

2025 Healthy Kids Colorado Survey: High School

Eagle County School District

This document includes all questions on the high 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? a) 12 years old or younger b) 13 years old c) 14 years old d) 15 years old e) 16 years old f) 17 years old g) 18 years old or older
2) What grade are you in? a) 9 th grade b) 10 th grade c) 11 th grade d) 12 th grade e) Ungraded or other grade
3) What is your gender identity? a) Girl/Woman b) Boy/Man c) Nonbinary d) I describe my gender identity another way: _____ <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> 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? a) No, I am not transgender b) Yes, I am transgender c) I am not sure if I am transgender
5) Which of the following best describes you? a) Heterosexual (straight) b) Gay or lesbian c) Bisexual d) Pansexual e) Asexual f) I describe my sexual identity another way: _____ <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> 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

	<p>e. Irish</p> <p>f. Scottish</p> <p>g. <i>Enter, for example, French, Swedish, Norwegian, etc.:</i> _____</p>
7)	<p>What is the highest level of schooling your mother completed?</p> <p>a) Completed grade school or less</p> <p>b) Some high school</p> <p>c) Completed high school</p> <p>d) Some college</p> <p>e) Completed college</p> <p>f) Graduate or professional school</p> <p>g) Not sure</p>
8)	<p><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></p> <p>Are you a person with a disability (e.g., learning, physical, emotional)?</p> <p>a) Yes</p> <p>b) No</p> <p>c) Not sure</p>
9)	<p>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)?</p> <p>a) Yes</p> <p>b) No</p>

SAFETY

The next section asks about safety when riding in or driving a car.

10)	<p>How often do you wear a seat belt when riding in a car driven by someone else?</p> <p>a) Always</p> <p>b) Most of the time</p> <p>c) Sometimes</p> <p>d) Rarely</p> <p>e) Never</p>
11)	<p>During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?</p> <p>a) I did not drive a car or other vehicle during the past 30 days</p> <p>b) 0 times</p> <p>c) 1 time</p> <p>d) 2 or 3 times</p> <p>e) 4 or 5 times</p> <p>f) 6 or more times</p>
12)	<p><i>[Note: this question is skipped if (A) is selected in #11 above]</i></p> <p>During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called pot, weed, or cannabis)?</p> <p>a) 0 times</p> <p>b) 1 time</p> <p>c) 2 or 3 times</p> <p>d) 4 or 5 times</p> <p>e) 6 or more times</p>
13)	<p><i>[Note: this question is skipped if (A) is selected in #11 above]</i></p> <p>During the past 30 days, on how many days did you text, post, or use your phone in some other way while driving a car or other vehicle?</p> <p>a) 0 days</p> <p>b) 1 or 2 days</p> <p>c) 3 to 5 days</p> <p>d) 6 to 9 days</p> <p>e) 10 to 19 days</p>

- f) 20 to 29 days
- g) All 30 days

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.

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

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.

- 17) During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- a) 0 days
 - b) 1 day
 - c) 2 or 3 days
 - d) 4 or 5 days
 - e) 6 or more days
- 18) During the past 12 months, how many times were you in a **physical fight**?
- a) 0 times
 - b) 1 time
 - c) 2 or 3 times
 - d) 4 or 5 times
 - e) 6 or 7 times
 - f) 8 or 9 times
 - g) 10 or 11 times
 - h) 12 or more times
- 19) During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count things like being hit, slammed into something, or injured with an object or weapon.)

