

## 2025 Healthy Kids Colorado Survey: Middle School

### Eagle County School District

This document includes all questions on the middle school version of the 2025 Healthy Kids Colorado Survey used in your school district. When administered online, skip logic is used to streamline the student survey experience, which means most students do not see all questions. Skip patterns are noted in specific questions below.

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## STUDENT INSTRUCTIONS

**You are about to take the Healthy Kids Colorado Survey. This survey is about your health and things that affect your health. Your answers are very important and will help your school, community, and state leaders support youth health for people your age right here in Colorado. Over 120,000 students from across the state took this survey in 2023!**

**This survey is anonymous, which means your answers cannot be tied to your name or identity in any way. After you submit your survey, your anonymous data is sent automatically to a survey research team at the University of Colorado. Your answers are combined with all other answers from your school before the combined data is sent back to your school and district.**

**Taking the survey is voluntary. You may choose not to answer some or all of the questions. If you are not comfortable answering a question, just leave it blank. Whether or not you answer the questions will not change your grade in this class.**

**When you are done with your survey, please read or sit quietly to allow everyone to finish in silence. Thank you!**

## DEMOGRAPHICS

|   |
|---|
| 1) How old are you?<br>a) 10 years old or younger<br>b) 11 years old<br>c) 12 years old<br>d) 13 years old<br>e) 14 years old<br>f) 15 years old<br>g) 16 years old or older  |
| 2) What grade are you in?<br>a) 6th grade<br>b) 7th grade<br>c) 8th grade<br>d) Ungraded or other grade   |
| 3) What is your gender identity?<br>a) Girl/Woman<br>b) Boy/Man<br>c) Nonbinary<br>d) I describe my gender identity another way: _____<br><i>[Note: if a student selects (D), they have the option to write in their answer and are shown these instructions: "You may use the space below to provide more details. The details you provide will not be included in reports your school receives. As a reminder, this question is optional and can be skipped by clicking "Next."]</i><br>e) I am not sure about my gender identity (questioning)   |
| 4) 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?<br>a) No, I am not transgender<br>b) Yes, I am transgender<br>c) I am not sure if I am transgender   |
| 5) Which of the following best describes you?<br>a) Heterosexual (straight)<br>b) Gay or lesbian<br>c) Bisexual<br>d) Pansexual<br>e) Asexual<br>f) I describe my sexual identity another way: _____<br><i>[Note: if a student selects (F), they have the option to write in their answer and are shown these instructions: "You may use the space below to provide more details. The details you provide will not be included in reports your school receives. As a reminder, this question is optional and can be skipped by clicking "Next."]</i><br>g) I am not sure about my sexual identity (questioning) |

- 6) *The next question asks about your race and/or ethnicity. You'll be invited to provide more details next (optional). If you select more than 1 category below, your answers will appear in a multi-racial category in reports your school receives.*

*[Note: if a student selects a category A-G, they may select subcategories as shown below and are given these instructions: "We invite you to share additional details about your race and/or ethnicity below. The details you provide will not be included in reports your school receives. As a reminder, this question is optional and can be skipped by clicking "Next."]*

What is your race and/or ethnicity? Select all that apply.

- a) American Indian or Alaska Native
  - a. *Enter, for example, Ute Mountain Ute, Southern Ute, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.:* \_\_\_\_\_
- b) Asian - *Provide details below*
  - a. Chinese
  - b. Vietnamese
  - c. Indian
  - d. Korean
  - e. Filipino
  - f. Japanese
  - g. *Enter, for example, Pakistani, Hmong, Afghan, etc.:* \_\_\_\_\_
- c) Black or African American - *Provide details below*
  - a. African American
  - b. Nigerian
  - c. Jamaican
  - d. Ethiopian
  - e. Haitian
  - f. Somali
  - g. *Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.:* \_\_\_\_\_
- d) Hispanic or Latino - *Provide details below*
  - a. Mexican
  - b. Cuban
  - c. Puerto Rican
  - d. Dominican
  - e. Salvadoran
  - f. Guatemalan
  - g. *Enter, for example, Colombian, Honduran, Spaniard, etc.:* \_\_\_\_\_
- e) Middle Eastern or North African - *Provide details below*
  - a. Lebanese
  - b. Syrian
  - c. Iranian
  - d. Iraqi
  - e. Egyptian
  - f. Israeli
  - g. *Enter, for example, Moroccan, Yemeni, Kurdish, etc.:* \_\_\_\_\_
- f) Native Hawaiian or Pacific Islander - *Provide details below*
  - a. Native Hawaiian
  - b. Tongan
  - c. Samoan
  - d. Fijian
  - e. Chamorro
  - f. Marshallese
  - g. *Enter, for example, Chuukese, Palauan, Tahitian, etc.:* \_\_\_\_\_
- g) White - *Provide details below*
  - a. English
  - b. Italian
  - c. German
  - d. Polish

