

The MetroWest Adolescent Health Survey is a valuable tool for our school district and community to inform how we implement programs and policies to support youth health and wellbeing. We have been administering this survey since 2006.

This copy of the survey is being provided in response to the decision made by the Public Record Division. If you know of another parent who wishes to view the survey, please ask them to contact the school. We appreciate your interest and effort to improve adolescent health and wellbeing in our community.

REVIEW SURVEY

2023 MetroWest Adolescent Health Survey

MIDDLE SCHOOL

(Grades 7-8)

This survey is about health behavior. The information you give will be used to improve health education for young people like yourself.

This survey is anonymous. The answers you give will be kept private. No one will know how you answered the questions, and there is no way to link your responses to who you are. Your responses will be combined with those of other students. There are no right or wrong answers. Please answer the questions based on what you really do.

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

Questions about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name.

INSTRUCTIONS:

- Make sure to read each question carefully.
- Click on a response to choose your answer. Choose only one answer for each question unless the instructions say otherwise.
- Once you complete a section of the survey, click on "NEXT."
- Your answers will be saved automatically as you advance through the questionnaire.
- Do not use the browser's back button to navigate through the survey. Please use the GO BACK and NEXT buttons at the bottom of each page.
- At the end of the survey, click on "submit".

If you need to log out of the survey before you have finished it, use the same Access Code to log back in. You will be returned to your stopping point.

To begin the survey, click on "NEXT" below

PART A. BACKGROUND

1. How old are you?

- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old or older

2. In what grade are you?

- 6th grade
- 7th grade
- 8th grade
- Ungraded or other grade

3. How do you identify your gender?

- Girl or woman
- Boy or man
- Non-binary or other (including gender-queer, gender-fluid, gender non-conforming)
- I am not sure about my gender identity.
- I do not know what this question is asking.

4. What sex were you assigned at birth, on your original birth certificate?

- Female
- Male

5. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- No, I am not transgender.
- Yes, I am transgender.
- I am not sure if I am transgender.
- I do not know what this question is asking.

6. Are you Hispanic or Latino/a?

- Yes
- No

7. How do you describe yourself? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

8. What language is spoken most of the time in your home?

- English
- Spanish
- Portuguese
- Another language

9. How long have you lived in the United States?

- Less than 1 year
- 1 to 3 years
- 4 to 6 years
- More than 6 years, but not my whole life
- I have always lived in the United States

10. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual identity some other way.
- I am not sure about my sexual identity (questioning).
- I do not know what this question is asking.

11. Is there at least one teacher or other adult at your school that you can talk to if you have a problem?

- Yes, one
- Yes, more than one
- No
- Not sure

12. Outside of school, is there an adult (or adults) you can talk to about things that are important to you?

- Yes, parent/guardian or other adult family member
- Yes, non-family adult (such as religious leader, club advisor, neighbor, etc.)
- Yes, both family and non-family adults
- No
- Not sure

PART B. PERSONAL SAFETY

13. How often do you wear a seat belt when riding in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

PART C. VIOLENCE

These questions ask about violence related behaviors that happened in your lifetime.

14. Have you ever been in a physical fight?

- Yes
- No

15. Have you ever been in a physical fight on school property?

- Yes
- No

16. Have you ever carried a weapon such as a gun, knife, or club?

- Yes
- No

17. Have you ever carried a weapon such as a gun, knife, or club on school property?

- Yes
- No

These questions ask about violence related behaviors that happened in the past 12 months.

18. During the past 12 months, have you ever been in a physical fight?

- Yes
- No

19. During the past 12 months, have you ever been in a physical fight on school property?

- Yes
- No

These questions ask about violence related behaviors that happened in the past 30 days.

20. During the past 30 days, did you ever not go to school because you felt you would be unsafe due to violence that might happen at school or on your way to or from school?

- Yes
- No

21. During the past 30 days, have you carried a weapon, such as a gun, knife, or club?

- Yes
- No

These questions are about some negative things that can happen with boyfriends/girlfriends, dates, or people you've gone out with.

22. Did someone you were dating or going out with ever swear or curse at you, or call you names like fat, ugly, stupid, or some other insult?

- I have never dated or gone out with someone.*
- Yes
- No

23. Did someone you were dating or going out with ever try to control you by reading your cell phone messages, monitoring your social media activities, or tracking your location?

