

# 2021 Middle School Regional Youth Health Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

The answers you give will be kept private. No one will know how you answer each question. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank and continue to the next question.

The questions that ask about your background will be used only to describe the types of students completing this survey. Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

This survey is administered through Research Electronic Data Capture (REDCap). REDCap is a secure web application for administering online surveys. Information such as your email address or IP address will not be collected.

You may open the survey in your web browser by clicking the link below:

If the link above does not work, try copying the link below into your web browser:

**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. Are you transgender?**

- A. No, I am not transgender
- B. Yes
- C. I do not know what this question is asking
- D. I prefer not to answer

**4. In what grade are you?**

- A. 6th grade
- B. 7th grade
- C. 8th grade
- D. Ungraded or other grade

**5. What is the language you use most often at home?**

- A. English
- B. Spanish
- C. Albanian
- D. Arabic
- E. Chinese (Mandarin/Cantonese)
- F. Polish
- G. Portuguese
- H. Vietnamese
- I. Hindi/Tamil
- J. Another language

**6. How do you describe your racial identity? (Check all that apply)**

- A. African-American or Black
- B. American Indian, Alaska Native, Indigenous or First Nations
- C. Arab or Middle Eastern
- D. Asian or Asian American
- E. Hispanic, Latina, or Latino
- F. Multiracial or Biracial
- G. Native Hawaiian or Pacific Islander
- H. White, Caucasian, or European American

**7. How long have you lived in the United States?**

- A. Less than one year
- B. 1 to 3 years

- C. 4 to 6 years
- D. More than 6 years, but not my whole life
- E. I have always lived in the United States

**The next question asks about safety.**

**8. Have you ever ridden in a car driven by someone who had been drinking alcohol?**

- A. Yes
- B. No
- C. Not sure

**The next 4 questions ask about violence related behaviors.**

**9. Have you ever carried a weapon, such as a gun, knife, or club? (Do **not** count when you carried a gun only for hunting or for a sport, such as target shooting.)**

- A. Yes
- B. No

**10. Have you ever been in a physical fight?**

- A. Yes
- B. No

**10. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?**

- A. Yes
- B. No

**11. Did any of the following happen to you in the past 12 months? (Choose all that apply)**

- A. You were physically hurt by someone in your family
- B. You witnessed physical violence in your family
- C. Neither of the above happened to me

**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.**

**12. Have you ever been bullied on school property?**

- A. Yes
- B. No

**13. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook or other social media.)**

- A. Yes
- B. No

14. Have you ever been **electronically** bullied on school property?

- A. Yes
- B. No

The next 5 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.

15. 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

16. Have you ever **seriously** thought about killing yourself?

- A. Yes
- B. No

17. Have you ever made a **plan** about how you would kill yourself?

- A. Yes
- B. No

18. Have you ever **tried** to kill yourself?

- A. Yes
- B. No

19. During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?

- A. Yes
- B. No

The next 9 questions ask about nicotine products such as traditional cigarettes and electronic vapor products ( Juul, blu, NJOY, or Starbuzz.). Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

20. Have you **EVER** tried any of the following? (select all that apply to you)

- A. Regular cigarette (for example, Marlboro, Newport, Camel - menthols included)
- B. Non-flavored cigar (for example, cigarillo, Swisher Sweet, Black and Mild)
- C. Flavored cigar (for example, grape, apple, cherry, bubblegum, chocolate, etc. - does NOT include menthol)
- D. Non-flavored e-cigarette (also called e-hookah, e-cig, hookah pen vape pen, menthols included)
- E. Flavored e-cigarette (for example, grape,

apple, cherry, bubblegum, chocolate, etc. - does NOT include menthol)

F. I have never tried any of these.

21. During the past 30 days, on how many days did you use an electronic vapor product?

- 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

22. What is the **main** reason you tried a nicotine product?

- A. I was attracted to the flavor
- B. It was cheap
- C. It was easy to buy from a store (for example, convenience store, pharmacy, gas station)
- D. I saw others (for example, classmate, friends, family, etc.) using it and was curious
- E. I saw an ad for it and it looked cool
- F. Other reason
- G. I've never tried a nicotine product

23. If nicotine products were NOT available in flavors (i.e. grape, apple, cherry, bubblegum, chocolate, etc.), would you use them?

- A. Yes
- B. No
- C. I am not sure

24. How did you first hear about e-cigarettes (also called Juul, e-hookah, e-cig, hookah pen, vape pen)?

- A. Friend(s)
- B. Store ads
- C. Media (for example, television, movies, the Internet, radio, billboards, magazines)
- D. Other
- E. I've never heard of e-cigarettes

25. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products regularly?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

26. How did you get your electronic vapor product(s)?

- A. I've never tried an e-cigarette
- B. I bought them online (Amazon, e-bay, etc.)
- C. I bought them from a store (for example, convenience store, pharmacy, gas station)
- D. I gave someone money to buy them for me

- E. I got them from a family member
- F. I got them from a friend
- G. Another way

27. How wrong do your parents feel it would be for you use electronic vapor products regularly?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

