## **Oregon Student Wellness Survey for Grade 6-8**



1. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire. 2. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish. 3. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer. 4. Please mark only ONE oval unless the question specifically asks you to "Please mark all that apply." Completely fill in the oval using a #2 pencil. 1. How old are you? 6. Are you Hispanic or Latino/Latina ○ 10 years old ○ 13 years old ☐ 11 years old □ 14 years old  $\bigcirc$ No □ 12 years old
 □ □ 15 years old
 □ 1 7. What is the language ) ou use most often at home? 2. How do you identify? Female Transgender English Something else fits better Russiar Spanish 3. In what grade are you? \_\_\_'ietn, mese ○6th OA - hal lunguage Another language ○7th Ungraded or other grade ○8th 4. What is your race? (Please mark all that apply) 8. Are you enrolled in any of the following tribes? ○I am not enrolled in a tribe American Indian/Native American Alaska Native Burns Paiute Tribe Ocquille Indian Tribe Asian Indian Chinese Cow Creek Band of Umpqua Tribe of Indians Confederated Tribes of Grand Ronde Japanese Klamath Tribes ○ Korean Confederated Tribes of the Umatilla Indian Reservation Vietnamese Confederated Tribes of the Coos, Lower Umpqua, Filipino and Siuslaw Indians ○ Native Hawaiian Confederated Tribes of Siletz Indians Other Pacific Island Confederated Tribes of Warm Springs Black or African Amel can Other White Other (Spe\_ry)\_ 5. If you selected ... ore that one race, what one 9. Would you say that in general your emotional and race best a cribes w 1? mental health is... OAmerican Ind. n/Native American poor good cexcellent ∫fair very good ^lask Native Asian I dian Shirier a 10. Would you say that in general your physical lagunese health is... ○ Korean excellent poor good Vietnamese overy good ∫fair Filipino ○ Native Hawaiian Other Pacific Islander ○ Black or African American

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○ White ○ Other

11. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?	How much do you agree with the following statements about school?
○Yes ○No	
	19. I have lots of chances to be part of class
12. How many times have you changed homes since	discussions or activities.
kindergarten?	20. There are lots of chances for students in my
	school to get involved in sports, clubs, and other
Never 5 or 6 times	school activities outside of class.
○1 or 2 times ○7 or more times	21. I respect most of my teachers.
○3 or 4 times	22. My teachers notice when I am doing a good job
	and let me know about it.
13. Putting them all together, what were your grades like	23. I can talk to my teachers openly and freely
last year?	about my concerns.
•	24. In my school, teachers treat students with
	respect.
○ Mostly B's ○ Mostly D's	25. Most students at my school help each of her
	when they are hurt or upset.
44 Daving the LACT FOUR WEEKS bearing and the leaders	26. In my school, students that we had to get
14. During the LAST FOUR WEEKS how many whole days of	TOOM GRADE STE DICKED OF MY OTHER TIDENTS OF MY MY MY
school have you missed because you skipped or "cut"?	
None	
○1 day	During the par day, on how
2 days	many days c' d you
○3 days	18 8 18 18 18 18 18 18 18 18 18 18 18 18
○4 to 5 days	27. not go to school be ause you felt you would
6 to 10 days	be unsafe at school or on your way to or
11 days or more	fr in st lool?
C · · · · · · · · · · · · · · · · · · ·	'9. c. 'r a g n as a weapon on school property?
	20. ^arı,veapon (other than a gun) such as
15. How do you like school?	a nife or club on school property?
○I like school very much	a the of that <u>en center property</u> .
Ol like school	
I neither like nor dislike school	
Ol dislike school	During the past 12 months,
I dislike school very much	how many times
G. diemie concernory massi	
	30. were you in a physical fight?
16. How important do you think the thing you a. ?	31. were you in a physical fight
learning in school are going to be 1 r y urer life?	on school property?
○ Very important	32. did you bully someone (such as
Quite important	hitting, kicking, pushing, saying
Fairly important	mean things, spreading rumors, or
Slightly important	making sexual comments that
Not at all important	bothered them)?
O not at an interest	33. have you been suspended from
	school?
	34. has someone threatened you with a
	weapon such as a gun, knife, or club
ST ON ON ON	
17. How often do you feel that the schoolwork	
17. How often do you feel that the schoolwork	
you are assigned is meaningful	35. During the past 12 months, has anyone offered, sold, or
and important?	given you an illegal drug on school property?
18. Thinking back over the past school year, how	○Yes
often did you try to do your best work in	○ No
school?	
00.000	

Harassment can include threatening, bullying, name-calling or obscenities, offensive notes or graffiti, unwanted touching, and being pushed around or hit.

In the last 30 days, how many times have you been harassed at school, on a school bus, or going to and from school... 36. because of your race or ethnic origin. 37. because someone said you were gay, lesbian, bisexual, or transgender. 38. because of who your friends are. 39. because of how you look (weight, clothes, acne, or other physical characteristics). 40. because you received unwanted sexual comments or attention. 41, for other reasons. 42. through email, social media sites (Facebook, Twitter, YouTube, etc.), chat rooms, instant messaging, web sites, texting, or phone?

