



HS-D

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 your old answer 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)	(0)
(4)	(1)
●	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	●
	(8)
	(9)
	(10)
	(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
(0)	(0)	(0)
●	(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 4 questions ask about safety.

12. How often do you wear a seat belt when **riding** in a car driven by someone else?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
13. How often do you wear a seat belt when **driving** a car?
- I do not drive a car
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

14. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- I did not drive a car or other vehicle during the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
15. During the past 30 days, how many times did you text or talk on the phone while driving a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

The next 6 questions ask about violence-related behaviors.

16. If you wanted to get a gun, how easy would it be for you to get one?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times
18. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times

19. Do you agree or disagree with the following statement? "I feel safe at my school."
 A. Strongly agree
 B. Agree
 C. Disagree
 D. Strongly disagree
20. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
 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
21. How often is the following statement true for you? "I resolve conflicts without anyone getting hurt."
 A. Never
 B. Rarely
 C. Sometimes
 D. Most of the time
 E. Always

The next 3 questions ask 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.

22. During the past 12 months, have you ever been bullied **on school property**?
 A. Yes
 B. No
23. During the past 12 months, have you ever been bullied **away from school property**?
 A. Yes
 B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
 A. Yes
 B. No

The next 5 questions ask about harassment.

25. Has anyone ever made offensive racial comments or attacked you based on your race or ethnicity at school or on your way to or from school?
 A. Yes
 B. No
26. Has anyone ever made offensive comments or attacked you because of your perceived sexual orientation at school or on your way to or from school?
 A. Yes
 B. No
27. Has anyone ever made offensive sexual comments to you at school or on your way to or from school?
 A. Yes
 B. No
28. Has anyone ever made offensive comments or attacked you at school or on your way to or from school because of how masculine or feminine you are (that is, acting "too much like a girl" if you are a boy, or acting "too much like a boy" if you are a girl)?
 A. Yes
 B. No
29. What are the chances you would be seen as cool if you defended someone who was being verbally abused at school?
 A. No or very little chance
 B. Little chance
 C. Some chance
 D. Pretty good chance
 E. Very good chance

The next 4 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.

30. 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

31. During the past 12 months, when you felt sad or hopeless, from whom did you get help? (Select only **one** response.)
- A. I did not feel sad or hopeless
 - B. I did feel sad or hopeless but did not seek help
 - C. Parent or other adult relative
 - D. Teacher or other school staff
 - E. Other adults
 - F. Friends
 - G. None of the above
32. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
33. 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

The next question asks about hurting yourself without wanting to die.

34. 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

The next 14 questions ask about tobacco use.

35. 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

36. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - 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
37. 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
38. 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
39. 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
40. 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

41. 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?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
42. If you wanted to get some cigarettes, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
43. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?
- I did not try to buy cigarettes in a store during the past 30 days
 - Yes, someone refused to sell me cigarettes because of my age
 - No, no one refused to sell me cigarettes because of my age
44. How much do you think people risk harming themselves (physically or in other ways) if they are exposed to other people's cigarette smoke?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
45. During the past 12 months, how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?
- I did not smoke during the past 12 months
 - I did not try to quit during the past 12 months
 - 1 time
 - 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
46. Do you think you would be able to quit smoking cigarettes if you tried?
- I do not smoke now
 - Yes
 - No

47. Has a doctor or someone in a doctor's office talked to you about the danger of tobacco use in the past 12 months?
- I have not visited a doctor's office
 - Yes
 - No

48. Has a dentist or someone in a dentist's office talked to you about the danger of tobacco use in the past 12 months?
- I have not visited a dentist's office
 - Yes
 - No

The next 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pipes, e-hookahs, and hookah pens.

49. Have you ever used an electronic vapor product?
- Yes
 - No

50. During the past 30 days, on how many days did you use an electronic vapor product?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

51. The last time you used an electronic vapor product, what was in the vapor you inhaled?
- I have never used an electronic vapor product
 - Nicotine
 - Marijuana or hash oil
 - Just flavoring
 - Not sure

The next 13 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.