<ul style="list-style-type: none"> a) I did not date or go out with anyone during the past 12 months b) 0 times c) 1 time d) 2 or 3 times e) 4 or 5 times f) 6 or more times
<p>20) <i>[Note: this question is skipped if (A) is selected in #19 above]</i> During the past 12 months, did someone you were dating or going out with 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.)</p> <ul style="list-style-type: none"> a) Yes b) No
<p>21) During the past 12 months, have you personally experienced any of the following? (Select all that apply.)</p> <ul style="list-style-type: none"> a) Been threatened with a gun electronically (count being threatened through texting, social media, or any online platform) b) Been threatened with a gun in person c) Witnessed a shooting close to where I live d) Known someone, such as a family member or close friend, who has been shot with a gun by another person e) I have not experienced any of the above

SEXUAL VIOLENCE

The next section asks about sexual violence and consent. Consent means that you freely and actively agree to be with someone sexually and know what you are agreeing to. Consent can be saying “yes” or any other action that gives permission to engage in sexual activity. Consent can be withdrawn at any time.

In this section, you will be asked about experiences with sexual violence, including harassment and rape. 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.

<p>22) Have you ever had a sexual experience where you were unsure if you gave your fully-granted consent to the other person?</p> <ul style="list-style-type: none"> a) Yes b) No c) I don’t know
<p>23) Have you ever had a sexual experience where you were unsure if you received fully-granted consent from the other person?</p> <ul style="list-style-type: none"> a) Yes b) No c) I don’t know
<p>24) During the past 12 months, has a revealing or sexual photo or video of you been texted, e-mailed, or posted electronically without your permission?</p> <ul style="list-style-type: none"> a) Yes b) No c) I don’t know
<p>25) Have you ever made sexual comments, jokes, gestures, or looks at someone when they did not want you to?</p> <ul style="list-style-type: none"> a) Yes b) No
<p>26) Have you ever touched, grabbed, or pinched someone in a sexual way when they did not want you to?</p> <ul style="list-style-type: none"> a) Yes b) No
<p>27) Have you ever been physically forced to have sex when you did not want to?</p> <ul style="list-style-type: none"> a) Yes b) No

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.

28) My stress level is manageable most days. a) Strongly agree b) Agree c) Not sure d) Disagree e) Strongly disagree
29) During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.) a) Always b) Most of the time c) Sometimes d) Rarely e) Never
30) During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose? a) Yes b) No
31) 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? a) Yes b) No
<i>The next three questions on this page ask you about attempted suicide.</i>
32) During the past 12 months, did you ever seriously consider attempting suicide? a) Yes b) No
33) During the past 12 months, did you make a plan about how you would attempt suicide? a) Yes b) No
34) During the past 12 months, how many times did you actually attempt suicide? a) 0 times b) 1 time c) 2 or 3 times d) 4 or 5 times e) 6 or more times
35) 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? a) Yes b) No c) Not sure
36) During your life, how often have you felt that you were able to talk to a friend about your feelings? a) Always b) Most of the time c) Sometimes d) Rarely e) Never
37) During the past 12 months, how many times has a friend told you they had thoughts of suicide? a) 0 times b) 1 time c) 2 or 3 times d) 4 or 5 times e) 6 or more times
38) 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.) a) Tell my parents/guardians or another family member b) Tell an adult in school who I could talk to or go to for help (e.g., school counselor, teacher, coach) c) Tell a friend d) Submit an anonymous report through my school's safety reporting system (e.g., Safe2Tell)

- e) Contact a crisis or help line (e.g., 988)
 - f) None of the above
- 39) Have you ever experienced the suicide death of a family member or close friend?
- a) Yes
 - b) No

RACISM

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

- 40) 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.

41) 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, 2one, 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"/>
42) 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"/>
43) 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) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44) 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.

45) How old were you when you had your first drink of alcohol other than a few sips? a) I have never had a drink of alcohol other than a few sips b) 8 years old or younger c) 9 or 10 years old d) 11 or 12 years old e) 13 or 14 years old f) 15 or 16 years old g) 17 years old or older
46) [Note: this question is skipped if (A) is selected in #45 above] During the past 30 days, on how many days did you have at least one drink of alcohol? a) 0 days b) 1 or 2 days c) 3 to 5 days d) 6 to 9 days e) 10 to 19 days f) 20 to 29 days g) All 30 days
47) [Note: this question is skipped if (A) is selected in #45 above] <i>The next question asks about how many drinks of alcohol you have had in a row, that is, within a couple of hours.</i> During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours? a) 0 days b) 1 day c) 2 days d) 3 to 5 days e) 6 to 9 days f) 10 to 19 days g) 20 or more days
48) Have you ever lived with someone who was having a problem with alcohol use? a) Yes b) No

TOBACCO

The next section asks about tobacco use.

