



# MS-B

## 2015 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  C  D
- To change your answer, erase your old answer completely.

- How old are you?
  - 10 years old or younger
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old or older

- What is your sex?
  - Female
  - Male

- In what grade are you?
  - 6th grade
  - 7th grade
  - 8th grade
  - Ungraded or other grade

- Are you Hispanic or Latino?
  - Yes
  - No

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

- 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	3
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input checked="" type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

- 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	3	5
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input checked="" type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

- What language is spoken most often at home?
  - Acholi
  - Arabic
  - English
  - French
  - Khmer
  - Somali
  - Spanish
  - Some other language

**The next 2 questions ask about safety.**

- Have you ever ridden in a car or other vehicle driven by someone who had been drinking alcohol?
  - Yes
  - No
- Have you ever ridden in a car or other vehicle driven by someone who had been taking illegal drugs such as marijuana, cocaine, heroin, or LSD?
  - Yes
  - No

**The next question asks about violence-related behaviors.**

- Do you agree or disagree with the following statement? "I feel safe at my school."
  - Strongly agree
  - Agree
  - Disagree
  - 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.**

12. Have you ever been bullied **on school property**?
- A. Yes
  - B. No

The next question asks about attempted suicide. **Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

13. Have you ever **seriously** thought about killing yourself?
- A. Yes
  - B. No

The next 20 questions ask about tobacco use.

14. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
  - B. No
15. 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
16. 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
17. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day

18. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 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. 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
22. 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
23. 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

24. 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
25. 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 lot
  - Sometimes
  - Hardly ever
  - Never
  - I never go to a supermarket, grocery store, convenience store or mini-mart
  - I don't know/I'm not sure
26. Do you think you would be able to quit smoking cigarettes if you wanted to?
- I do not smoke now
  - Yes
  - No
27. Do you think that you will try a cigarette soon?
- I definitely will
  - I probably will
  - I probably will not
  - I definitely will not
28. Do you think you will smoke a cigarette at any time during the next year?
- I definitely will
  - I probably will
  - I probably will not
  - I definitely will not
29. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
30. How wrong do your friends feel it would be for you to smoke cigarettes?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

31. During the past 7 days, on how many days were you in the same car with someone who was smoking cigarettes?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
32. Besides yourself, does anyone who lives in your home smoke cigarettes now?
- Yes
  - No
33. How wrong do you think it is for someone your age to smoke cigarettes?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all

**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.**

34. Have you ever used an electronic vapor product?
- Yes
  - No
35. 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

**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.**

36. Have you ever had a drink of alcohol, other than a few sips?
- Yes
  - No

37. 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 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old or older
38. 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
39. 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
40. 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
41. 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
42. If you drank some alcohol without your parents' permission, would you be caught by your parents?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
43. 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
44. 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
45. 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
46. How do you feel about someone your age having **1 or 2** drinks of an alcoholic beverage nearly every day?
- Strongly approve
  - Approve
  - Neither approve nor disapprove
  - Disapprove
  - Strongly disapprove
47. 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
48. 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

**The next 10 questions ask about marijuana use.  
Marijuana is also called grass or pot.**

49. Have you ever used marijuana?  
A. Yes  
B. No
50. 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 years old  
D. 10 years old  
E. 11 years old  
F. 12 years old  
G. 13 years old or older
51. 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
52. 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
53. 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
54. 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
55. What are the chances you would be seen as cool if you smoked marijuana?  
A. No or very little chance  
B. Little chance  
C. Some chance  
D. Pretty good chance  
E. Very good chance

56. 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
57. 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
58. 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

**The next 12 questions ask about other drugs.**

59. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?  
A. Yes  
B. No
60. 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?  
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
61. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?  
A. Yes  
B. No
62. 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?  
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. How wrong do your parents feel it would be for you to take prescription drugs not prescribed to you?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
64. How wrong do your friends feel it would be for you to take prescription drugs not prescribed to you?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
65. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?
- A. Yes
  - B. No
  - C. Not sure
66. Do you agree or disagree with the following statement? "My family has clear rules about alcohol and drug use."
- A. Strongly agree
  - B. Agree
  - C. Disagree
  - D. Strongly disagree
67. About how many adults over 21 have you known personally who in the past year have gotten drunk or high?
- A. None
  - B. 1 adult
  - C. 2 adults
  - D. 3 or 4 adults
  - E. 5 or more adults
68. During the past 12 months, do you recall hearing, reading or watching an advertisement about the prevention of substance use?
- A. Yes
  - B. No
  - C. Not sure
69. How much do you think people risk harming themselves (physically or in other ways) if they take prescription drugs that are not prescribed to them?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

70. How many times in the past year (12 months) have you been drunk or high **at school**?
- 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 question asks about sexual intercourse.**

71. Have you ever had sexual intercourse?
- A. Yes
  - B. No

**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.**

72. 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
73. 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
74. 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.)
- 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

75. 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 Delight? (Do **not** count diet soda, other diet drinks, or 100% fruit juice.)
- A. I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages 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

**The next 2 questions ask about physical activity.**

76. 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
77. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days

**The next 4 questions ask about your school, your family, your community, and support that you get.**

78. 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
79. 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
80. During an average week, approximately how many hours do you typically spend doing community services - helping people in the community without getting paid?
- A. 0 hours
  - B. 1 hour
  - C. 2 hours
  - D. 3 to 5 hours
  - E. 6 to 10 hours
  - F. 11 or more hours
81. 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

**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).