|    |  |
|----|--|
|    | e. Irish<br>f. Scottish<br>g. Enter, for example, French, Swedish, Norwegian, etc.: _____  |
| 7) | What is the highest level of schooling your mother completed?<br>a) Completed grade school or less<br>b) Some high school<br>c) Completed high school<br>d) Some college<br>e) Completed college<br>f) Graduate or professional school<br>g) Not sure  |
| 8) | <i>The next question asks about disabilities. A disability is any condition of the body or mind that makes it more difficult for the person to do certain activities and interact with the world around them. There are many types of disabilities that can be categorized as learning (e.g., ADHD, dyslexia), physical (e.g., hearing, vision, or motor impairment), and emotional (e.g., anxiety or depressive disorder).</i><br>Are you a person with a disability (e.g., learning, physical, emotional)?<br>a) Yes<br>b) No<br>c) Not sure |
| 9) | Does your parent or guardian currently serve in a branch of the U.S. military (e.g., Army, Marine Corps, Navy, Air Force, Space Force)?<br>a) Yes<br>b) No   |

## BULLYING

**The next section asks about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue, fight, or tease each other in a friendly way.**

|     |   |
|-----|---|
| 10) | During the past 12 months, where were you bullied <b>on school property</b> ? (Select all that apply.)<br>a) In a classroom<br>b) In a hallway or stairwell<br>c) In a bathroom or locker room<br>d) In a cafeteria or lunch room<br>e) On a bus or at a bus stop<br>f) Outside on school property before school<br>g) Outside on school property after school<br>h) Outside on school property during lunch or break<br>i) Somewhere else on school property<br>j) I have not been bullied on school property in the past 12 months  |
| 11) | During the past 12 months, have you ever been <b>electronically</b> bullied? (Count being bullied through texting, social media, or any online platform.)<br>a) Yes<br>b) No  |
| 12) | During the past 12 months, have you ever been bullied because of your actual or perceived: (Select all that apply.)<br>a) Race<br>b) Ethnic background or national origin (e.g., the country you're from, your culture, language, accent)<br>c) Sexual orientation (e.g., gay, lesbian, bisexual, straight)<br>d) Gender identity (e.g., cisgender girl or boy, transgender girl or boy, nonbinary)<br>e) Religion<br>f) Disability status (e.g., learning, physical, emotional)<br>g) Physical appearance<br>h) I have not been bullied for any of these reasons in the past 12 months |
| 13) | In the past 30 days, have you seen someone else being bullied <b>on school property</b> ?<br>a) Yes<br>b) No  |

## VIOLENCE

*The next section asks about experiences with violence. Information on free and confidential support services will be given at the end of the survey. As a reminder, your answers are anonymous and will be kept private. You may choose not to answer some or all of the questions.*

|   |
|---|
| 14) During the past 30 days, on how many days did you <b>not</b> go to school because you felt you would be unsafe at school or on your way to or from school?<br>a) 0 days<br>b) 1 day<br>c) 2 or 3 days<br>d) 4 or 5 days<br>e) 6 or more days  |
| 15) During the past 12 months, how many times were you in a <b>physical fight</b> ?<br>a) 0 times<br>b) 1 time<br>c) 2 or 3 times<br>d) 4 or 5 times<br>e) 6 or 7 times<br>f) 8 or 9 times<br>g) 10 or 11 times<br>h) 12 or more times  |
| 16) During the past 12 months, how many times did <b>someone you were dating or going out with</b> physically hurt you on purpose? (Count things like being hit, slammed into something, or injured with an object or weapon.)<br>a) I did not date or go out with anyone during the past 12 months<br>b) 0 times<br>c) 1 time<br>d) 2 or 3 times<br>e) 4 or 5 times<br>f) 6 or more times  |
| 17) [Note: this question is skipped if (A) is selected in #16 above]<br>During the past 12 months, did <b>someone you were dating or going out with</b> purposely try to control you or emotionally hurt you? (Count things like being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)<br>a) Yes<br>b) No   |
| 18) During the past 12 months, have you personally experienced any of the following? (Select all that apply.)<br>a) Been threatened with a gun <b>electronically</b> (count being threatened through texting, social media, or any online platform)<br>b) Been threatened with a gun <b>in person</b><br>c) Witnessed a shooting close to where I live<br>d) Known someone, such as a family member or close friend, who has been shot with a gun by another person<br>e) I have not experienced any of the above |

