

# Youth Data Survey 2025

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This survey includes questions about your experiences, behaviors, and opinions.

Your answers are private, and no one will know they came from you.

Please try to answer each question honestly.

Thank you for taking the time to answer these questions!

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1. Which school do you attend?

- Eastern Mennonite School
  - Harrisonburg High School
  - Rocktown High School
  - Skyline Middle School
  - Thomas Harrison Middle School
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## Demographics

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2. Are you Hispanic or Latino?

- Yes
  - No
-

3. 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
  - Other (please specify) \_\_\_\_\_
- 

4. How do you describe yourself? (Select all that apply)

- Male
  - Female
  - Transgender male
  - Transgender female
  - Non-binary
  - Other (please specify) \_\_\_\_\_
- 

5. What sex were you assigned at birth, or on your original birth certificate?

- Male
  - Female
-

6. Which of the following best describes you?

- Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - I am not sure about my sexual identity (questioning)
  - I describe my identity some other way \_\_\_\_\_
- 

7. Your grade:

- 8
  - 9
  - 10
  - 11
  - 12
-

8. Age:

- 10 years old or less
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old
  - 19 years old or more
- 

9. Who do you live with most days of the week?

- Both of my parents
  - My parents, but they live in separate homes (I split time between them)
  - My mother only
  - My father only
  - One biological parent (mother or father) and step-parent
  - Another relative (like a grandparent, aunt, or uncle)
  - A foster parent(s) or in a group home
  - Someone else (not a parent or relative)
  - Other \_\_\_\_\_
-

10. Do you have a job?

- Yes, full-time
  - Yes, part-time
  - No
- 

11. What language do you use most at home?

- English
  - Spanish
  - Arabic
  - Russian
  - Other \_\_\_\_\_
- 

12. 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 \_\_\_\_\_
-

13. What is the educational level of your parent/parents?

	Parent 1	Parent 2
Less than high school	<input type="checkbox"/>	<input type="checkbox"/>
Some high school	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
College graduate	<input type="checkbox"/>	<input type="checkbox"/>
I do not know	<input type="checkbox"/>	<input type="checkbox"/>
Does not apply	<input type="checkbox"/>	<input type="checkbox"/>

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## Health and Wellness

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14. On an average school night, how many hours of sleep do you get?

- 4 hours or less
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours
  - 9 hours
  - 10 or more hours
- 

15. During the past 30 days, which of the following did you do to lose weight or keep from gaining weight?  
(select all that apply)

- I did not try to lose weight
  - I made myself vomit
  - I took diet pills
  - I skipped meals on purpose
  - I over-exercised
  - I used some other method but did not vomit or take diet pills.
-

16. 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
- 

17. I feel comfortable with my body size.

- Yes
  - No
- 

18. How do you think of yourself?

- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
-

19. Has a doctor or other healthcare provider told you that you are currently overweight?

Yes

No

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20. During the past 7 days on how many days did you have a drink that was sweetened with sugar? Such as: soda, sports drinks (Gatorade/Powerade), energy drinks (Monster/Redbull), sweet tea, lemonade, juice, etc.

0 times

1-3 times during the past 7 days

4-6 times during the past 7 days

1 time per day

2 times per day

3 times per day

4 or more times per day

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## Mental Health

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21. Have you ever been diagnosed by your doctor or another healthcare professional with a mental health disorder? (select all that apply)

- I have never been diagnosed with a mental health disorder.
  - Anxiety
  - ADHD
  - Depression
  - Other \_\_\_\_\_
- 

22. 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
-

23. If you have intentionally harmed your body in the past 6 months, please select each method you have used: (select all that apply)

- I have not tried to intentionally harm myself in the past 6 months
  - I have cut myself
  - I have scratched myself
  - I have hit or punched myself
  - I have carved names/symbols into my skin
  - Other \_\_\_\_\_
- 