52. During your life, on how many days have you had at least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 9 days
 - 10 to 19 days
 - 20 to 39 days
 - 40 to 99 days
 - 100 or more days
53. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
54. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
55. During the past 30 days, what is the largest number of alcoholic drinks you had in a row?
- I did not drink alcohol during the past 30 days
 - 1 or 2 drinks
 - 3 drinks
 - 4 drinks
 - 5 drinks
 - 6 or 7 drinks
 - 8 or 9 drinks
 - 10 or more drinks
56. During the past 30 days, how did you **usually** get the alcohol you drank?
- I did not drink alcohol during the past 30 days
 - I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - I bought it at a restaurant, bar, or club
 - I bought it at a public event such as a concert or sporting event
 - I gave someone else money to buy it for me
 - Someone gave it to me
 - I took it from a store or family member
 - I got it some other way
57. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
58. If you wanted to get some alcohol, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
59. If you drank some alcohol without your parents' permission, would you be caught by your parents?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
60. If a kid drank some alcohol in your neighborhood, would he or she be caught by the police?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
61. 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?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
62. 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?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

63. How wrong do your friends feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
64. How wrong do your parents feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

The next 7 questions ask about marijuana use. Marijuana is also called grass or pot.

65. During your life, how many times have you used marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 to 99 times
 - 100 or more times
66. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
67. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
68. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy

69. How wrong do your parents feel it would be for you to smoke marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
70. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana once or twice a week?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
71. How wrong do your friends feel it would be for you to smoke marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

The next 7 questions ask about other drugs.

72. 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?
- 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 **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

74. 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
75. During your life, how many times have you used a needle to inject any illegal drug into your body?
- 0 times
 - 1 time
 - 2 or more times
76. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
 - No
77. 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
78. 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

The next 7 questions ask about sexual behavior and sexually transmitted diseases.

79. Have you ever had sexual intercourse?
- Yes
 - No
80. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No

81. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- I have never had sexual intercourse
 - No method was used to prevent pregnancy
 - Birth control pills
 - Condoms
 - An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - Withdrawal or some other method
 - Not sure
82. Have you ever had oral sex?
- Yes
 - No
83. During your life, with whom have you had sexual contact?
- I have never had sexual contact
 - Females
 - Males
 - Females and males
84. Have you talked with your parent(s) and/or guardian(s) about sex in the past 6 months?
- Yes
 - No
85. Have you ever been tested for a sexually transmitted disease (STD) such as Chlamydia, Syphilis, Gonorrhea, or HIV?
- Yes
 - No
 - Not sure

The next 4 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.

86. 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
87. 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
88. 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
89. 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

The next 5 questions ask about physical activity.

90. 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
91. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
92. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
- I do not play video or computer games or use a computer for something that is not school work
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
93. 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

The next question asks about diabetes.

94. Has a doctor or nurse ever told you that you have diabetes?
- A. Yes
 - B. No
 - C. Not sure

The next 4 questions ask about disabilities and long-term health problems.

95. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- A. Yes
 - B. No
 - C. Not sure
96. Do you have any long-term emotional or behavioral problems lasting or expected to last 6 months or more?
- A. Yes
 - B. No
 - C. Not sure
97. Would other people consider you to have a disability or long-term health problem, including physical health, emotional, or learning problems?
- A. Yes
 - B. No
 - C. Not sure
98. Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?
- A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about the health and dental care that you get.

99. Where do you usually go for health care (for example, check-ups, when you are sick, etc.)?
- A. I never seek health care
 - B. Family doctor
 - C. Community health center
 - D. School-based health center
 - E. Hospital or emergency room
 - F. Family planning clinic
 - G. No one place

100. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure

The next 6 questions ask about your school, your family, your community, and support that you get.

101. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure
102. 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
103. How often does your school enforce rules fairly?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
104. 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
105. 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

106. 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

The next 2 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.

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

**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).

PROOF