## MENTAL HEALTH

*The next section asks about stress, poor mental health, self-harm, trusted relationships, loss, and attempted suicide. Information on free and confidential support services will be given at the end of the survey. As a reminder, your answers are anonymous and will be kept private. You may choose not to answer some or all of the questions.*

|   |
|---|
| 19) My stress level is manageable most days.<br>a) Strongly agree<br>b) Agree<br>c) Not sure<br>d) Disagree<br>e) Strongly disagree           |
| 20) During the past 30 days, how often was your mental health <b>not</b> good? (Poor mental health includes stress, anxiety, and depression.) |

|  |
|--|
| <ul style="list-style-type: none"> <li>a) Always</li> <li>b) Most of the time</li> <li>c) Sometimes</li> <li>d) Rarely</li> <li>e) Never</li> </ul>  |
| 21) During the past 12 months, did you do something to purposely hurt yourself <b>without</b> wanting to die, such as cutting or burning yourself on purpose? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>  |
| 22) During the past 12 months, did you ever feel so sad or hopeless almost every day for <b>two weeks or more in a row</b> that you stopped doing some usual activities? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>   |
| <p><b><i>The next three questions on this page ask you about attempted suicide.</i></b></p> 23) Have you ever <b>seriously</b> thought about killing yourself? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>   |
| 24) Have you ever made a plan about how you would kill yourself? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>   |
| 25) Have you ever tried to kill yourself? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>  |
| 26) If you had a serious problem, do you know an adult in or out of school who you could talk to or go to for help? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> <li>c) Not sure</li> </ul>   |
| 27) During your life, how often have you felt that you were able to talk to a friend about your feelings? <ul style="list-style-type: none"> <li>a) Always</li> <li>b) Most of the time</li> <li>c) Sometimes</li> <li>d) Rarely</li> <li>e) Never</li> </ul>  |
| 28) During the past 12 months, how many times has a friend told you they had thoughts of suicide? <ul style="list-style-type: none"> <li>a) 0 times</li> <li>b) 1 time</li> <li>c) 2 or 3 times</li> <li>d) 4 or 5 times</li> <li>e) 6 or more times</li> </ul>  |
| 29) In the event that you were concerned about your own or someone else's well-being or mental health, which of the following actions would you take? (Select all that apply.) <ul style="list-style-type: none"> <li>a) Tell my parents/guardians or another family member</li> <li>b) Tell an adult in school who I could talk to or go to for help (e.g., school counselor, teacher, coach)</li> <li>c) Tell a friend</li> <li>d) Submit an anonymous report through my school's safety reporting system (e.g., Safe2Tell)</li> <li>e) Contact a crisis or help line (e.g., 988)</li> <li>f) None of the above</li> </ul> |
| 30) Have you ever experienced the suicide death of a family member or close friend? <ul style="list-style-type: none"> <li>a) Yes</li> <li>b) No</li> </ul>  |

## RACISM

***The next section asks about experiences with racism. Racism is the disrespect, harm, and mistreatment of people based on their race or ethnicity.***

|  |
|--|
| 31) During the past 12 months, have you experienced any of the following forms of racism? (Select all that apply.) |
|--|

- a) Treated badly or unfairly in school because of your race or ethnicity
- b) Watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity
- c) People assumed you are less intelligent because of your race or ethnicity
- d) Seen your parents or other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture
- e) I did not experience any of these forms of racism

## SUBSTANCE USE

*The next section asks what you and adults in your life think about alcohol and other drugs, also known as substances. These questions are written in a new way, where the top question applies to each row in the table.*

32) If you wanted to get any of the following substances, how easy would it be for you to get some?

|   | Very hard                | Sort of hard             | Sort of easy             | Very easy                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Cigarettes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Electronic vapor products  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Oral nicotine pouches (such as Rogue, Lucy, On!, Velo, Zeo, Zyn, Sesh, Zone, or FRE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Alcohol (such as beer, wine, or hard liquor)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Marijuana  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Prescription pain medicine not prescribed to you                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33) How wrong do you think it is for someone your age to...?

