



HS-A

2017 High School Maine Integrated Youth Health Survey

This survey is about your health behavior and things that affect it. It will tell us what you and other students do that may affect your health. About 96,000 students in Maine are being asked to take this survey. The answers you give will be used to create better health education and programs for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

You may choose to take the survey or not take it. Your choice will not affect your grade in this class. There is some risk that some questions may make you feel uncomfortable. If you are not comfortable answering a question, just leave it blank. You can stop answering questions at any time you want. There is no penalty for not completing the survey. It should not take you longer than this class period.

The benefit to you in taking this survey is that your school and community may be better able to create programs that help you stay healthy.

Some questions ask about your background such as your race, age and gender. These will be used only to describe the types of students completing the survey. No answers will be used to find out your name. No names will ever be reported. The survey is research. This means that we will use your answers to help us learn about Maine students in general.

Be sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of your teacher.

If you have questions about the survey, your teacher will have contact names for someone to e-mail or call.

THANK YOU very much for your help!

Directions:

- Use a #2 pencil or a blue or black pen.
- Make dark marks.
- Fill in a response like this: (A) (B) ● (D)
- To change your answer, erase completely.

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 is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No

5. What is your race? **(Select one or more responses.)**
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example:

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

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example:

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

8. What language is spoken most often at home?

- A. Acholi
- B. Arabic
- C. English
- D. French
- E. Khmer
- F. Somali
- G. Spanish
- H. Some other language

9. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure
10. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- No, I am not transgender
 - Yes, I am transgender
 - I am not sure if I am transgender
 - I do not know what this question is asking
11. During the past 30 days, where did you usually sleep?
- In my parent's or guardian's home
 - 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
 - In a shelter or emergency housing
 - In a motel or hotel
 - In a car, park, campground, or other public place
 - I do not have a usual place to sleep
 - Somewhere else

The next 5 questions ask about safety.

12. During the past 30 days, how many times did you **ride** in a car or other vehicle driven by someone who had been drinking alcohol?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
13. During the past 30 days, how many times did you **ride** in a car or other vehicle driven by someone who had been taking illegal drugs such as marijuana, cocaine, heroin, or LSD?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
14. Do you agree or disagree with the following statement? "I feel safe at my school."
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

15. Have you ever been forced (physically or otherwise) to have sexual contact? (Select only **one** response.)
- Yes, this happened to me **both** before and during the past year
 - Yes, this happened to me **only** before the past year
 - Yes, this happened to me **only** during the past year
 - No, I have **never** been forced to have sexual contact
16. Has violence in your home, or the threat of violence, ever made you want to leave your home, even just for a short while?
- Yes
 - No

The next question 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 or fight or tease each other in a friendly way.

17. During the past 12 months, have you ever been bullied **on school property**?
- Yes
 - No

The next 3 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

18. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes
 - No
19. During the past 12 months, when you felt sad or hopeless, from whom did you get help? (Select only **one** response.)
- I did not feel sad or hopeless
 - I did feel sad or hopeless but did not seek help
 - Parent or other adult relative
 - Teacher or other school staff
 - Other adults
 - Friends
 - None of the above

20. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No

The next 15 questions ask about tobacco use.

21. 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
22. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)
- 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
23. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 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
24. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

25. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?
- A. Yes
 - B. No
 - C. Not sure
26. How wrong do your parents feel it would be for you to smoke cigarettes?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
27. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
28. Do you think that you will try a cigarette soon?
- A. I definitely will
 - B. I probably will
 - C. I probably will not
 - D. I definitely will not
29. Do you think you will smoke a cigarette at any time during the next year?
- A. I definitely will
 - B. I probably will
 - C. I probably will not
 - D. I definitely will not
30. When you go to a supermarket, grocery store, convenience store or gas station mini-mart, how often do you see tobacco industry advertisements on signs or poster boards?
- A. A lot
 - B. Sometimes
 - C. Hardly ever
 - D. Never
 - E. I never go to a supermarket, grocery store, convenience store or mini-mart
 - F. I don't know/I'm not sure
31. If one of your best friends offered you a cigarette, would you smoke it?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not