How often have you...

43. seen another student bully others by hitting, kicking, punching, or otherwise hurting them in school or on the school bus?

44. heard another student bully others by saying mean things, teasing, or calling other students on the school bus?

45. heard another student spread in an run ors or leave other students out of a ctive to be mean in your school or on the school is?

All of the time Most of the time During the past 'J days. A good bit of the time how much of the time Some of the time have you... A little of the time None of the time 46 peen a appy person? 4 '. ' een c vory nervous person? 0000 4. fe't cr.m and peaceful? 49. 1st downhearted and blue? 50. felt so down in the dumps that nothing could cheer you up?

51. 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?

PLEASE DO NOT WRITE IN THIS AREA

○ Yes
○ No

52. During the past 12 months, did you ever seriously consider attempting suicide?

○ Yes
○ No

53. During the past 12 months, how many times did you actually attempt suicide?

0 times
1 time
2 or 3 times
4 or 5 times
6 or more times

Gambling involves betting a hing of ralue (money, a watch, soda, etc.) on a gallie of event with an uncertain outcome.

54. Please mark LL u. fferent types of betting that you have done, in ny, during the last 30 days: (Please mark all that app v)

did not gar pole during the last 30 days

Planing lowery tickets/Powerball/Megabucks

Playing dice or coin flips

Planing cards (poker, etc.)

Betting on a sports team

Betting on games of personal skill (bowling, video games, dares, etc.)

Gambling on the Internet for free or with money

Playing Bingo for money

Other

55. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?

YesNoI don't bet for money

56. During the last 12 months, have you ever felt that you would like to stop betting money but didn't think you could?

YesNoI don't bet for money

57. Have you ever lied to anyone about betting/gambling?

58. Have you ever bet/gambled more than you wanted to?59. Have your parents ever talked to you about the

risks of betting/gambling?

60. Have your teachers ever talked to you about the

60. Have your teachers ever talked to you about the risks of betting/gambling?

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The next questions ask about drinking alcohol. This includes drinking beer, wine/wine coolers, flavored beverages such as Mike's Hard Lemonade 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.

During the past 30 days, on how many days did you...

61. have at least one drink of alcohol?
62. have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

During the past 30 days, on how many days do you think most students in your school...

63. had at least one drink of alcohol?
(your best estimate)

64. had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
(your best estimate)

65. During the past 30 days, how many times did <u>you</u> ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

66. During the past 30 days, how many times did most students in your school ride in a vehicle driven by a parent or other adult who had been drinking alcohol?

During the past 30 days, on how many days did you...

- 67. smoke cigarettes?
- 68. use other tobacco products such as snuf, dip or chewing tobacco (Pedmai Copenhagen, Marlboro Sn' s etc)?
- 69. During the past 30 da, s, how man times did you use marijuana?
  - 0 times
- 0 to 19 times
- O1 or 2 tim ₃s
- ○20 to 39 times
- ◯3 to 9 tir le:
- ○40 or more times

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

- 70. get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
  71. get some cigarettes?
- 71. get some digarettes:
- 72. get some marijuana?
- 73. get some synthetic marijuana, example: K2, Spice etc.?
- 74. get a drug like cocaine, LSD, or amphetamines?
- 75. get prescription drugs not prescribed to you?

How old were you... 76. when you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) for the first time? 77. when you first began drinking alcoholic beverages regularly, that is at least once or twice a month? 78. when you smoked a whole cigarette for the first time? 79. the first time you used tobacco products other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from pipe? 80. when you trimariju na for the fire time? 81. when you synth tic marijuana (also cal' d K2, Spice. etc.) for the first time?

How ruch do you think people ... kh.....ing themselves (ph\_ically or in other ways)...

82. if they have one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

83. when they have five or more drinks of an alcoholic beverage once or twice a week?

84. if they smoke one or more packs of cigarettes per day?

85. if they try marijuana once or twice?

86. if they smoke marijuana once or twice a week?

87. if they use prescription drugs that are not prescribed to them?

During the past 30 days, on how many days did you...

- 88. sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?
- 89. use synthetic marijuana, example: K2, Spice etc?
- 90. use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?