28. How wrong do your friends feel it would be for you to use electronic vapor products regularly?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

**The next 5 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.**

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

- A. Yes
- B. No

30. 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
- E. 11 years old
- D. 10 years old
- F. 12 years old
- G. 13 years old or older

31. How much do you think people risk harming themselves (physically or in other ways) if they drink alcohol regularly?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

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

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

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

- A. Very wrong

- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

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

34. Have you ever used marijuana?

- A. Yes
- B. No

35. Have you ever used synthetic marijuana (also called Spice, fake weed, K2, or Black Mamba)?

- A. Yes
- B. No

36. 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

37. When you have used marijuana, how have you used it?

- A. I have never used marijuana
- B. I smoked it in a joint, bong, or pipe
- C. I ate it in food such as brownies, cakes, cookies, or candy
- D. I drank it in tea, cola, alcohol, or other drinks
- E. I vaporized it in a tabletop device
- F. I vaporized it in a portable device such as a vaping pen or e-hookah
- G. I used it some other way
- H. I smoked it in a blunt wrap

38. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

39. 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 at all wrong

40. 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 at all wrong

- D. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

**The next 5 questions ask about other drugs.**

**41.** Have you ever used **any** form of cocaine, including powder, crack, or freebase?

- A. Yes
- B. No

**42.** Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- A. Yes
- B. No

**43.** Have you ever taken **steroid pills or shots** without a doctor's prescription?

- A. Yes
- B. No

**44.** Have you ever taken a **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as OxyContin, Percocet, Vicodin).

- A. Yes
- B. No

**The next 2 questions ask about self-image.**

**45.** How do **you** describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

**46.** Which of the following are you trying to do about your weight?

- A. **Lose** weight
- B. **Gain** weight
- C. **Stay** the same weight
- D. I am **not trying to do anything** about my weight

**The next 3 questions ask about food you ate or drank during the past 7 days. Think about all the food you had from the time you got up until you went to bed.**

**47.** During the past 7 days, on how many days did you eat **breakfast**?

- A. 0 days
- B. 1 day
- C. 2 days
- E. 3 days

**48.** During the past 7 days, how many times did you drink a soda, a sports drink, sweetened lemonade or iced tea, or other sweetened drink, such as Coke, Pepsi, Mountain Dew, Gatorade, Arizona, or Monster? (Do not count diet or 0 calorie drinks)

- A. I did not drink a sugar-sweetened beverage 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

**49.** During the past 7 days, were you ever hungry but didn't eat because there wasn't enough money for food in your house?

- A. Yes
- B. No
- C. Not sure

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

**50.** 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

**51.** On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)

- A. Less than 1 hour per day
- B. 1 hour per day
- C. 2 hours per day
- D. 3 hours per day
- E. 4 hours per day
- F. 5 or more hours per day

**The next 10 questions ask about other health-related topics.**

**52.** Over the past 12 months, did you visit your primary care doctor for a routine check-up?

- A. Yes
- B. No
- C. I do not have a primary care doctor

**53.** 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

**54.** 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

**55.** Have you ever been taught about mental health in school?

- A. Yes
- B. No
- C. Not sure

**56.** 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

**57.** Do you have a safe place where you can stay on a regular basis for at least the next 14 days?

- A. Yes
- B. No
- C. Unsure

**58.** What is the top issue among youth your age? (Choose only one)

- A. Bullying (verbal or physical)
- B. Family or household problems
- C. Health
- D. Peer pressure and peer relationships
- E. Physical body changes
- F. Romantic relationships
- G. Stress
- H. Violence

**59.** During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

**60.** Do you attend an afterschool program?

- A. Yes
- B. No

**61.** Please check all the afterschool programs where you participate:

- A. Big Brothers Big Sisters
- B. Boys and Girls Club
- C. Friendly House
- D. Girl Scouts
- E. Girls Inc.
- F. Mass EdCo
- G. Planned Parenthood.
- H. Southeast Asian Coalition
- I. Worcester Youth Center
- J. Y.O.U. Inc.
- K. YWCA
- L. YMCA
- M. Other

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

**62.** Have you ever been taught about the following in school? (Choose all that apply)

- A. AIDS or HIV infection
- B. Sexual Health
- C. Healthy Relationships
- D. How to use a condom to prevent pregnancy or sexually transmitted infections (STI's), including HIV

**63.** Have you ever talked about ways to prevent HIV

infection, other sexually transmitted infections (STI's) or pregnancy with your parents or other adults in your family, in school, or in the community?

- A. Yes
- B. No
- C. Not sure

**64.** Have you ever had sexual intercourse?

- A. Yes
- B. No

**65.** The **last time** you had sexual intercourse, did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. Yes
- C. No

**The next 3 questions ask about your future.**

**66.** I see myself going to college or other education training programs after high school.

- A. Agree
- B. Disagree
- C. Don't know

**67.** There are some adults in my life who talk to me about planning my future.

- A. Agree
- B. Disagree
- C. Don't know

**68.** I like thinking about my future and I am hopeful about it.

- A. Agree
- B. Disagree
- C. Don't know