24. Have you ever seriously considered attempting suicide?

- Yes
  - No
- 

25. In the past 12 months did you make a plan for attempting suicide?

- Yes
  - No
-

26. Who would you tell if you were worried that a friend is seriously thinking about suicide? (select only one)

- Another friend
  - My parent or another relative
  - My friend's parent or relative
  - A teacher or coach
  - A school counselor
  - A religious leader (my minister, priest, rabbi, or youth leader)
  - Other \_\_\_\_\_
  - I would not tell anyone
- 

27. If you were experiencing serious emotional distress, who would you talk to about this? (select all that apply)

- Friend
  - My parent or another relative
  - My friend's parent or relative
  - A teacher or coach
  - School counselor or other professional clinician (psychologist, psychiatrist)
  - Religious leader
  - Other \_\_\_\_\_
  - No one
-

28. How much do you agree with the following statement: At my school, I feel that students' mental health and emotional well-being is a priority.

- Strongly agree
  - Agree
  - Somewhat agree
  - Somewhat disagree
  - Disagree
  - Strongly disagree
- 

29. If you were seeking additional guidance and/or resources for positive things you could do to enhance your mental health, where would you be likely to look for this? (select all that apply)

- Websites
- Apps (like Mindshift or CALM)
- Social media
- Counselor
- Trusted adult
- YouTube
- Peer support group
- Self-guided online learning
- Podcasts
- Other \_\_\_\_\_

## Drugs and Alcohol

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30. How often do your friends use the following:

	Never	Seldom	Sometimes	Often	A lot
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e- cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, flavored alcoholic beverages, wine, liquor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs prescribed to them but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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31. How often do you have five or more glasses of beer, flavored alcoholic beverages, wine, or liquor within a few hours?

- Never
  - Seldom
  - Sometimes
  - Often
  - A lot
-

32. Within the past year, how often have you used:

	Did not use	Once/year	Once/month	Once/week	Every day
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e- cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, flavored alcoholic beverages, wine, liquor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (glue, gas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (PCP, LSD, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (not prescribed by a doctor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (molly, MDMA, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescription drugs not prescribed to you (such as Ritalin, Xanax, or Oxy)

Prescription drugs prescribed to you but not used according to directions (to get high)

Over-the-counter drugs (to get high)

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33. Have you ever used the following: (select all that apply)

- Synthetic marijuana (K2, Spice)
  - The drug known as "bath salts"
  - No, I have never used these drugs
-

34. If you wanted some, how easy would it be to get:

	Don't know/ Can't get	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e- cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, flavored alcoholic beverages, wine, liquor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. How much do you think people risk harming themselves physically or in other ways if they ...

	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke e-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more alcoholic drinks (beer, flavored alcoholic beverages, wine, liquor) once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two alcoholic drinks (beer, flavored alcoholic beverages, wine, liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs prescribed to them but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. During the past 30 days, did you ...

	Yes	No
Smoke part or all of a cigarette	<input type="radio"/>	<input type="radio"/>
Smoke e-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>
Have one or more alcoholic drinks	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>
Use prescription drugs prescribed to you but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>
Use over-the-counter drugs to get high	<input type="radio"/>	<input type="radio"/>
Use inhalants (glue, gas, etc.)	<input type="radio"/>	<input type="radio"/>
Use Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>

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37. At what age did you first use tobacco (cigarettes, cigars, dip, etc.)? This does not include electronic vapor products.

- Never Used
  - 10 or under
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17 or older
- 

38. At what age did you first drink alcohol? This does not include drinking a few sips of wine for religious purposes.

- Never Used
  - 10 or under
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17 or older
-

39. At what age did you first use marijuana (weed, pot, etc.)?

- Never Used
  - 10 or under
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17 or older
- 

40. At what age did you first use prescription drugs not prescribed to you?

- Never Used
  - 10 or under
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17 or older
-

41. How wrong do your parent(s) or guardian(s) feel it would be for you to ...

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two alcoholic drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (pot, weed, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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42. How wrong do your friends feel it would be for you to ...