49) How old were you when you first tried cigarette smoking, even one or two puffs? a) I have never tried cigarette smoking, not even one or two puffs b) 8 years old or younger c) 9 or 10 years old d) 11 or 12 years old e) 13 or 14 years old f) 15 or 16 years old g) 17 years old or older

- 50) [Note: this question is skipped if (A) is selected in #49 above]
 During the past 30 days, on how many days did you smoke cigarettes?
- a) 0 days
 - b) 1 or 2 days
 - c) 3 to 5 days
 - d) 6 to 9 days
 - e) 10 to 19 days
 - f) 20 to 29 days
 - g) All 30 days

- 51) In the past 30 days, which of the following products have you used on at least one day? Do **not** include any electronic vapor products. (Select all that apply.)
- a) Cigars, cigarillos, or little cigars
 - b) Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus
 - c) Smoking tobacco from a hookah, narghile, or other type of waterpipe
 - d) Oral nicotine pouches such as Rogue, Lucy, On!, Velo, Zeo, Zyn, Sesh, 2one, or FRE
 - e) I have not used any of the products listed above

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.

- 52) How old were you when you used an electronic vapor product for the first time?
- a) I have never used an electronic vapor product
 - b) 8 years old or younger
 - c) 9 or 10 years old
 - d) 11 or 12 years old
 - e) 13 or 14 years old
 - f) 15 or 16 years old
 - g) 17 years old or older

- 53) [Note: this question is skipped if (A) is selected in #52 above]
 During the past 30 days, on how many days did you use an electronic vapor product?
- a) 0 days
 - b) 1 or 2 days
 - c) 3 to 5 days
 - d) 6 to 9 days
 - e) 10 to 19 days
 - f) 20 to 29 days
 - g) All 30 days

- 54) [Note: this question is skipped if (A) is selected in #52 above]
 What are the reasons you have used electronic vapor products? (Select all that apply.)
- a) Friend or family member used them
 - b) To try to quit using other tobacco products
 - c) They cost less than other tobacco products
 - d) To relieve stress
 - e) They are less harmful than other forms of tobacco
 - f) They can be used in areas where other tobacco products are not allowed
 - g) I used them for some other reason

The next section asks about all tobacco or nicotine products. Please consider cigarettes, electronic vapor products, smokeless tobacco (oral nicotine pouches, chewing tobacco, snuff, dip, snus), cigars (including little cigars or cigarillos), sisha or hookah tobacco, and heated tobacco products (such as IQOS), when answering these questions. Do not include marijuana.

- 55) How much do you think people risk harming themselves (physically or in other ways) if they...?

	Great risk	Moderate risk	Slight risk	No risk
a) Use electronic vapor products every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Use oral nicotine pouches every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Breathe vapor from someone else's electronic vapor product (do not include marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56) During the past 30 days, where did you buy your own tobacco or nicotine products? (Select all that apply.)				
a) I did not buy tobacco or nicotine products during the past 30 days				
b) A gas station, convenience store, grocery store, or drugstore				
c) From a peer or friend				
d) A vending machine				
e) Over the internet				
f) Through the mail				
g) Some other place not listed here				
57) In the past 30 days, did anyone in a store ever refuse to sell you any tobacco or nicotine product because of your age?				
A. I did not try to buy those products in a store in the past 30 days				
B. Yes, someone refused to sell me those products because of my age				
C. No, no one refused to sell me those products because of my age				
58) [Note: this question is skipped if (A) is selected in #49 and (A) is selected in #52 and (D) is not selected in #51 above]				
Were any tobacco or nicotine products you used in the past 30 days flavored?				
		Yes		No
a) Cigarettes (Note: this question is skipped if (A) is selected in #49 above)	<input type="checkbox"/>		<input type="checkbox"/>	
b) Electronic vapor products (Note: this question is skipped if (A) is selected in #52 above)	<input type="checkbox"/>		<input type="checkbox"/>	
c) Oral nicotine pouches (Note: this question is skipped if (D) is not selected in #51 above)	<input type="checkbox"/>		<input type="checkbox"/>	
59) During the past 12 months, did you ever try to quit using all tobacco or nicotine products?				
a) I have not used any tobacco or nicotine product during the past 12 months				
b) Yes				
c) No				
60) During the past 7 days, on how many days were you inside your home while someone was smoking a cigarette, cigar, pipe, or using an electronic vapor product? (Do not include marijuana.)				
a) 0 days				
b) 1 or 2 days				
c) 3 or 4 days				
d) 5 or 6 days				
e) 7 days				