|   | Very wrong               | Wrong                    | A little bit wrong       | Not wrong at all         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Use electronic vapor products                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Use oral nicotine pouches                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Drink alcohol regularly (at least once or twice a month)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Use marijuana  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Use prescription pain medicine without a doctor's prescription | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34) How wrong do your parents or guardians think it would be for you to...?

|   | Very wrong               | Wrong                    | A little bit wrong       | Not wrong at all         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Smoke cigarettes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Use electronic vapor products                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Use oral nicotine pouches                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Drink alcohol regularly (at least once or twice a month) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Use marijuana  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35) What percentage of students **in your grade** at school do you think...?

|                                       | 0%                       | 10%                      | 20%                      | 30%                      | 40%                      | 50%                      | 60%                      | 70%                      | 80%                      | 90%                      | 100%                     |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Drank alcohol in the past 30 days  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Used marijuana in the past 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ALCOHOL

**The next section asks about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, whiskey, etc. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

- |  |
|--|
| 36) How old were you when you had your first drink of alcohol other than a few sips?<br>a) I have never had a drink of alcohol other than a few sips<br>b) 8 years old or younger<br>c) 9 years old<br>d) 10 years old<br>e) 11 years old<br>f) 12 years old<br>g) 13 years old or older   |
| 37) [Note: this question is skipped if (A) is selected in #36 above]<br>During the past 30 days, on how many days did you have at least one drink of alcohol?<br>a) 0 days<br>b) 1 or 2 days<br>c) 3 to 5 days<br>d) 6 to 9 days<br>e) 10 to 19 days<br>f) 20 to 29 days<br>g) All 30 days |
| 38) Have you ever lived with someone who was having a problem with alcohol use?<br>a) Yes<br>b) No   |

## TOBACCO

**The next section asks about smoking cigarettes.**

- |   |
|---|
| 39) How old were you when you first tried cigarette smoking, even one or two puffs?<br>a) I have never tried cigarette smoking, not even one or two puffs<br>b) 8 years old or younger<br>c) 9 years old<br>d) 10 years old<br>e) 11 years old<br>f) 12 years old<br>g) 13 years old or older |
| 40) [Note: this question is skipped if (A) is selected in #39 above]<br>During the past 30 days, on how many days did you smoke cigarettes?<br>a) 0 days<br>b) 1 or 2 days<br>c) 3 to 5 days<br>d) 6 to 9 days<br>e) 10 to 19 days<br>f) 20 to 29 days<br>g) All 30 days                      |

**The next section asks about electronic vapor products, such as Elf Bar, Geek Bar, Lost Mary, JUUL, Vuse, Smok, blu, Raz, Rove, Breeze, and NOVO. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. Do not include marijuana.**

- |  |
|--|
| 41) How old were you when you used an electronic vapor product for the first time?<br>a) I have never used an electronic vapor product<br>b) 8 years old or younger<br>c) 9 years old<br>d) 10 years old |
|--|



|  |
|--|
| <ul style="list-style-type: none"> <li>e) 11 years old</li> <li>f) 12 years old</li> <li>g) 13 years old or older</li> </ul>   |
| <p>42) <i>[Note: this question is skipped if (A) is selected in #41 above]</i></p> <p>During the past 30 days, on how many days did you use an electronic vapor product?</p> <ul style="list-style-type: none"> <li>a) 0 days</li> <li>b) 1 or 2 days</li> <li>c) 3 to 5 days</li> <li>d) 6 to 9 days</li> <li>e) 10 to 19 days</li> <li>f) 20 to 29 days</li> <li>g) All 30 days</li> </ul> |
| <p>43) How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products every day? <i>Risk means the chance that something bad could happen.</i></p> <ul style="list-style-type: none"> <li>a) Great risk</li> <li>b) Moderate risk</li> <li>c) Slight risk</li> <li>d) No risk</li> </ul>   |

**The next question asks about oral nicotine pouches, such as Rogue, Lucy, On!, Velo, Zeo, Zyn, Sesh, Zone, and FRE.**

|  |
|--|
| <p>44) How old were you when you used an oral nicotine pouch for the first time?</p> <ul style="list-style-type: none"> <li>a) I have never used an oral nicotine pouch</li> <li>b) 8 years or younger</li> <li>c) 9 years old</li> <li>d) 10 years old</li> <li>e) 11 years old</li> <li>f) 12 years old</li> <li>g) 13 years or older</li> </ul> |
|--|