32. Think of your four best friends. How many in the past year have smoked cigarettes?
- A. None of my friends
 - B. 1 of my friends
 - C. 2 of my friends
 - D. 3 of my friends
 - E. 4 of my friends
33. How wrong do your friends feel it would be for you to smoke cigarettes?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
34. During the past 7 days, on how many days were you in the same car with someone who was smoking cigarettes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
35. Besides yourself, does anyone who lives in your home smoke cigarettes now?
- A. Yes
 - B. No

The next 17 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

36. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days
 - G. 100 or more days

37. 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
38. 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
39. During the past 30 days, what is the largest number of alcoholic drinks you had in a row?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks
40. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

41. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- 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
42. If you wanted to get some alcohol, how easy would it be for you to get some?
- A. Very hard
 - B. Sort of hard
 - C. Sort of easy
 - D. Very easy
43. If you drank some alcohol without your parents' permission, would you be caught by your parents?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
44. If a kid drank some alcohol in your neighborhood, would he or she be caught by the police?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
45. How much do you think people risk harming themselves (physically or in other ways) if they have **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
46. How much do you think people risk harming themselves (physically or in other ways) if they have **5 or more** drinks of an alcoholic beverage in a row once or twice a week?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
47. How wrong would most adults over 21 in your neighborhood think it is for kids your age to drink alcohol?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
48. How do you feel about someone your age having **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. Strongly approve
 - B. Approve
 - C. Neither approve nor disapprove
 - D. Disapprove
 - E. Strongly disapprove
49. Think of your four best friends. How many in the past year have tried alcohol when their parents didn't know about it?
- A. None of my friends
 - B. 1 of my friends
 - C. 2 of my friends
 - D. 3 of my friends
 - E. 4 of my friends
50. How wrong do your friends feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
51. How wrong do your parents feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
52. How wrong do you think it is for someone your age to have **5 or more** drinks of alcohol once or twice each week?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all

**The next 11 questions ask about marijuana use.
Marijuana is also called grass or pot.**

53. During your life, how many times have you used 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 to 99 times
G. 100 or more times
54. 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
55. 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
56. If you wanted to get some marijuana, how easy would it be for you to get some?
A. Very hard
B. Sort of hard
C. Sort of easy
D. Very easy
57. How wrong do your parents feel it would be for you to smoke marijuana?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not wrong at all
58. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana once or twice a week?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk

59. How wrong do your friends feel it would be for you to smoke marijuana?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not wrong at all
60. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?
A. Definitely yes
B. Probably yes
C. Probably not
D. Definitely not
61. How wrong do you think it is for someone your age to smoke marijuana?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not wrong at all
62. During the past 30 days, how many times did you use marijuana **on school property**?
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. Think of your four best friends. How many in the past year have used marijuana?
A. None of my friends
B. 1 of my friends
C. 2 of my friends
D. 3 of my friends
E. 4 of my friends

The next 23 questions ask about other drugs.

64. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
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

65. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
66. If you wanted to get **prescription drugs** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) that were not prescribed to you, how easy would it be to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
67. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
68. During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
69. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
70. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
71. During your life, how many times have you used **methamphetamines** (also called meth, speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
72. During your life, how many times have you used **ecstasy** (also called MDMA)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
73. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
74. During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

75. How many times in the past year (12 months) have you been drunk or high **at school**?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
76. How many times in the past year (12 months) have you sold illegal drugs?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
77. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
 - No
78. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
79. Do you agree or disagree with the following statement? "My family has clear rules about alcohol and drug use."
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
80. How wrong do your parents feel it would be for you to take a prescription drug not prescribed to you?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
81. During the past 12 months, do you recall hearing, reading or watching an advertisement about the prevention of substance use?
- Yes
 - No
 - Not sure

82. How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug that is not prescribed to them?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
83. How wrong do your friends feel it would be for you to take a prescription drug not prescribed to you?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
84. Think of your four best friends. How many in the past year have used LSD, cocaine, amphetamines, or other illegal drugs?
- None of my friends
 - 1 of my friends
 - 2 of my friends
 - 3 of my friends
 - 4 of my friends
85. About how many adults over 21 have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs?
- None
 - 1 adult
 - 2 adults
 - 3 or 4 adults
 - 5 or more adults
86. During your life, how many times have you used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next question asks about sexual intercourse.