- I have never dated or gone out with someone.*
- Yes
- No

24. Did someone you were dating or going out with ever hit, slap, or physically hurt you on purpose?

- I have never dated or gone out with someone.*
- Yes
- No

These next 2 questions ask about experiences with adults in your home.

25. During your life, how often has an adult in your home hit, beat, kicked, or physically hurt you in any way?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

26. During your life, how often have adults in your home slapped, hit, kicked, punched, or beat each other up?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

PART D. BULLYING

The next questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again.

27. During the past 12 months, how many times have you been bullied?

- Never
- Once
- 2 or more times

28. During the past 12 months, how many times have you been bullied on school property?

- Never
- Once
- 2 or more times

29. During the past 12 months, how many times did you talk to an adult from school about being bullied?

- Never
- Once
- 2 or more times

30. During the past 12 months, how many times did you talk to a parent or other adult outside of school about being bullied?

- Never
- Once
- 2 or more times

31. During the past 12 months, how many times have you bullied someone else?

- Never
- Once
- 2 or more times

32. **During the past 12 months**, how many times have **you** bullied **someone else on school property**?

- Never
- Once
- 2 or more times

| 33. <u>During the past 12 months</u> , how many times have you been bullied or called names, teased, made fun of, embarrassed, or threatened by other students <u>on school property</u> for the following reasons: | Never | Once | 2 or more times |
|---|-----------------------|-----------------------|-----------------------|
| a. Because of your race or ethnicity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Because of your religion or culture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Because of your gender? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Because of your sexual identity or orientation (such as being gay, lesbian, or bisexual) or what others think it is? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Because of a disability you have or others think you have? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Because of your height or weight, or how you look? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions ask about electronic bullying, also called “cyberbullying.” This is using the Internet, cell phones, or other electronic devices to bully, tease, threaten, or spread rumors about someone. Include being bullied through texting, email, and social media, like Instagram, Facebook, Snapchat, Twitter, and TikTok.

34. **During the past 12 months**, how many times has someone used the Internet, social media, cell phones, or other electronic devices to bully, tease, threaten or spread rumors about you?

- Never
- Once
- 2 or more times

35. **During the past 12 months**, how many times did you talk to an **adult from school** about being cyberbullied?

- Never
- Once
- 2 or more times

36. **During the past 12 months**, how many times did you talk to a **parent or other adult outside of school** about being cyberbullied?

- Never
- Once
- 2 or more times

37. **During the past 12 months**, how many times have **you** used the Internet, social media, cell phones, or other electronic devices to bully, tease, threaten, or spread rumors about someone else?

- Never
- Once
- 2 or more times

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| 38. During the past 12 months, how many times has someone used the internet, social media, cell phone, or other electronic device to bully, tease, threaten, or spread rumors about you for the following reasons: | Never | Once | 2 or more times |
| a. Because of your race or ethnicity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Because of your religion or culture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Because of your gender? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Because of your sexual identity or orientation (such as being gay, lesbian, or bisexual) or what others think it is? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Because of a disability you have or others think you have? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Because of your height or weight, or how you look? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART E. SUBSTANCE USE

These questions ask about tobacco use.

39. Have you ever tried cigarette smoking, even one or two puffs?

- Yes
- No

40. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

These questions ask about vaping nicotine using electronic vapor products, such as JUUL, Vuse, Logic, and MyBlu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods that contain nicotine. They also include disposable products that you can only use once, such as Puff Bars Stig, Viigo, and Fruyt Stik.

41. Have you ever used an electronic vapor product?

- Yes
- No

| | | |
|--|-----------------------|-----------------------|
| 42. In your lifetime, did you use each of the following types of electronic vapor products? | Yes | No |
| a. Vapor products that contain <u>a flavor</u> (like mint, fruit, vanilla, bubble gum, candy, or any other non-tobacco flavor) | <input type="radio"/> | <input type="radio"/> |
| b. <u>Disposable</u> vapor products that you only use once (like Puff Bars, Stig, Viigo, or Fruyt Stik) | <input type="radio"/> | <input type="radio"/> |

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

- I have never used an electronic vapor product.
- 8 years old or younger
- 9 or 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old or older