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two alcoholic drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (pot, weed, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. WHERE do you usually ... (select all that apply for each question)

	Do not use	At home	At school	In a car	Friend's house	Other
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana (pot, weed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs that are not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth (crystal, ice, crank, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. WHEN do you usually ... (select all that apply for each question)

	Do not use	Before school	During school	After school	Weeknights	Weekends
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana (pot, weed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs that are not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth (crystal, ice, crank, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Have you ever:

	Yes	No
Bought or sold drugs at school	<input type="radio"/>	<input type="radio"/>
Bought or sold drugs when not in school	<input type="radio"/>	<input type="radio"/>
Carried a gun for protection or as a weapon when not at school in the past year	<input type="radio"/>	<input type="radio"/>

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46. How do you feel about someone your age having one or two alcoholic drinks nearly every day?

- Neither approve or disapprove
  - Somewhat disapprove
  - Strongly disapprove
  - Don't know or can't say
-

## Safety and Bullying

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47. During the past 30 days, did you text or use social media (Instagram, Snapchat, Twitter, TikTok, etc.) while driving a car or other vehicle?

- I did not drive a car or other vehicle during the past 30 days
  - Yes
  - No
- 

48. How often do you wear a seatbelt?

- Never
  - Seldom
  - Sometimes
  - Most of the time
  - Always
-

49. During the past 30 days, how many times did you ...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
Drive a car or other vehicle when you had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a car or other vehicle driven by someone who had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive a car or other vehicle under the influence of marijuana or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a car or other vehicle driven by someone under the influence of marijuana or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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50. While at school in the past year, how often have you ...

	Never	One time	2-5 times	6 or more times
Carried a handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a knife or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened a student with a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened to hurt a student by hitting, slapping, or kicking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt a student by using a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt a student by hitting, slapping, or kicking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened with a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a student threaten to hit, slap, or kick you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been afraid a student may hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt by a student using a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. In school how often do you feel safe...

	Never	Seldom	Sometimes	Often	A lot	Doesn't apply
In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the cafeteria (lunchroom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the halls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the parking lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the locker room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school sports and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. 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.)

- I did not date or go out with anyone during the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
- 

53. How often do you feel safe in your neighborhood?

- All of the time
  - Most of the time
  - Some of the time
  - Never
- 

54. In the past 12 months, have you been electronically bullied? (Count being bullied through social media, email, chat rooms, websites, and texting.)

- Yes
  - No
-

55. In the past 12 months I have been bullied or made to feel unsafe (verbally, physically, and/or electronically) because of: (select all that apply)

- I have not been bullied in the past year
  - My race
  - My religion
  - My family's financial status
  - My sexual orientation
  - My gender
  - My gender identity
  - My physical appearance
  - My disability
  - Other \_\_\_\_\_
-

## Activities and Parental Involvement

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56. How often do you ...

	Never	Seldom	Sometimes	Often	A lot
Make good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skip school without your parents'/guardians' permission in the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in trouble at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in school sports teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in school activities such as band, clubs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in community activities such as scouts, rec. teams, youth clubs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend church, synagogue, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in trouble with the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in gang activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

57. Have you ever been suspended from school?

- Yes
  - No
- 

58. During the past 12 months, how many times have you gambled or bet money on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?

- 0 times
  - 1 to 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
- 

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 schoolwork? (Count time playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)

- 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. Which of the following would you say is true for your gaming (video/internet games, free-to-play apps, pay-to-play apps, etc.) or gambling practices? (choose all that apply)

- I spend a lot of time during the day just thinking about gaming / gambling
  - My gaming / gambling time often interferes with my regular activities (e.g. school, work, socializing with friends or family, regular exercise)
  - I game / gamble when I feel stressed, anxious, or depressed
  - I don't tell my friends or family the truth about how much or how often I game / gamble
  - I would like to stop or cut back on my gaming / gambling
  - My gaming / gambling has negatively affected my finances
  - I find I drink more alcohol when I game / gamble
  - I find that I smoke more cigarettes when I game / gamble
  - I find gaming / gambling helps me build or maintain my social connections and friendships
- 

61. How much do you think people risk harming themselves physically or in other ways when they gamble money they can't afford to lose?

