



# MS-D

## **2017 Middle School 7<sup>th</sup>/8<sup>th</sup> Grade 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. 10 years old or younger
  - B. 11 years old
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old or older
2. What is your sex?
  - A. Female
  - B. Male
3. In what grade are you?
  - A. 6th grade
  - B. 7th grade
  - C. 8th grade
  - D. 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. 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
7. During the past 30 days, where did you usually sleep?
  - 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

The next question asks about safety.

8. How often do you wear a seat belt when **riding** in a car?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

The next 2 questions ask about violence-related behaviors.

9. Has violence in your home, or the threat of violence, ever made you want to leave your home, even just for a short while?
  - A. Yes
  - B. No
10. 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

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.**

11. Have you ever been bullied **on school property**?
  - A. Yes
  - B. 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.**

12. Have you ever felt 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
13. When you have 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
14. Have you ever **seriously** thought about killing yourself?
  - A. Yes
  - B. No

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

15. Have you ever done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. Yes
  - B. No

**The next 9 questions ask about tobacco use.**

16. 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
17. 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 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older
18. 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
19. 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

20. 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
21. 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
22. If you wanted to get some cigarettes, how easy would it be for you to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
23. Has a doctor or someone in a doctor's office talked to you about the danger of tobacco use in the past 12 months?
- A. I have not visited a doctor's office
  - B. Yes
  - C. No
24. Has a dentist or someone in a dentist's office talked to you about the danger of tobacco use in the past 12 months?
- A. I have not visited a dentist's office
  - B. Yes
  - C. No

**The next 9 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.**

25. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
26. 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 or older

27. 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
28. 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?
- 0 days
  - 1 day
  - 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 or more days
29. 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
30. 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
31. If you drank some alcohol without your parents' permission, would you be caught by your parents?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
32. How wrong would most adults over 21 in your neighborhood think it is for kids your age to drink alcohol?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

33. 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 6 questions ask about marijuana use. Marijuana is also called grass or pot.**

34. Have you ever used marijuana?
- Yes
  - No
35. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
  - 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old or older
36. 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
37. 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
38. 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
39. 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

**The next 6 questions ask about other drugs.**

40. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- Yes
  - No
41. During the past 30 days, how many times did you sniff glue, breathe the contents of 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
42. 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
43. 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
44. Has anyone offered, sold, or given you an illegal drug on school property?
- Yes
  - No
45. 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

**The next 4 questions ask about sexual behaviors.**

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

47. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No
48. Have you ever had oral sex?
- Yes
  - No
49. Have you talked with your parent(s) and/or guardian(s) about sex in the past 6 months?
- Yes
  - No

**The next 7 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.**

50. 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
51. 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
52. 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

53. 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
54. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- I did not drink milk during the past 7 days
  - 1 to 3 glasses during the past 7 days
  - 4 to 6 glasses during the past 7 days
  - 1 glass per day
  - 2 glasses per day
  - 3 glasses per day
  - 4 or more glasses per day
55. 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
56. 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 6 questions ask about physical activity.**
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.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
58. 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
59. 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 iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
- 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
60. 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
61. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do not count your physical education teacher.)
- Yes
  - No

62. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next question asks about diabetes.**

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

**The next 3 questions ask about things you do to protect yourself from the sun.**

64. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
65. During the past 12 months, how many times did you get a sunburn (that is, how many times did exposed parts of your skin stay red for several hours after you had been out in the sun)?
- 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
66. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed or tanning booth? (Do **not** include getting a spray-on tan.)
- 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

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

67. 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

68. 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

69. 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

70. 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.**

71. 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
72. 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 question asks about sleep.**

73. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
  - B. 5 hours
  - C. 6 hours
  - D. 7 hours
  - E. 8 hours
  - F. 9 hours
  - G. 10 or more hours

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

74. 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
75. 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
76. 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
77. 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

78. 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
79. 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 last question asks about gambling.**

80. Have you ever bet 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. Yes
  - B. 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).