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

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

| 46. In your lifetime, did you get electronic vapor products in any of the following ways? | Yes | No |
|--|-----------------------|-----------------------|
| a. I got or bought them from a friend, family member, or someone else. | <input type="radio"/> | <input type="radio"/> |
| b. I bought them myself on the Internet. | <input type="radio"/> | <input type="radio"/> |
| c. I bought them myself in a store (such as a convenience store, supermarket, discount store, gas station, or vape shop) <u>in Massachusetts</u> . | <input type="radio"/> | <input type="radio"/> |
| d. I bought them in a store <u>in another state</u> . | <input type="radio"/> | <input type="radio"/> |
| e. I took them from a store or another person. | <input type="radio"/> | <input type="radio"/> |
| f. I got them some other way. | <input type="radio"/> | <input type="radio"/> |

47. How difficult or easy would it be for you to get electronic vapor products if you wanted to?

- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

48. How much do you think people risk harming themselves physically or in other ways if they use electronic vapor products?

- No risk
- Slight risk
- Moderate risk
- Great risk

These questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. It also includes drinking hard seltzers (seltzer water that contains alcohol, like White Claw, Truly, or High Noon), hard lemonade, hard cider, and “ready-to-drink” or pre-made cocktails that contain alcohol. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

49. Have you ever had a drink of alcohol, other than a few sips?

- Yes
- No

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

- I have never had a drink of alcohol other than a few sips.
- 8 years old or younger
- 9 or 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old or older

51. During the past 30 days, did you have at least one drink of alcohol?

- Yes
- No

52. During the past 30 days, were you ever drunk from drinking alcoholic beverages?

- Yes
- No

53. During the past 30 days, did you go to a party or hang out with friends where alcohol was available?

- Yes
- No

54. During the past 30 days, did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)? “In a row” means within a couple of hours.

- I did not drink alcohol during the past 30 days.
- Yes
- No

| 55. During your lifetime, did you get alcohol in any of the following ways? | Yes | No |
|--|-----------------------|-----------------------|
| a. I got it at a party. | <input type="radio"/> | <input type="radio"/> |
| b. A friend gave it to me (not at a party). | <input type="radio"/> | <input type="radio"/> |
| c. I got it from home, <u>with</u> my parent's/guardian's knowledge. | <input type="radio"/> | <input type="radio"/> |
| d. I got it from home, <u>without</u> my parent's/guardian's knowledge. | <input type="radio"/> | <input type="radio"/> |
| e. I bought it at a store, tavern, bar or public event (like a concert or sporting event). | <input type="radio"/> | <input type="radio"/> |
| f. A friend or someone I know who is <u>over 21</u> gave it to me/purchased it for me. | <input type="radio"/> | <input type="radio"/> |
| g. I asked a stranger to buy it for me. | <input type="radio"/> | <input type="radio"/> |
| h. My friends or I bought it online through another type of website. | <input type="radio"/> | <input type="radio"/> |

56. Have you ever ridden in a car driven by a HIGH SCHOOL STUDENT who had been drinking alcohol?

- Yes
- No
- Not sure

57. How much do you think people risk harming themselves physically or in other ways if they have five or more drinks of an alcoholic beverage once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

These questions are about marijuana use. Marijuana is called weed, pot, or cannabis. Include different ways of using marijuana such as smoking it, vaping it, or using edibles. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

58. Have you ever used marijuana?

- Yes
- No

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

- I have never tried marijuana.
- 8 years old or younger
- 9 or 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old or older

60. During the past 30 days, did you use marijuana?

- Yes
- No

61. **During the past 30 days**, did you go to a party or hang out with friends where marijuana was available?

- Yes
- No

62. **During your life**, have you ever used marijuana by eating or drinking products made with marijuana? This includes edibles, such as candy, baked goods, snacks, or drinks that contain marijuana.

- Yes
- No
- Not sure

63. Have you ever ridden in a car **driven by a HIGH SCHOOL STUDENT** who had been using marijuana?

- Yes
- No
- Not sure

64. How difficult or easy would it be for you to get marijuana if you wanted to?

- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

65. Does anyone who lives with you now use marijuana?

- Yes, one or more adults
- Yes, one or more young people
- Yes, both adults and young people
- No
- I don't know.

66. Have you ever lived with someone who was having a problem with alcohol or drug use?

- Yes
- No

These questions ask for your opinions about the consequences of using marijuana.