## MARIJUANA

**The next section asks about marijuana use. Marijuana is also called pot, weed, or cannabis. For these questions, do not count CBD-only products, which come from the same plant as marijuana, but do not cause a high when used alone.**

|  |
|--|
| <p>45) How old were you when you tried marijuana for the first time?</p> <ul style="list-style-type: none"> <li>a) I have never tried marijuana</li> <li>b) 8 years old or younger</li> <li>c) 9 years old</li> <li>d) 10 years old</li> <li>e) 11 years old</li> <li>f) 12 years old</li> <li>g) 13 years old or older</li> </ul>   |
| <p>46) <i>[Note: this question is skipped if (A) is selected in #45 above]</i></p> <p>During the past 30 days, how many times did you use marijuana?</p> <ul style="list-style-type: none"> <li>a) 0 times</li> <li>b) 1 or 2 times</li> <li>c) 3 to 9 times</li> <li>d) 10 to 19 times</li> <li>e) 20 to 39 times</li> <li>f) 40 or more times</li> </ul>   |
| <p>47) <i>[Note: this question is skipped if (A) is selected in #45 above]</i></p> <p>During the past 30 days, how did you use marijuana? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>a) I have not used marijuana in the past 30 days</li> <li>b) I smoked it</li> <li>c) I ate it (in an edible, candy, tincture, or other food)</li> <li>d) I used a vaporizer</li> <li>e) I dabbed it</li> </ul> |

|  |
|--|
| f) I used it in some other way   |
| 48) <i>You're more than halfway through the survey.</i> How honest were you when filling out this survey so far? |
| a) Very honest   |
| b) Honest most of the time   |
| c) Honest some of the time   |
| d) Honest once in a while  |
| e) Not honest at all   |

## PRESCRIPTION PAIN MEDICINE

*The next section asks about the use of prescription pain medicine not prescribed to you or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, hydrocodone, Vicodin, OxyContin, and Percocet.*

|   |
|---|
| 49) How old were you when you used prescription pain medicine not prescribed to you or differently than how a doctor told you to use it for the first time? |
| a) I have never used prescription pain medicine not prescribed to me or differently than prescribed   |
| b) 8 years old or younger   |
| c) 9 years old  |
| d) 10 years old   |
| e) 11 years old   |
| f) 12 years old   |
| g) 13 years old or older  |

## NUTRITION

*The next section asks about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.*

|   |                                  |  |  |                          |                          |                          |                               |
|---|----------------------------------|--|--|--------------------------|--------------------------|--------------------------|-------------------------------|
| 50) During the past 7 days, how many times did you...?  |                                  |  |  |                          |                          |                          |                               |
|   | 0 times in<br>the past 7<br>days | 1 to 3<br>times in<br>the past<br>7 days | 4 to 6<br>times in<br>the past<br>7 days | 1 time<br>per day        | 2 times<br>per day       | 3 times<br>per day       | 4 or more<br>times<br>per day |
| a) Eat <b>fruit</b> (do <b>not</b> count fruit juice)   | <input type="checkbox"/>         | <input type="checkbox"/>                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| b) Eat <b>vegetables</b> , such as green salad, potatoes, carrots, and other vegetables (do <b>not</b> count french fries, fried potatoes, or potato chips) | <input type="checkbox"/>         | <input type="checkbox"/>                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| c) Drink a can, bottle, or glass of <b>soda or pop</b> , such as Coke, Pepsi, or Sprite (do <b>not</b> count diet soda or diet pop)                         | <input type="checkbox"/>         | <input type="checkbox"/>                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| 51) During the past 7 days, which of the following beverages did you drink a can, bottle, or glass of one or more times per day? (Select all that apply.)   |                                  |  |  |                          |                          |                          |                               |
| a) Sports drink, such as Gatorade or Powerade (do <b>not</b> count low-calorie sports drinks such as Propel or G2)  |                                  |  |  |                          |                          |                          |                               |
| b) Energy drink, such as Red Bull or Monster (do <b>not</b> count diet energy drinks)   |                                  |  |  |                          |                          |                          |                               |
| c) Other sugar-sweetened beverage, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or SunnyD                                      |                                  |  |  |                          |                          |                          |                               |
| d) Diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero  |                                  |  |  |                          |                          |                          |                               |
| e) Plain water, such as tap, bottled, or unflavored sparkling water   |                                  |  |  |                          |                          |                          |                               |
| f) Something else   |                                  |  |  |                          |                          |                          |                               |
| 52) During the past 7 days, on how many days did you eat <b>breakfast</b> ?   |                                  |  |  |                          |                          |                          |                               |
| a) 0 days   |                                  |  |  |                          |                          |                          |                               |
| b) 1 day  |                                  |  |  |                          |                          |                          |                               |
| c) 2 days   |                                  |  |  |                          |                          |                          |                               |
| d) 3 days   |                                  |  |  |                          |                          |                          |                               |
| e) 4 days   |                                  |  |  |                          |                          |                          |                               |
| f) 5 days   |                                  |  |  |                          |                          |                          |                               |
| g) 6 days   |                                  |  |  |                          |                          |                          |                               |

