

Please help us make students healthier and safer by taking this survey. Your answers will help us understand what we can do to help you do better.

**This is NOT a test. There are no right or wrong answers.
You don't have to take the survey if you don't want to.**



Helping all youth to be happy, healthy and resilient

Do not write your name anywhere.

No one will know how you answer.

Please be honest. You don't have to answer any question you don't want to. If an answer doesn't fit exactly, choose the one that's closest. If you don't know what a question means, it's okay to skip it.

How to fill in the bubbles:

Please mark the bubble you choose by filling it in completely with a pencil.
If you make a mistake, erase it completely and fill it in correctly.

Mark answers like this:



NOT like this:



Please tell us about yourself.

1. What's your grade?
 - A. 5th grade
 - B. 6th grade
 - C. 7th grade
 - D. 8th grade
 - E. Other grade

2. How old are you?
 - A. 10 years old or younger
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old or older

3. What is your race or ethnicity? **(You can choose more than one answer).**
 - A. Hispanic or Latino/Latina/Latinx
 - B. Black or African American
 - C. American Indian/Native American
 - D. Alaska Native
 - E. Asian Indian
 - F. Chinese
 - G. Filipino/a/x
 - H. Japanese
 - I. Korean
 - J. Vietnamese
 - K. Other Asian
 - L. Native Hawaiian
 - M. Other Pacific Islander
 - N. Middle Eastern or North African
 - O. Something else **(Specify)** _____
 - P. Don't know/Not sure

-
4. If you chose more than one race or ethnicity, which one **best** describes you?
- Q. Only one chosen in previous question
 - R. Multi-racial/No single race best describes me
 - A. Hispanic or Latino/Latina/Latinx
 - B. Black or African American
 - C. American Indian/Native American
 - D. Alaska Native
 - E. Asian Indian
 - F. Chinese
 - G. Filipino/a
 - H. Japanese
 - I. Korean
 - J. Vietnamese
 - K. Other Asian
 - L. Native Hawaiian
 - M. Other Pacific Islander
 - N. Middle Eastern or North African
 - O. White
 - P. Something else (**Specify**) _____
 - Q. Prefer not to say

-
5. Are you enrolled in any of the following tribes?
- A. I am not enrolled in a tribe
 - B. Burns Paiute Tribe
 - C. Coquille Indian Tribe
 - D. Cow Creek Band of Umpqua Tribe of Indians
 - E. Confederated Tribes of Grand Ronde
 - F. Klamath Tribes
 - G. Confederated Tribes of Umatilla Indian Reservation
 - H. Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians
 - I. Confederated Tribes of Siletz Indians
 - J. Confederated of Warm Springs
 - K. Something else (**Specify**) _____

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6. What is the language you use most often at home?
- A. English
 - B. Spanish
 - C. Mandarin
 - D. Cantonese
 - E. Russian
 - F. Vietnamese
 - G. American Indian/Alaska Native tribal language
 - H. ASL, PSE, tactile interpreting, etc.
 - I. Another language (**Specify**) _____

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Example

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

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

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet. If you weigh less than 100 pounds, please write 0 (zero) in the first column and fill in the matching circle (0).

Example

Weight		
Pounds		
0	9	8
●	○	○
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	●
⑨	●	⑨

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

-
9. How do you identify? **(You can choose more than one answer).**
- A. Female
 - B. Male
 - C. Transgender/Trans Female
 - D. Transgender/Trans Male
 - E. Gender nonconforming
 - F. Something else fits better **(Specify)** _____
 - G. I am not sure of my gender identity
 - H. I do not know what this question is asking
-

The next questions are about health or learning conditions you may have.

10. Are you deaf or do you have serious difficulty hearing?
- A. Yes
 - B. No
-
11. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- A. Yes
 - B. No
-
12. Do you have serious difficulty walking or climbing stairs?
- A. Yes
 - B. No
-
13. Do you have difficulty dressing or bathing?
- A. Yes
 - B. No
-

The next questions are about your health care.