67. How much do you think people risk harming themselves physically or in other ways if they use marijuana once or twice a week (such as smoking, vaping, edibles)?

- No risk
- Slight risk
- Moderate risk
- Great risk

68. How much do you think people your age risk harming themselves physically or in other ways if they use marijuana every day or almost every day (such as smoking, vaping, edibles)??

- No risk
- Slight risk
- Moderate risk
- Great risk

| 69. In your opinion, how likely is it that people your age who use marijuana several times a week will: | Very unlikely | Unlikely | Not sure | Likely | Very likely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Harm their brain development? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Harm other parts of their body, like their lungs or heart? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Do worse in school than students who don't use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Have more mental health problems than other students who don't use marijuana (like anxiety or depression)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Become addicted to marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions ask about other drug use. Whether or not you have used these drugs, there is an answer for you.

70. Have you ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- Yes
- No

71. Have you ever used any prescription drug without a doctor's prescription or differently than a doctor told you to use it?

- Yes
- No

72. During the past 30 days, have you used any prescription drug without a doctor's prescription or differently than a doctor told you to use it?

- Yes
- No

PART F. MENTAL HEALTH

These questions ask about worrying and stress.

73. During the past 30 days, how stressful has your life been?

- Not at all stressful
- A little stressful
- Somewhat stressful
- Very stressful

| 74. How often do you worry or feel stressed about: | Never | Rarely | Some- times | Often | Very often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. School issues (like grades, homework, or tests)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Social issues (like friendships, dating, or teasing)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Family issues (like your relationship with your parent(s)/guardian(s), your family's financial situation, or family health concerns)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Safety issues (like violence or fear for your safety at home, school, or in your neighborhood)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Appearance issues (like your weight or how you look)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Your physical and/or emotional health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 75. <u>Over the last 2 weeks</u> how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|-------------------------------|-----------------------|
| a. Feeling nervous, anxious, or on edge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Not being able to stop or control worrying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Trouble falling asleep or staying asleep, or sleeping too much? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Feeling tired or having little energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Poor appetite or eating too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Feeling bad about yourself or that you were a failure or have let yourself or your family down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Trouble concentrating on school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Trouble concentrating on things outside of school, such as watching videos or shows or reading for pleasure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions ask about sad feelings, deliberately hurting yourself, 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.

76. 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

77. During the past 12 months, did you hurt or injure yourself on purpose? (For example, by cutting, burning, or bruising yourself on purpose.)

- Yes
- No

78. Have you ever seriously thought about killing yourself?

- Yes
- No

79. Have you ever made a plan about how you would attempt suicide?

- Yes
- No

80. Have you ever tried to kill yourself?

- Yes
- No

81. Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- Yes
- No

These questions are about emotional challenges or problems. Emotional challenges include things that make you feel sad, angry, stressed, or anxious, or that may make you have thoughts of hurting yourself.

| 82. During the past 12 months, how many times did you talk with any of the following for help with emotional challenges or problems? | 0 times | 1 time | 2 or 3 times | 4 or more times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. School counselor, school therapist, or school psychologist (Do <u>not</u> include talking about class scheduling or college or career preparation.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. School nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Another adult <u>from school</u> , like a teacher or other school staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Therapist, psychologist, or other mental health professional <u>outside of school</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Parent, relative, or other adult <u>outside of school</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Friend around the same age as you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Crisis hotline/text line | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Person or group on social media (such as Instagram, Facebook, Snapchat) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

83. **During the past 12 months, how many times did you use telehealth or online therapy services for help with emotional challenges or problems? This means talking to a therapist, psychologist, or mental health professional using a phone, computer, or other electronic device. It can include talking with a provider you already know, or using an online service like Talkspace or Betterhelp.**

- 0 times
- 1 time
- 2 or 3 times
- 4 or more times

84. **During the past 12 months, about how many times did you use health-related apps for help with emotional challenges or problems? This means using a phone, computer, or other electronic device for things like mindfulness, relaxation, sleep, or positive thinking. Examples include apps like Headspace, Worry Watch, Happify, Calm, and Finch.**

- I have never used a health-related app for help with emotional challenges or problems.
- More than once each day
- About once a day
- A few times a week
- A few times a month
- A few times a year or less

These statements are about seeking help for emotional challenges or problems from a counselor, therapist, or psychologist at school.