|  |
|--|
| h) 7 days  |
| 53) During the past 30 days, how often did you go hungry because there was not enough food in your home? |
| a) Always  |
| b) Most of the time  |
| c) Sometimes   |
| d) Rarely  |
| e) Never   |

## PHYSICAL ACTIVITY

*The next section asks about physical activity.*

|  |
|--|
| 54) During the past 7 days, on how many days were you physically active for a total of <b>at least 60 minutes per day</b> ? (Add up all of the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)                           |
| a) 0 days  |
| b) 1 day   |
| c) 2 days  |
| d) 3 days  |
| e) 4 days  |
| f) 5 days  |
| g) 6 days  |
| h) 7 days  |
| 55) On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the internet, or using social media (also called "screen time")? (Do <b>not</b> count time spent doing schoolwork.) |
| a) Less than 1 hour per day  |
| b) 1 hour per day  |
| c) 2 hours per day   |
| d) 3 hours per day   |
| e) 4 hours per day   |
| f) 5 or more hours per day   |

## BODY IMAGE & EATING DISORDERS

*The next section asks about body image and eating disorders. Information on free and confidential support services will be given at the end of the survey. As a reminder, your answers are anonymous and will be kept private. You may choose not to answer some or all of the questions.*

|  |
|--|
| 56) <i>Body image is how you see yourself when you look in the mirror or when you picture yourself in your mind.</i><br>During the past 30 days, how often did you feel confident with your body image?                        |
| a) Always  |
| b) Most of the time  |
| c) Sometimes   |
| d) Rarely  |
| e) Never   |
| 57) During the past 30 days, how often did you worry about your physical appearance more than you wanted to?   |
| a) Always  |
| b) Most of the time  |
| c) Sometimes   |
| d) Rarely  |
| e) Never   |
| 58) During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; or skipping meals? |
| a) Yes   |
| b) No  |

## HOME LIFE

*The next section asks about your home life.*

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 59) Please answer the following:   | Definitely               | Usually                  | Not often                | Definitely not           |
| a) The rules in my family are clear.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If I had a personal problem, I could ask my parents or guardians for help.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My parents or guardians ask if I've gotten my homework done.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My parents or guardians give me lots of chances to do fun things with them.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My parents or guardians ask me what I think before most family decisions affecting me are made. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) If you skipped school, would you be caught by your parents or guardians?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Do you feel safe and secure in your neighborhood or close to where you live?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

60) During an average week, how many days do you provide care for someone in your family or household who is chronically ill (lasts 3 months or more), elderly, or disabled with activities they would have difficulty doing on their own?

a) There is no one in the family or home who is chronically ill, elderly, or disabled who needs care

b) 0 days per week

c) 1 or 2 days per week

d) 3 to 5 days per week

e) 6 or 7 days per week

## SCHOOL & COMMUNITY

*The next section asks about your school and community.*

|  |  |  |  |  |
|--|--|--|--|--|
| 61) Do you agree or disagree that you feel like you belong at your school? |  |  |  |  |
| a) Strongly agree  |  |  |  |  |
| b) Agree   |  |  |  |  |
| c) Not sure  |  |  |  |  |
| d) Disagree  |  |  |  |  |
| e) Strongly disagree   |  |  |  |  |

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| 62) I feel safe at my school. |  |  |  |  |
| a) Definitely                 |  |  |  |  |
| b) Usually                    |  |  |  |  |
| c) Not often                  |  |  |  |  |
| d) Definitely not             |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 63) How important do you think it is for you to finish high school? |  |  |  |  |
| a) Very important   |  |  |  |  |
| b) Important  |  |  |  |  |
| c) Not very important   |  |  |  |  |
| d) Not at all important   |  |  |  |  |

