

This survey is about your health 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 secret. 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. You may not feel comfortable answering some questions. If you are not comfortable answering a question, just leave it blank. You can stop answering questions at any time you want.

You will not get in trouble for not completing the survey. It should not take you longer than this class period.

By taking this survey, your school and community may be better able to create programs that help you stay healthy.

Some questions ask about your background such as race and age. 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 everyone's answers to help us learn more 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.

THANK YOU very much for your help!

The next question asks about feeling safe at school.

12. Do you agree or disagree with the following statement? "I feel safe at my school."

- Strongly agree Agree Disagree Strongly disagree

The next 5 questions ask about tobacco use.

13. Have you ever tried cigarette smoking, even one or two puffs?

- Yes No

14. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

15. Do you think you will try a cigarette soon?

- I definitely will I probably will I probably will not I definitely will not

16. Do you think you will smoke a cigarette at anytime during the next year?

- I definitely will I probably will I probably will not I definitely will not

17. If one of your best friends offered you a cigarette, would you smoke it?

- Definitely yes Probably yes Probably not Definitely not

The next 4 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.

18. Have you ever had a drink of alcohol, other than a few sips?

- Yes No

19. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

20. 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

21. How wrong do your parents feel it would be for you to drink alcohol regularly?

- Very wrong Wrong A little bit wrong Not wrong at all

The next question asks about marijuana use. Marijuana also is called grass or pot.

22. Have you ever used marijuana?

- Yes No

REVIEW ONLY:
DO NOT USE
FOR SURVEY

The next 4 questions ask about other drugs.

23. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
 Yes No
24. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?
 Yes No Don't know
25. 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
26. About how many adults over 21 have you known personally who in the past year have gotten drunk or high?
 None 1 adult 2 adults 3 or 4 adults 5 or more adults

The next 5 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.

27. 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 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
28. 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 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
29. 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 2 times per day
 1 to 3 times during the past 7 days 3 times per day
 4 to 6 times during the past 7 days 4 or more times per day
 1 time per day
30. 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.)
 I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages during the past 7 days 1 time per day
 1 to 3 times during the past 7 days 2 times per day
 4 to 6 times during the past 7 days 3 times per day
 4 or more times per day

41. During the past month, how often did your asthma make it difficult for you to stay asleep?

- I have never had asthma 1 time More than 4 times
 Never 2, 3 or 4 times Not sure

42. During the past month, how many days did you have any symptoms of asthma such as shortness of breath, tightness in your chest, or a wheezing cough?

- I have never had asthma Between 1 and 7 days Everyday
 Never More than 8 days Not sure

The next question asks about diabetes.

43. Has a doctor or nurse ever told you that you have diabetes?

- Yes No Not sure

The next 2 questions ask about taking care of your teeth.

44. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months (1 year) More than 24 months ago Never
 Between 12 and 24 months ago (1-2 years) (more than 2 years) Not sure

45. Have you missed any school this year because of problems with your teeth? For example, you needed to get a cavity filled or your tooth hurt. We are not asking about missing school to see a dentist for a regular check-up or cleaning.

- Yes No Don't know

The next 3 questions ask about protecting yourself from the sun.

46. 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?

- Never Rarely Sometimes Most of the time Always

47. When you are outside for more than one hour on a sunny day, how often do you do one of the following: stay in the shade, wear clothing that covers most of your arms and legs, or wear a hat?

- Never Rarely Sometimes Most of the time Always

48. During the past year, have you had any sunburns? (A sunburn is any reddening or burn of the skin that lasts until the next day.)

- Yes No Not sure

The next 2 questions ask about support you may have at home or at school.

49. Do you agree or disagree that you have parents who try to help you succeed?

- Strongly agree Agree Not sure Disagree Strongly disagree

50. Do you agree or disagree that at least one of your teachers really cares and gives you help and support when you need it?

- Strongly agree Agree Not sure Disagree Strongly disagree