| 85. How much do you agree or disagree with each statement about getting help <u>from</u> someone at school? | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. I don't know who to go to for help at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I don't think counseling with someone at school would help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I wouldn't have time or wouldn't want to miss class to get help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I don't trust anyone from my school enough to talk about my emotional challenges or problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I should handle problems on my own. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I would be too embarrassed or scared to talk about it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. A school counselor/therapist might not understand me or the challenges I was having. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I wouldn't want other students to know I was meeting with a school counselor/therapist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I wouldn't want my parent(s)/guardian(s) to know I was meeting with a school counselor/therapist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Teachers or other school staff might treat me differently or give me fewer opportunities at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. My parent(s)/guardian(s) wouldn't want me to get help at school because they would be worried I might be treated differently or given fewer opportunities at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next questions are about students experiencing psychological distress, that is feeling very anxious or depressed due to a terrible event or an ongoing serious problem in their lives.

| 86. How likely is it that teachers or other adults at your school: | Very unlikely | Unlikely | Neither | Likely | Very likely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Notice when students are in distress (experiencing extreme anxiety, sorrow, or emotional pain)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Understand how being in distress can affect a student's behavior in class? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Help students who are in distress get help and support at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Indicate how often each of the statements below describes you.

| 87. How often do you: | Never | Rarely | Sometimes | Often | Very often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Feel like you have a friend you can talk to about a personal problem? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feel like you are part of a group of friends? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Feel lonely? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feel like you have a lot in common with the people around you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Feel like there are people who really know you and understand you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Feel left out and excluded by others? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART G. GAMBLING

These questions are about gambling. Gambling involves betting money or something of value to you on a game or event.

| 88. During the last 12 months, how often have you bet money or something of value in any of the following ways: | <i>I did not gamble in the past 12 months.</i> | 1 or 2 times | 3 to 9 times | 10 to 19 times | 20 or more times |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Internet/online gambling on real sporting events (like on DraftKings or FanDuel) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Internet/online gambling on fantasy sports (where you create virtual teams, like fantasy football or fantasy baseball) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Internet/online gambling on casino games (like slots, poker, or blackjack) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Lottery games or tickets (like scratch offs, PowerBall, or Megabucks) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Skill games that you were playing (like sports, cards, dice, video games) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART H. SCHOOL ATTITUDES AND EXPERIENCES

These questions are about your feelings and experiences related to school.

| 89. Do you agree or disagree with these statements about school? | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. I feel close to people at this school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel like I am part of this school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I am happy to be at this school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The teachers at this school treat students fairly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I feel safe in my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 90. At my school, there is a teacher or some other adult who: | Not at all true | A little true | Pretty true | Very true |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Really cares about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Tells me when I do a good job. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Notices when I'm not there. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Always wants me to do my best. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Listens to me when I have something to say. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Believes that I will be a success. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 91. Do you agree or disagree with the following statements: | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. People of different cultural backgrounds, races, or ethnicities get along well at this school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. At this school, students work on listening to others to understand what they are trying to say. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. At this school, all students are treated equally. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. At this school, teachers/school staff show respect for all students' cultural beliefs and practices. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. At this school, students show respect for each other. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. School rules are applied equally to all students. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

92. Do you have any physical disabilities or physical, long-term health problems? (Long-term means 6 months or more.)

- Yes
- No
- Not sure

93. Do you have any long-term learning disabilities? (Long-term means 6 months or more.)

- Yes
- No
- Not sure

94. Have you ever been told by a doctor or other health care professional that you have an attention disorder, such as Attention Deficit/Hyperactivity Disorder (ADD/ADHD)?

- Yes
- No
- Not sure

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PART I. ONLINE BEHAVIORS

The next question is about use of a smartphone (cell phone or mobile phone that has access to the Internet.)

95. During a typical school day, about how often do you check your smartphone while you are in school?

(Do **not** include using your phone for schoolwork.)