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.

61) How old were you when you tried marijuana for the first time?	
a) I have never tried marijuana	
b) 8 years old or younger	
c) 9 or 10 years old	
d) 11 or 12 years old	
e) 13 or 14 years old	
f) 15 or 16 years old	
g) 17 years old or older	
62) [Note: this question is skipped if (A) is selected in #61 above]	
During the past 30 days, how many times did you use marijuana?	
a) 0 times	
b) 1 or 2 times	
c) 3 to 9 times	
d) 10 to 19 times	
e) 20 to 39 times	

f) 40 or more times
63) <i>[Note: this question is skipped if (A) is selected in #61 above]</i> During the past 30 days, how did you usually use marijuana? (Select only one response.) a) I have not used marijuana in the past 30 days b) I smoked it c) I ate it (in an edible, candy, tincture, or other food) d) I used a vaporizer e) I dabbed it f) I used it in some other way
64) <i>[Note: this question is skipped if (A) is selected in #61 above]</i> During the past 30 days, how did you usually get the marijuana that you used? (Select only one response.) a) I have not used marijuana in the past 30 days b) I bought it using my medical marijuana card c) I bought it at a marijuana store or center d) I bought it from someone else e) Someone over the age of 21 gave it to me f) Someone under the age of 21 gave it to me g) I took it without permission from the owner h) I used a marijuana delivery service i) I bought it from a convenience store, head shop, or other non-dispensary store
65) During the past 30 days, on how many days did you use THC concentrates, hash oil, or waxes? a) 0 days b) 1 or 2 days c) 3 to 5 days d) 6 to 9 days e) 10 to 19 days f) 20 to 29 days g) All 30 days
66) <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.

67) 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 or 10 years old d) 11 or 12 years old e) 13 or 14 years old f) 15 or 16 years old g) 17 years old or older
68) <i>[Note: this question is skipped if (A) is selected in #67 above]</i> During the past 30 days, how many times did you take prescription pain medicine not prescribed to you or differently than how a doctor told you to use it? a) 0 times b) 1 or 2 times c) 3 to 9 times d) 10 to 19 times e) 20 to 39 times

f) 40 or more times

OTHER DRUGS

The next section asks about other drugs.

- 69) During your life, have you ever used the following drugs? (Select all that apply.)
- a) Prescription stimulants, like Adderall (also called Addys) or Ritalin, not prescribed to you or differently than prescribed
 - b) Prescription sedatives or tranquilizers, like Xanax (also called Xanies) or Valium, not prescribed to you or differently than prescribed
 - c) Any form of cocaine, including powder, crack, or freebase (also called coke or snow)
 - d) Inhalants like glue, aerosol spray cans, or any paints or sprays (also called whippets or gas)
 - e) Heroin (also called smack, junk, hero, or dope)
 - f) Methamphetamines (also called meth, speed, crystal meth, crank, or ice)
 - g) Ecstasy (also called MDMA, Molly, X, or disco biscuits)
 - h) Psilocybin (also called magic mushrooms, shrooms, caps, Alice)
 - i) Fentanyl (also called fatty, fent, or fenty)
 - j) Kratom (also called thang, thom, or biak)
 - k) Hemp-derived, intoxicating cannabinoid products like Delta-8 and Delta-10 THC (also called delta, D8, weed lite, or diet weed)
 - l) I have never used any of these drugs

SEXUAL HEALTH

The next section asks about sexual health. Consensual sex means you gave your consent and freely and actively agreed to participate.