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 64) During the past 12 months, how often did you talk with a staff member at your school about your future plans after high school? | Every day                | Once a week              | A few times each year    | Rarely or never          |
| a) School counselor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Teacher  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Administrator, such as principal or assistant principal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Coach  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Another school staff member  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 65) During the past 12 months, how often did you participate in supervised programs when school was not in session (for instance, before- and after-school, summer, and fifth day for 4-day school weeks)? |                          |                          |                          |                          |                          |
|  | Always                   | Most of the time         | Sometimes                | Rarely                   | Never                    |
| a) A sports team or take sports lessons (team or individual)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Academic support programs, including tutoring   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Programs or clubs such as agriculture, art, career and technical, theater, fitness and wellness, music, and STEM  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Community service or volunteering   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Paid work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Unpaid work (e.g., internships, coaching)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## OTHER HEALTH TOPICS

*The next section asks about other health topics, such as sleep, seat belt use, gun safety, asthma, and time spent in nature.*

|   |
|---|
| <p>66) During the past 30 days, where did you usually sleep? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>a) In my parent's or guardian's home</li> <li>b) 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</li> <li>c) In a shelter or emergency housing</li> <li>d) In a motel or hotel</li> <li>e) In a car, park, campground, or other public place</li> <li>f) I do not have a usual place to sleep</li> <li>g) Somewhere else</li> </ul> |
| <p>67) On an average school night, how many hours of sleep do you get?</p> <ul style="list-style-type: none"> <li>a) 4 or fewer hours</li> <li>b) 5 hours</li> <li>c) 6 hours</li> <li>d) 7 hours</li> <li>e) 8 hours</li> <li>f) 9 hours</li> <li>g) 10 or more hours</li> </ul>   |
| <p>68) How often do you wear a seat belt when <b>riding</b> in a car driven by someone else?</p> <ul style="list-style-type: none"> <li>a) Always</li> <li>b) Most of the time</li> <li>c) Sometimes</li> <li>d) Rarely</li> <li>e) Never</li> </ul>  |
| <p>69) How long would it take you to get and be ready to fire a loaded gun without a parent or other adult's permission? The gun could be yours or someone else's.</p> <ul style="list-style-type: none"> <li>a) I could not get a loaded gun</li> <li>b) Less than 10 minutes</li> <li>c) 10 or more minutes, but less than 1 hour</li> <li>d) 1 or more hours, but less than 4 hours</li> <li>e) 4 or more hours, but less than 24 hours</li> <li>f) 24 or more hours</li> </ul>  |
| <p>70) <i>[Note: this question is skipped if (A) is selected in #69 above]</i></p> <p>How would you be able to get a loaded gun without a parent or other adult's permission? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>a) I could get a gun in or around my home</li> <li>b) I could get a gun from a friend or schoolmate</li> <li>c) I could get a gun from a family member</li> <li>d) I could buy or trade to get a gun</li> <li>e) I could steal a gun</li> </ul>   |

|  |
|--|
| f) I could get a gun online, including through social media<br>g) Some other way   |
| 71) Has a doctor or nurse ever told you that you have asthma?<br>a) Yes<br>b) No<br>c) Not sure  |
| 72) During the past 12 months, how often did you go outdoors to spend time in nature?<br>a) Every day<br>b) Once a week<br>c) Once a month<br>d) A few times each year<br>e) Rarely or never |

### QUESTIONS ADDED BY YOUR SCHOOL DISTRICT

*The next section asks questions added by your district to help understand the health of students in your community.*