- Great risk
  - Moderate risk
  - Slight risk
  - No risk
-

62. How much do you think people risk harming themselves physically or in other ways when they have trouble controlling the amount of time spent gambling?

- Great risk
  - Moderate risk
  - Slight risk
  - No risk
- 

63. During the past 12 months, how often have you done volunteer work (for a charity, a neighbor, through church, etc.)?

- More than once a week
  - Once a week
  - Once a month
  - At least 2-3 times in the past year
  - Once in the past year
  - Not at all in the past year
-

64. During the past 12 months, how often have your parents or guardians done volunteer work (for a charity, a neighbor, or through church, etc.)?

- More than once a week
  - Once a week
  - Once a month
  - At least 2-3 times in the past year
  - Once in the past year
  - Not at all in the past year
  - Don't know
- 

65. How often do your parent(s)/guardian(s) ...

	Never	Seldom	Sometimes	Often	A lot
Set clear rules for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish you when you break the rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

66. When you are not at home, how often does one of your parents/guardians know where you are and who you are with?

- All of the time
  - Most of the time
  - Some of the time
  - Rarely
  - Never
-

67. My parents/guardians ask if I've gotten my homework done.

Yes

No

---

68. I have one or more adults in my life (who are not my parents) who encourage or listen to me.

Yes

No

---

69. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

Never

Rarely

Sometimes

Most of the time

Always

---

70. There are many chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

Yes

No

---

71. The school (teachers, coaches, counselors, or principal) lets me and/or my parents know when I have done something well.

Yes

No

---

**Sex**

The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

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72. How often do your parent(s)/guardian(s) talk about ...

	Never	Seldom	Sometimes	Often	A lot
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections or HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted sexual contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender / sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. How often do your teachers teach about ...

	Never	Seldom	Sometimes	Often	A lot
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections or HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted sexual contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender / sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. Do you wish to have more information about ... (select all that apply)

- Preventing pregnancy
  - Preventing sexually transmitted infections and HIV/AIDS
  - Avoiding drugs
  - Avoiding alcohol
  - Avoiding tobacco and vaping products
  - Avoiding unwanted sexual contact
  - Improving your mental health
- 

75. Have you ever had sexual intercourse?

- Yes
  - No
- 

*Display this question:*

*If 75. Have you ever had sexual intercourse? = Yes*

76. If yes, how old were you when you had sexual intercourse for the first time?

- 12 or younger
- 13
- 14
- 15
- 16
- 17
- 18 or older

---

*Display this question:*

*If 75. Have you ever had sexual intercourse? = Yes*

77. The last time that you had sexual intercourse did you use any of the following? (select all that apply)

- Drugs
- Alcohol
- None of the above
- Unsure

---

*Display this question:*

*If 75. Have you ever had sexual intercourse? = Yes*

78. The last time that you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted infections? (select all that apply)

- No method was used
- Birth control pills
- Condoms
- Withdrawal (pulling out)
- Birth control shot
- IUD (intrauterine device)
- Other form of birth control (patch, ring, etc.)

---

*Display this question:*

*If 75. Have you ever had sexual intercourse? = Yes*

79. In the past 12 months, what has been your primary method of birth control (used most often)?

- I have not had sex in the past 12 months
- No method was used
- Birth control pills
- Condoms
- Withdrawal (pulling out)
- Birth control shot
- IUD (intrauterine device)
- Other forms of birth control (patch, ring, etc.)
- Not applicable (e.g. same sex partner)

---

80. Have you ever been tested for sexually transmitted infections and/or HIV / AIDS? (do not count tests done if you donated blood)

- Yes
  - No
  - Not sure
- 

81. Have you ever received a touch of a sexual nature from anyone, which you did not consent to or did not want?

- Yes
  - No
  - Unsure
- 

82. Have you ever been forced to do sexual things you did not want to do by someone you were dating or going out with? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- Yes
  - No
  - Unsure
-