- I do not have a smartphone.
- I have a smartphone, but I don't check it during school.
- Every few minutes
- A few times an hour
- A few times a day
- About once or twice a day

The next set of questions are about your use of screen media. Screen media includes using any electronic device (smartphone, tablet, laptop, or television) for social media, gaming, watching TV/videos, sending messages, or browsing the Internet.

| 96. Do you think your use of screen media makes each of the following better or worse for you? | A lot worse | A little worse | Neither better nor worse | A little better | A lot better |
|--|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| a. Your concentration or attention when you are in school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Your performance in school (tests, schoolwork, grades) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Your sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Your overall mood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Your physical health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Your mental health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Your relationships with friends and peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Your relationships with family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 97. <u>During a typical week</u> , how often do you: | Never | Almost never | Sometimes | Often | Very often |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Go online instead of doing things that need to get done? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feel anxious because you are unable to be online? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Feel anxious after being online? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions ask about social media. Social media includes Instagram, Facebook, Snapchat, Twitter, TikTok, and other platforms where you can create and share messages, photos/videos, or other information online or participate in social networking.

| 98. Do you agree or disagree with these statements about social media? | <i>I don't use social media.</i> | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|----------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. I feel more connected with my peers because of social media. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel pressured to post things that will be popular and get a lot of comments or "likes." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I feel badly about myself, excluded, or left out when I see what others post on social media. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I have gotten support on social media when I've been going through a tough or challenging time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Being on social media makes me feel badly about my appearance or my body. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Social media keeps me from doing other things that are important, like homework or family responsibilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Being on social media helps me feel better about myself. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I spend too much time on social media. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I have found people who share the same hobbies and interests as me on social media. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Social media has hurt my relationships with friends, peers, or students at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. I have spoken up or taken action on social media about issues that are important to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. I have had serious conflicts with my parent(s)/guardian(s) or other members of my family because of my social media use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART J. ACTIVITIES AND SLEEP

| 99. <u>On an average school day</u> , how many hours do you spend: | None | Less than 1 hour per day | 1-2 hours per day | 3-4 hours per day | 5-6 hours per day | 7-8 hours per day | 9 or more hours per day |
|---|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| a. On extracurricular activities outside of school, like sports, clubs, music lessons, or other nonacademic activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. On homework or studying before or after school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Using your smartphone (<u>not</u> for school work or homework)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Using <u>social media</u> ? (<u>not</u> for school work or homework)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Gaming (playing online or video games)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

100. During the past 12 months, on how many days did you participate in any volunteer activities or community service activities outside of your home? (Do not include activities for which you were paid.)

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 or more days

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

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

PART K. COMMUNITY ISSUES

Sometimes, young people worry about things that may affect themselves or others. The following questions ask how much you worry about these things.

| 102. How often do you worry or feel stressed about: | Never | Rarely | Sometimes | Often | Very often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Climate change? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Racial discrimination in your community? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Discrimination against LGBTQ people in your community (LGBTQ means lesbian, gay, bisexual, transgender, queer, or questioning)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The possibility of a school shooting at your school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART L. NUTRITION AND PHYSICAL ACTIVITY

These questions ask about body weight and eating patterns.

103. How do you describe your weight?

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

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

- Lose weight
- Gain weight
- Stay the same weight
- I am **not trying to do anything** about my weight.

| 105. During the past 30 days, did you do any of the following <u>to lose weight or to keep from gaining weight</u> ? | Yes | No |
|--|-----------------------|-----------------------|
| a. Exercise | <input type="radio"/> | <input type="radio"/> |
| b. Eat less food, fewer calories, eat foods low in fat or carbohydrates (carbs), or restrict the foods you eat in some other way | <input type="radio"/> | <input type="radio"/> |
| c. Skip meals | <input type="radio"/> | <input type="radio"/> |
| d. Go without eating for 24 hours or more (also called fasting) | <input type="radio"/> | <input type="radio"/> |
| e. Take any diet pills, powders, or liquids without a doctor's advice? | <input type="radio"/> | <input type="radio"/> |
| f. Vomit or take laxatives | <input type="radio"/> | <input type="radio"/> |

These questions ask about physical activity.

106. 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.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

107. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

109. How tall are you without your shoes on?

Example:

| Height | |
|--------|--------|
| Feet | Inches |
| 5 | 7 |

Fill in your height here:

| Height | |
|--------|--------|
| Feet | Inches |
| | |

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

Example:

| Weight | | |
|--------|---|---|
| Pounds | | |
| 1 | 5 | 2 |

Fill in your weight here:

| Weight | | |
|--------|--|--|
| Pounds | | |
| | | |

This is the end of the survey. Please click on "Submit".

Thank you very much for your help!