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 73) How much do you think people risk harming themselves physically or in other ways if they...? | No risk                  | Slight risk              | Moderate risk            | Great risk               |
| a) Have five or more drinks of an alcoholic beverage once or twice a week                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Smoke one or more packs of cigarettes per day   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Use marijuana once or twice a week (e.g., smoking, vaping, edibles)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Use prescription drugs not prescribed to them   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74) How wrong do your parents or guardians feel it would be for you to...?                       | Very wrong               | Wrong                    | A little bit wrong       | Not wrong at all         |
| a) Have one or two drinks of an alcoholic beverage nearly every day                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Smoke tobacco   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Use prescription drugs not prescribed to you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75) How wrong do your friends feel it would be for you to...?                                    | Very wrong               | Wrong                    | A little bit wrong       | Not wrong at all         |
| a) Have one or two drinks of an alcoholic beverage nearly every day                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Smoke tobacco   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Use marijuana (e.g., smoking, vaping, edibles)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Use prescription drugs not prescribed to you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76) During the past 30 days have you used prescription drugs not prescribed to you?              |                          |                          |                          |                          |
| a) Yes   |                          |                          |                          |                          |
| b) No  |                          |                          |                          |                          |
| 77) How many days does it take to feel recovered after a stressful situation?                    |                          |                          |                          |                          |
| a. Less than 1 day   |                          |                          |                          |                          |
| b. 1 to 2 days   |                          |                          |                          |                          |
| c. 3 to 4 days   |                          |                          |                          |                          |
| d. 5 to 6 days   |                          |                          |                          |                          |
| e. 7 or more days  |                          |                          |                          |                          |
| 78) I feel adults listen to and respect my input.  |                          |                          |                          |                          |
| a. Strongly Disagree   |                          |                          |                          |                          |
| b. Disagree  |                          |                          |                          |                          |
| c. Neutral   |                          |                          |                          |                          |
| d. Agree   |                          |                          |                          |                          |
| e. Strongly Agree  |                          |                          |                          |                          |

|   |
|---|
| 79) I feel that my voice and opinions are heard.  |
| <ul style="list-style-type: none"> <li>a. Strongly Disagree</li> <li>b. Disagree</li> <li>c. Neutral</li> <li>d. Agree</li> <li>e. Strongly Agree</li> </ul>  |
| 80) Do you have a smart phone (personal cell phone with internet access) that you personally use, and if so, at what age did you get your personal device?  |
| <ul style="list-style-type: none"> <li>a. I do not have a personal smart phone</li> <li>b. I got a phone at 10 years old or younger</li> <li>c. I got a phone at 11 years old</li> <li>d. I got a phone at 12 years old</li> <li>e. I got a phone at 13 years old</li> <li>f. I got a phone at 14 years old or older</li> </ul>   |
| 81) Which of these places do you feel safe hanging out at? (Select all that apply.)   |
| <ul style="list-style-type: none"> <li>a. Home</li> <li>b. A friend's house</li> <li>c. Community or neighborhood park</li> <li>d. Library</li> <li>e. Sports fields</li> <li>f. Resort/outdoor recreation areas</li> <li>g. Recreation center</li> <li>h. Coffee shop/restaurant</li> <li>i. Movie theater</li> <li>j. Skate park/bike parks</li> <li>k. Religious space</li> <li>l. Youth center or space</li> <li>m. Nature space or secluded area</li> <li>n. Bus stop</li> <li>o. Shopping area</li> <li>p. Art or creative spaces</li> <li>q. Somewhere else</li> <li>r. I do not feel safe hanging out anywhere</li> </ul>   |
| 82) What kinds of things have led you to miss school this year? (Select all that apply.)  |
| <ul style="list-style-type: none"> <li>a. I was sick, illness</li> <li>b. Medical, dental, vision, mental health appointment</li> <li>c. Some other appointment</li> <li>d. Bullying or peer issues</li> <li>e. I didn't feel safe</li> <li>f. Tired/I didn't get enough sleep</li> <li>g. I am bored at school</li> <li>h. School is too stressful</li> <li>i. I do not feel I belong at school</li> <li>j. No one misses me if I'm not there</li> <li>k. I was skipping either alone or with friends</li> <li>l. Transportation</li> <li>m. Work</li> <li>n. Club or competitive sports</li> <li>o. I just didn't feel like it</li> <li>p. School sports or competitions</li> <li>q. Extended vacation</li> <li>r. Family needs - to take care of a sibling or family member, or help family in some way</li> <li>s. I didn't finish my school work</li> <li>t. I have not missed school this year</li> </ul> |

|  |
|--|
| 83) How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of alcohol nearly every day? |
| <ul style="list-style-type: none"> <li>a. Great risk</li> <li>b. Moderate risk</li> <li>c. Slight risk</li> <li>d. No risk</li> </ul>              |
| 84) How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?                            |
| <ul style="list-style-type: none"> <li>a. Great risk</li> <li>b. Moderate risk</li> <li>c. Slight risk</li> <li>d. No risk</li> </ul>              |
| 85) If you had a serious problem and an adult to go to for help, how likely is it that you would talk with them about that problem?                |
| <ul style="list-style-type: none"> <li>a. Not likely</li> <li>b. Somewhat likely</li> <li>c. Likely</li> <li>d. Very likely</li> </ul>             |