14. Would you say that in general your **physical health** is...
- A. Excellent
 - B. Very good
 - C. Good
 - D. Fair
 - E. Poor
-
15. Would you say that in general your **emotional and mental health** is...
- A. Excellent
 - B. Very good
 - C. Good
 - D. Fair
 - E. Poor
-
16. When did you last go to a doctor for a check-up when you were not sick or injured?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Don't know/Not sure
-
17. When did you last go to a dentist for a check-up, exam, teeth cleaning, or other reason for your teeth?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Don't know/Not sure
-
18. Have you ever had a cavity? (**You can choose more than one answer**).
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. I have never had a cavity
 - E. Don't know/Not sure

-
19. During the past 12 months, did you miss one or more hours of school due to any of the following reasons? **(You can choose more than one answer).**
- A. I had pain in one of my teeth
 - B. My mouth was hurting
 - C. I had to go to the dentist because of tooth or mouth pain (this visit was not a regular check-up with the dentist)
 - D. I had to go to the hospital emergency room because of tooth or mouth pain
 - E. I had a mouth injury from playing a sport
 - F. I did not miss school for any of these reasons
-
20. People get information about their health and their bodies from many different sources. For each source listed below, please mark if you have used it to get information about health topics **(You can choose more than one answer).**
- A. Parents/step-parents
 - B. Health class in school
 - C. Doctors/nurses/school nurse
 - D. Social media sites (such as Facebook, Instagram, Twitter or Snapchat)
 - E. Friends
 - F. Siblings
 - G. Teachers or trusted adults at school
 - H. Ads
 - I. Newspaper or magazine articles
 - J. Books
 - K. Internet sites/articles
 - L. Other
 - M. No one
 - N. I don't know

-
21. If you had a physical or mental health care problem during the school day, who would you go to at your school for help? **(You can choose more than one answer).**
- A. School counselor
 - B. School-Based Health Center (SBHC)
 - C. School nurse
 - D. School secretary/office staff
 - E. Mental health therapist at your school
 - F. Principal or vice principal
 - G. Teacher
 - H. Other adult at school **(Specify)** _____
 - I. No one
 - J. I don't know
-
22. Have you ever been taught at school about healthy and respectful relationships?
- A. Yes
 - B. No
 - C. Not sure

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

23. I can do most things if I try.

- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true
-

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

- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true
-

25. I volunteer to help others in my community.

- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true
-

26. I can work out my problems.

- A. Very much true
 - B. Pretty much true
 - C. A little true
 - D. Not at all true
-

The next set of questions ask about your experiences and feelings about your school and how people at your school treat each other. Please answer honestly. Remember, you can skip any question that you don't understand or don't want to answer.

How strongly do you agree or disagree with the following statements about this school?
(Mark only one answer).

27. I feel safe at my school.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

-
28. Teachers and other adults at this school understand my problems.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

-
29. It is easy to talk with teachers and other adults at this school.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

-
30. My teachers and other adults at this school help me feel good about myself.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

-
31. If I am absent, there is a teacher or another adult at school that will notice my absence.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
32. At this school, students work on listening to others to understand what they are trying to say.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
33. I am happy to be at this school.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
34. In my classes I am often distracted from doing schoolwork because other students are misbehaving, for example, talking or fighting. ^{DISRUPT}
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree
-
35. Adults in my school respect people from different backgrounds (for example, people of different races, ethnicities, cultures, religions, genders, sexual orientation or disabilities).
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

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36. At this school, there is conflict or tension based on race, ethnicity, culture, religion, gender, sexual orientation or disability.
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree
-

The next questions ask about when you are not at school.

37. In the past 30 days, how many days of school did you miss?
- A. I did not miss any days of school in the past 30 days
 - B. 1 day
 - C. 2 days
 - D. 3 or more days
-
38. Outside of school hours, there is a safe place or person I can go to if I need help. ^{OUTSIDE}
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

The next questions ask about bullying.

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

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39. During the past 30 days, have you been bullied by another student using any kind of **technology**, such as texting, using the Internet or apps (messaging, social media, games, livestreaming, etc.)?
- A. Yes
 - B. No
-
40. During the past 30 days, have you ever been bullied AT SCHOOL (including any school events, or on the way to or from school)? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.).
- A. Yes
 - B. No

The next questions ask about sad feeling, self-harm and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

If you or someone you know is in crisis and needs help:

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

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

41. 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

42. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

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

- A. Yes
- B. No

44. 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

Health and wellness can be affected by difficult life experiences. These questions might be hard to answer and may bring up difficult feelings and emotions. Please remember, you don't have to answer any question you don't want to. A resource sheet is available for you if you or someone you know needs help.

45. Have you ever had to wear dirty clothes?

- A. Yes
 - B. No
-

46. Have you ever experienced not having enough to eat?

- A. Yes
 - B. No
-

47. Have you ever had a household member who was mentally ill or depressed?

- A. Yes
 - B. No
-

48. Have you ever lived with someone who had a problem with drinking or using drugs?

- A. Yes
 - B. No
-

49. Have you ever had a household member go to jail/prison or be deported?

- A. Yes
 - B. No
-

50. Have you ever experienced the death of a very close friend or family member?

- A. Yes
 - B. No
-

51. Have you ever felt that you had no one to protect you?

- A. Yes
 - B. No
-

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.

52. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
53. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
54. During the past 7 days, how many times did you eat **vegetables**?
- A. I did not eat vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

-
55. During the past 7 days how many times did you drink **soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop)
- A. 0 times in past 7 days
 - B. 1 to 3 times in past 7 days
 - C. 4 to 6 times in past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-
56. During the past 7 days, how many times did you drink other sugar-sweetened beverages such as Kool Aid™ and lemonade, sweet tea, flavored milk, and sports or energy drinks such as Gatorade™ and Red Bull™? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.
- A. 0 times in past 7 days
 - B. 1 to 3 times in past 7 days
 - C. 4 to 6 times in past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
-

The next question is about physical activity.

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57. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next section asks about gambling.

-
58. Gambling involves betting anything of value (money, a watch, a soda, etc.) on a game or event. Please choose ALL the types of gambling that you have bet on during the last 30 days.
- A. I did not gamble in the last 30 days
 - B. Sporting events where I was not playing including fantasy sports
 - C. Skill games where I was playing (sports, cards, dares, dice, video games, etc.)
 - D. Lottery games (scratch offs, PowerBall®, Megabucks™, etc.)
 - E. Internet/online gambling activities (e-sports, casino games, sports betting, etc.)
 - F. Other activities where I bet or gambled
-
59. During the last 12 months, have you ... **(You can choose more than one answer)**
- A. I did not gamble or bet in the past 12 months
 - B. Felt bad about the amount of money you bet, or what happens when you gamble or bet
 - C. Gone back another day to try to win back money you lost gambling.
 - D. Thought about or planned your gambling or betting activities
 - E. Borrowed money from someone to gamble and not paid it back
 - F. Had any problems, such as arguments with family and friends, or problems at school or work due to your gambling

The next questions ask about drinking alcohol. This includes drinking beer, wine, flavored beverages such as Mike’s Hard Lemonade, and liquor “shots” such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

60. 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 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old
 - H. 14 years old or older
-
61. 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
-
62. During the past 30 days, on how many days did you have 5 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

The next questions ask about tobacco use.

63. 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
-
64. During the past 30 days, on how many days did you use **e-cigarettes** or **other vaping products**, such as Juul?
- 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
-
65. If you wanted to get some, how easy would it be for you to get cigarettes?
- A. Very easy
 - B. Sort of easy
 - C. Sort of hard
 - D. Very hard

The next question asks about marijuana (also called pot, weed or cannabis).

66. During the past 30 days, on how many days did you use marijuana?
- A. 0 days
 - B. 1 or 2 days?
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 or more days

The next questions ask about the use of other drugs.

67. During the past 30 days, on how many days have you taken prescription medicine without a doctor's prescription or differently than how a doctor told you to use it?
- 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
-
68. If you took prescription medicine without a doctor's prescription or differently than how a doctor told you to use it, were any of them opioids, such as oxycodone/OxyContin, Percocet, Vicodin/hydrocodone or codeine?
- A. I did not take prescription medications without a doctor's prescription or differently than how a doctor told me to use it
 - B. Yes (they were opioids)
 - C. No (they were not opioids)
 - D. Don't know/Not sure if they were opioids

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

How much do you think people risk harming themselves (physically or in other ways) if they:	No risk	Slight risk	Moderate risk	Great risk
69. Have five or more drinks of an alcoholic beverage once or twice a week?	A	B	C	D
70. Smoke one or more packs of cigarettes per day?	A	B	C	D
71. Use marijuana regularly (once or twice a week)	A	B	C	D
72. Use prescription drugs that are not prescribed to them?	A	B	C	D

How wrong do your parents feel it would be for you to ...		Not wrong at all	A little bit wrong	Wrong	Very wrong
73.	Have one or two drinks of an alcoholic beverage nearly every day?	A	B	C	D
74.	Smoke cigarettes?	A	B	C	D
75.	Use marijuana?	A	B	C	D
76.	Use prescription drugs not prescribed to you?	A	B	C	D

How wrong do your friends feel it would be for you to ...		Not wrong at all	A little bit wrong	Wrong	Very wrong
77.	Have one or two drinks of an alcoholic beverage nearly every day?	A	B	C	D
78.	Smoke cigarettes?	A	B	C	D
79.	Use marijuana?	A	B	C	D
80.	Use prescription drugs not prescribed to you?	A	B	C	D

That's the end of the survey.

Thank you for your participation.

You can get this document in other languages, large print, braille or a format you prefer. Contact Renee Boyd at 971-673-1145 or email renee.k.boyd@state.or.us. We accept all relay calls or you can dial 711.