70) Have you ever had consensual sex?

- a) Yes
- b) No

71) [Note: this question is skipped if (B) is selected in #70 above]

Have you had consensual sex in the last 3 months?

- a) Yes
- b) No

72) [Note: this question is skipped if (B) is selected in #70 above]

The last time you had consensual sex, which of the following methods did you or your partner use to prevent pregnancy or sexually transmitted infections? (Select all that apply.)

- a) Birth control pills (do **not** count emergency contraception such as Plan B or the "morning after" pill)
- b) Condoms
- c) An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- d) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- e) Emergency contraception (such as Plan B or the "morning after" pill)
- f) No method was used to prevent pregnancy/STIs by you or your partner

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.

73) During the past 7 days, how many times did you...?

	0 times in the past 7 days	1 to 3 times in the past 7 days	4 to 6 times in the past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
a) Eat fruit (do not 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 vegetables , such as green salad, potatoes, carrots, and other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

vegetables (do not count french fries, fried potatoes, or potato chips)	
c) Drink a can, bottle, or glass of soda or pop , such as Coke, Pepsi, or Sprite (do not 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"/>
74) 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 not count low-calorie sports drinks such as Propel or G2) b) Energy drink, such as Red Bull or Monster (do not 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	
75) During the past 7 days, on how many days did you eat breakfast ?	
a) 0 days b) 1 day c) 2 days d) 3 days e) 4 days f) 5 days g) 6 days h) 7 days	
76) 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.

77) 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 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	
78) 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 not 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	
79) If you wanted to, could you walk or ride a bike, scooter, or skateboard to school?	
a) Yes b) No, it is too far c) No, it is not safe d) No, it is too far and it is not safe	

- e) No, my school does not allow it
- 80) *The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.*
 During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- a) 0 times
 - b) 1 time
 - c) 2 times
 - d) 3 times
 - e) 4 or more times

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.

- 81) *Body image is how you see yourself when you look in the mirror or when you picture yourself in your mind.*
 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
- 82) 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
- 83) 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.

- 84) 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"/> |
- 85) 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.

86) 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				
87) Thinking back on the past year in school, how often did you enjoy being in school?				
a) Always				
b) Most of the time				
c) Sometimes				
d) Rarely				
e) Never				
88) During the last four weeks , how many whole days of school have you missed because you skipped or "cut"?				
a) 0 days				
b) 1 day				
c) 2 days				
d) 3 days				
e) 4 to 5 days				
f) 6 to 10 days				
g) 11 or more days				
89) How interesting are most of your courses to you?				
a) Very interesting				
b) Quite interesting				
c) Fairly interesting				
d) Slightly boring				
e) Very boring				
90) How important do you think the things you are learning in school are going to be for your later life?				
a) Very important				
b) Important				
c) Not very important				
d) Not at all important				
91) 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"/>
92) Please answer the following:				
	Definitely	Usually	Not often	Definitely not
a) I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My teachers notice when I am doing a good job and let me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) The school lets my parents or guardians know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93) 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, gun safety, oral health, asthma, and time spent in nature.

