7 days
 - 04 1 time per day
 - 05 2 times per day
 - 06 3 times per day
 - 07 4 or more times per day
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer
-

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

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

62. During the past 7 days how many times did you drink **soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop)

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

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

63. During the past year, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.) HCNOMTPH

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q65 |
| 7 | I am not sure | SKIP TO Q65 |
| 8 | I don't know what this question is asking | SKIP TO Q65 |
| 9 | I prefer not to answer | SKIP TO Q6 |

64. What made it hard for you to get your physical health care needs met?

65. During the past year, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q67 |
| 7 | I am not sure | SKIP TO Q67 |
| 8 | I don't know what this question is asking | SKIP TO Q67 |
| 9 | I prefer not to answer | SKIP TO Q67 |

66. What made it hard for you to get your emotional or mental health care needs met?

-
67. When did you last go to a doctor or nurse practitioner for a check-up when you were not sick or injured?
- 1 During the past year
 - 2 Between 1 and 2 years ago
 - 3 More than 2 years ago
 - 4 Never
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
68. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?
- 1 During the past year
 - 2 Between 1 and 2 years ago
 - 3 More than 2 years ago
 - 4 Never
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
69. Have you ever had a cavity? **You can choose more than one.**
- 1 During the past year
 - 2 Between 1 and 2 years ago
 - 3 More than 2 years ago
 - 4 I have never had a cavity
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

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

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

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

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

70. Have you ever had sex or sexual contact?

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

71. How old were you the first time you had sex or sexual contact?

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

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

The next questions ask about topics you may have been taught in school during the last school year (2021-22).

-
73. During the last school year, were you taught in school about how to use a condom to prevent pregnancy or sexually transmitted infections (STIs), including HIV?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-
74. During the last school year, were you taught in school about how to use birth control methods or where to get birth control?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-

-
75. During the last school year, were you taught in school about healthy and respectful relationships?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer
-

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

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

- **Text: 273TALK to 839863**
 - National Sexual Assault 24-Hour Hotline:
1-800-656-HOPE (1-800-656-4673) or RAINN.org
 - National Domestic Violence 24-Hour Hotline:
1-800-799-SAFE (1-800-799-7233) or thehotline.org
-

76. During the past year, did someone you were dating, hooking up, hanging out or going out with ever physically hurt you? For example, slapped or shoved you, threw something at you or physically prevented you from doing something, such as leaving?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer
-

77. Has an adult ever physically hurt you? For example, slapped or shoved you, threw something at you or physically prevented you from leaving when you felt unsafe?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer
-

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

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

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

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

The next question is about gambling.

80. Gambling, or betting, involves the risking of something of value (money, a watch, a soda, etc.) on a game or event in order to win money or something of value. Please choose ALL the types of gambling that you have done in the last 3 months.

- 01 I did not gamble in the last 3 months
- 02 Sporting events where I was not playing (betting on a sporting event outcome, score, raffle, pool, etc.)
- 03 Skill games where I was playing (sports, video games, dares, etc.)
- 04 Games of chance where I was playing (cards, dice, Lotería, etc.)
- 05 Lottery games (scratchoffs, PowerBall®, Megabucks™, etc.)
- 06 Internet/online gambling activities (using real money to purchase tokens or loot boxes for e-sports, casino games, video games, etc.)
- 07 Other activities where I bet or gambled
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

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

81. How old were you when you had your first drink of alcohol other than a few sips?
- | | | |
|----|---|--------------------|
| 01 | I have never had a drink of alcohol other than a few sips | SKIP TO Q84 |
| 02 | 12 years old or younger | |
| 03 | 13 years old | |
| 04 | 14 years old | |
| 05 | 15 years old | |
| 06 | 16 years old | |
| 07 | 17 years old or older | |
| 97 | I am not sure | SKIP TO Q84 |
| 98 | I don't know what this question is asking | SKIP TO Q84 |
| 99 | I prefer not to answer | SKIP TO Q84 |
-

82. During the past 30 days, did you have at least one drink of alcohol?
- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q84 |
| 7 | I am not sure | SKIP TO Q84 |
| 8 | I don't know what this question is asking | SKIP TO Q84 |
| 9 | I prefer not to answer | SKIP TO Q84 |
-

83. During the past 30 days, did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- | | | |
|---|---|--|
| 1 | Yes | |
| 2 | No | |
| 7 | I am not sure | |
| 8 | I don't know what this question is asking | |
| 9 | I prefer not to answer | |

The next questions are about marijuana (also called pot, weed or cannabis).

84. How old were you when you tried marijuana for the first time?
- | | | |
|----|---|--------------------|
| 01 | I have never tried marijuana | SKIP TO Q87 |
| 02 | 12 years old or younger | |
| 03 | 13 years old | |
| 04 | 14 years old | |
| 05 | 15 years old | |
| 06 | 16 years old | |
| 07 | 17 years old or older | |
| 97 | I am not sure | SKIP TO Q87 |
| 98 | I don't know what this question is asking | SKIP TO Q87 |
| 99 | I prefer not to answer | SKIP TO Q87 |
-

85. During the past 30 days, did you use marijuana?
- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q87 |
| 7 | I am not sure | SKIP TO Q87 |
| 8 | I don't know what this question is asking | SKIP TO Q87 |
| 9 | I prefer not to answer | SKIP TO Q87 |
-

86. During the past 30 days, if you used marijuana, how did you use it? **You can choose more than one.**
- | | |
|----|---|
| 01 | Smoked it (in a joint, bong, pipe, blunt) |
| 02 | Vaped it (e.g., vape pen) |
| 03 | Ate it (in brownies, cakes, cookies, candy) |
| 04 | Drank it (tea, cola, alcohol) |
| 05 | Dabbed it |
| 06 | Used in some other way |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

The next questions ask about the use of other drugs.

87. During the past 30 days, did you use prescription opioid drugs such as Oxycontin, Percocet, Vicodin, or Codeine without a doctor's orders or differently than how a doctor told you to use it?

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

88. During the past 30 days, have you used any drugs such as cocaine, ecstasy, LSD, shrooms, heroin, fentanyl or meth?

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

89. Select all of the tobacco products you used in the past month. **You can choose more than one.**

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

-
90. In the past month, have you used any flavored tobacco or vaping product such as mint, fruit, coffee, candy, or other flavors? Exclude marijuana
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

ASK IF USED TOBACCO OR VAPING PRODUCT IN PAST MONTH

91. In the past month, where did you get your tobacco or vaping products? **You can choose more than one.**
- 1 A store or gas station
 - 2 Friends or family members 21 or older
 - 3 Friends or family members under 21
 - 4 The Internet
 - 5 Some other source
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

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

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

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

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

If you wanted to get some, how easy would it be for you to get ...	Very easy	Sort of easy	Sort of hard	Very hard	I am not sure	I don't know what this question is asking	I prefer not to answer
105. Beer, wine or hard liquor (for example, vodka, whiskey or gin)?	1	2	3	4	7	8	9
106. Cigarettes?	1	2	3	4	7	8	9
107. E-cigarettes or other vaping products, such as Juul?	1	2	3	4	7	8	9
108. Marijuana?	1	2	3	4	7	8	9
109. Prescription drugs not prescribed to you?	1	2	3	4	7	8	9

That's the end of the survey.

Thank you for taking the time to answer our questions.

You can get this document in other languages, large print, braille or a format you prefer. Contact Renee Boyd at 971-254-6148 or email renee.k.boyd@dhsosha.state.or.us. We accept all relay calls or you can dial 711.