87. Have you ever had sexual intercourse?
- Yes
 - No

The next 6 questions ask 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.

88. 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.)
- I did not drink 100% fruit juice during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
89. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
90. During the past 7 days, how many times did you eat **vegetables**, such as carrots, green salad, corn, or green beans? (Do **not** count french fries or other fried potatoes.)
- I did not eat vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
91. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage** such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do **not** count diet soda, other diet drinks, or 100% fruit juice.)
- I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

92. What kind of milk do you **usually** drink? (Select only **one** response.)
- I do not drink milk
 - Whole milk
 - 2% or reduced fat milk
 - 1% or low fat milk
 - Fat-free, skim, or non-fat milk
 - Chocolate or flavored milk
 - Some other type of milk
 - Not sure
93. During the past 7 days, on how many days did you eat dinner **at home** with **at least one of your parents/guardians**?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

The next 3 questions ask about physical activity.

94. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
95. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
96. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do not count your physical education teacher.)
- Yes
 - No

The next 8 questions ask about your school, your family, your community, and support that you get.

97. During an average week, how many hours do you spend in clubs or organizations (other than sports) outside of regular school hours?
- A. 0 hours
 - B. 1 hour
 - C. 2 hours
 - D. 3 to 5 hours
 - E. 6 to 10 hours
 - F. 11 or more hours
98. Do you agree or disagree that at least one of your teachers really cares and gives you help and support when you need it?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
99. How often does your school enforce rules fairly?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
100. How often do adults in your school address conflict, negative language, and bullying in positive ways to help students?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
101. How often does one of your parents talk with you about what you are doing in school?
- A. About every day
 - B. About once or twice a week
 - C. About once or twice a month
 - D. Less than once a month
 - E. Never
102. How often is the following statement true for you? "When I am not at home, one of my parents or guardians knows where I am and whom I am with."
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

103. Do you agree or disagree that in your community you feel like you matter to people?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
104. Please tell us HOW MANY of the following six things have EVER happened to you (Add up how many ever happened to you):
- Your parents/guardians got divorced or separated
 - A parent/guardian died
 - A parent/guardian was in jail or prison
 - You lived with an adult who had a mental illness
 - Your parent or another adult you lived with often swore at you, insulted you, put you down, or humiliated you
 - You were physically hurt by an adult in your home
- A. 0, none of these things have ever happened to me
 - B. 1
 - C. 2
 - D. 3
 - E. 4
 - F. 5
 - G. 6

The next 4 statements are about positive things that you might have in yourself, your family, friends, neighborhood, school, and community. For each item that describes you now or within the past 3 months, check if the item is true.

105. I have parent(s) or guardian(s) who try to help me succeed.
- A. Not at all or rarely
 - B. Somewhat or sometimes
 - C. Very or often
 - D. Extremely or almost always
106. I have a school that cares about kids and encourages them.
- A. Not at all or rarely
 - B. Somewhat or sometimes
 - C. Very or often
 - D. Extremely or almost always

107. I have support from adults other than my parents.

- A. Not at all or rarely
- B. Somewhat or sometimes
- C. Very or often
- D. Extremely or almost always

108. I have a family that gives me love and support.

- A. Not at all or rarely
- B. Somewhat or sometimes
- C. Very or often
- D. Extremely or almost always

The next 2 questions ask about gambling.

109. In your lifetime, how many times have you gambled (bet) with money or something else of value? (Include if you bet at a casino, race track, or online, bought lottery tickets, bet on a sports team, or played cards or other games for money or things.)

- 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

110. Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

- A. I have never gambled
- B. Yes
- C. No

**This is the end of the survey.
Thank you very much for your help.**



The Maine Integrated Youth Health Survey is a collaborative effort of the Maine Department of Education and the Maine Department of Health and Human Services (Maine Center for Disease Control and Prevention & Substance Abuse and Mental Health Services).

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