94) During the past 30 days, where did you usually sleep? (Select all that apply.)
a) In my parent's or guardian's home
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
c) In a shelter or emergency housing
d) In a motel or hotel
e) In a car, park, campground, or other public place
f) I do not have a usual place to sleep
g) Somewhere else
95) On an average school night, how many hours of sleep do you get?
a) 4 or fewer hours
b) 5 hours
c) 6 hours
d) 7 hours
e) 8 hours
f) 9 hours
g) 10 or more hours
96) 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.
a) I could not get a loaded gun
b) Less than 10 minutes
c) 10 or more minutes, but less than 1 hour
d) 1 or more hours, but less than 4 hours
e) 4 or more hours, but less than 24 hours
f) 24 or more hours
97) <i>[Note: this question is skipped if (A) is selected in #96 above]</i> How would you be able to get a loaded gun without a parent or other adult's permission? (Select all that apply.)
a) I could get a gun in or around my home
b) I could get a gun from a friend or schoolmate
c) I could get a gun from a family member
d) I could buy or trade to get a gun
e) I could steal a gun
f) I could get a gun online, including through social media
g) Some other way

- 98) In the past 12 months, which of the following problems with your mouth or teeth have you experienced? Do **not** include problems caused by braces or a mouth injury, such as being hit in the mouth. (Select all that apply.)
- a) Difficulty when biting or chewing foods
 - b) Avoided smiling
 - c) Felt anxious or embarrassed
 - d) Took days off school because of pain or discomfort
 - e) Problems sleeping
 - f) Experienced pain
 - g) I have not experienced any of these problems with my mouth or teeth
- 99) Has a doctor or nurse ever told you that you have asthma?
- a) Yes
 - b) No
 - c) Not sure
- 100) During the past 12 months, how often did you go outdoors to spend time in nature?
- a) Every day
 - b) Once a week
 - c) Once a month
 - d) A few times each year
 - 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.

101) 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"/>
102) 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"/>
103) 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"/>
104) During the past 30 days have you used prescription drugs not prescribed to you?				
a) Yes				
b) No				
105) 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

106) I feel adults listen to and respect my input.

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

107) I feel that my voice and opinions are heard.

- a. Strongly Disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly Agree

108) Which of these places do you feel safe hanging out at? (Select all that apply.)

- a. Home
- b. A friend's house
- c. Community or neighborhood park
- d. Library
- e. Sports fields
- f. Resort/outdoor recreation areas
- g. Recreation center
- h. Coffee shop/restaurant
- i. Movie theater
- j. Skate park/bike parks
- k. Religious space
- l. Youth center or space
- m. Nature space or secluded area
- n. Bus stop
- o. Shopping area
- p. Art or creative spaces
- q. Somewhere else
- r. I do not feel safe hanging out anywhere

109) What kinds of things have led you to miss school this year? (Select all that apply.)

- a. I was sick, illness
- b. Medical, dental, vision, mental health appointment
- c. Some other appointment
- d. Bullying or peer issues
- e. I didn't feel safe
- f. Tired/I didn't get enough sleep
- g. I am bored at school
- h. School is too stressful
- i. I do not feel I belong at school
- j. No one misses me if I'm not there
- k. I was skipping either alone or with friends
- l. Transportation
- m. Work
- n. Club or competitive sports
- o. I just didn't feel like it
- p. School sports or competitions
- q. Extended vacation
- r. Family needs - to take care of a sibling or family member, or help family in some way
- s. I didn't finish my school work
- t. I have not missed school this year

110) 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?

- a. Great risk
- b. Moderate risk
- c. Slight risk
- d. No risk

111) How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?

- a. Great risk
- b. Moderate risk
- c. Slight risk
- d. No risk

112) If you used oral nicotine pouches in the past 30 days, what are the reasons you used these products? (Select all that apply.)

- a. Friend or family member uses them
- b. To try to quit using other tobacco products
- c. They cost less than other tobacco products
- d. To relieve stress
- e. To suppress appetite
- f. I crave it
- g. They are less harmful than other forms of tobacco
- h. They can be used in areas where other tobacco products are not allowed
- i. It is more discreet than other forms of tobacco
- j. It is more appealing than other forms of tobacco
- k. To fit in or feel more comfortable in social situations
- l. I used them for some other reason
- m. I did not use oral nicotine pouches in the past 30 days

113) 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?

- a. Not likely
- b. Somewhat likely
- c. Likely
- d. Very likely