the past 30 days? (Please mark all that app	use during ly.)		
○I did not use illicit drugs during the past 30 days			
○ Marijuana			
Any form of cocaine including powder, crack or freebase			
<ul><li>Ecstasy (also called MDMA)</li></ul>			
Heroin or other opiates or narcotics			
LSD or other hallucinogens or psychedelics			
Methamphetamines (also called speed, crys	tal,		
crank or ice)	winting		
Steroid pills or shots without a doctor's preson	inplion		
During the past 12 months	ow or can't say		
3.1,011	No		
	Yes		
92. do you recall hearing, reading, or watching an			
advertisement about prevention of substance			
abuse?			
93. have you had a special class about drugs or			
alcohol in school?  94. have you talked with at least one of your paren	to   0   0		
about the dangers of tobacco, alcohol, or drug			
By parents we mean your biological parents,	use:		
adoptive parents, stepparents, or adult guardia	ns,		
whether or not they live with you.			
How do you feel about Don't I	know/Can't s		
	Disa prove		
Somewhat Dis			
Neither Approve nor Disap	orov		
95. having one or two drinks of			
an alcoholic beverage nearly every day?			
96. smoking one or more packs of cigs letter a ac	? 0000		
97. trying marijuana or hashish oncor twic?			
98. using prescription drugs not pi scr. (2 to them	1? 0000		
	1? 0000		
	1? OOO		
98. using prescription drugs not prescription			
98. using prescription drugs not prescription drugs not prescription drugs not prescription from the second	Very wrong Wrong it wrong		
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98. using prescription drugs not priscription from the second of the sec	Very wrong Wrong it wrong at all		
98. using prescription drugs not prescription	Very wrong Wrong it wrong at all		
98. using prescription drugs not priscription from the second of the sec	Very wrong Wrong it wrong at all		
98. using prescription drugs not priscription from the second of the sec	Very wrong Wrong it wrong at all		
98. using prescription drugs not priscription from the second of the second of two drinks of an alcoholic beverage nearly every day?  100. smoke tobacc 2  100. use marijuana?  102 use pre-cription drugs not prescribed to you?	Very wrong Wrong it wrong at all		
98. using prescription drugs not priscription from the second of the second or two drinks of an alcoholic beverage nearly every day?  100. smoke tobacc ? 107. use morijuana? 1 )2 use pre-cription drugs not prescribed to you?  How wrong do you think your parents feel it would be for you to  A little because nearly every day?	Very wrong Wrong it wrong at all  Very wrong Wrong it wrong		
98. using prescription drugs not priscription from the second of the second of two drinks of an alcoholic beverage nearly every day?  100. smoke tobaccity 100. use micrijuana?  1)2 use pre-cription drugs not prescribed to you?  How wrong do you think your parents feel it would be for	Very wrong Wrong it wrong at all  Very wrong Wrong it wrong		
98. using prescription drugs not priscription from the second of the second or two drinks of an alcoholic beverage nearly every day?  100. smoke tobacc ? 107. use morijuana? 1 )2 use pre-cription drugs not prescribed to you?  How wrong do you think your parents feel it would be for you to  A little because nearly every day?	Very wrong Wrong it wrong at all  Very wrong Wrong it wrong at all		
98. using prescription drugs not priscription from the second of the second or two drinks of an alcoholic beverage nearly every day?  100. smoke tobaccipe nearly every day?  101. use micrijuana?  102. use pre-cription drugs not prescribed to you?  How wrong do you think your parents feel it would be for you to  A little book not prescribed to you?	Very wrong Wrong it wrong at all  Very wrong Wrong it wrong at all		
How wrong do your friences feel it would be for you to.  A little be Not wrong  99. have one or two drinks of an alcoholic beverage nearly every day?  100. smoke tobacc. ?  107. use me rijuana?  1 )2 use pre cription drugs not prescribed to you?  How wrong do you think your parents feel it would be for you to  A little be Not wrong  A little be Not wrong	Very wrong Wrong it wrong at all  Very wrong Wrong it wrong at all		

## How true are the following

statements? 107. I can do most things if I try. 108. I can work out my problems. 109. I volunteer to help others in my community. 110. There is at least one teacher or other adult in my school that really cares about me. 111. My parents ask if I've gotten my homework 112. My parents would catch me if I skipped school. 113. When I am not at home, one of my aren's knows where I am and whom I am whom 114. My family has clear rules about all thoi and drug use.

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

115. Were your premis ever separated or vorced afte you were born? 16. Here you ever lived with a household member who i was depressed or mentally ill?

## Have you ever lived with someone who:

117. is/was a problem drinker or alcoholic?

18. uses/used street drugs?

## Have you ever felt that:

119. you did not have enough to eat?

120. you had to wear dirty clothes?

121. you had no one to protect you?

122. 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	10	
3	0	
	1	
5	2	
6	3	
7		
EXA	P 5	
, LA	6	
Ele	7	
	8	
	9	
	11)	

Height			
Feet	Inches		
3	0		
4	1		
5	2		
6	3		
7	4		
	5		
	6		
	7		
	8		
	9		
	10		
	111		

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106. use prescription drugs not prescribed to you?

123. 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	
1	1	<b>①</b>	
2	20	2	
3	Wall	3	
4	4	4	
(5)	(5)		
6	6	6	
7	7	7	
8	8	8	
9		9	

Weight				
Pounds				
0	0	0		
1	1	1		
2	2	2		
3	3	3		
4	4	4		
(5)	(5)	(5)		
6	6	6		
7	7	7		
8	8	8		
9	9	9		

Thank you for your participation!