

Massachusetts Youth Health Survey



Sponsored by:
Massachusetts Department of Public Health
and
Massachusetts Department of Elementary
and Secondary Education

Conducted by:
ICF

Fall 2021

Before you begin, there are a few important things you need to know.


- Your answers are completely **anonymous**. There are no markings anywhere on the questionnaire that allows you to be identified. Please do not place your name or any other personal information on the questionnaire. Your answers will be combined with other answers for statistical analysis.
- The purpose of the survey is to gather information from school students in Massachusetts about health topics such as the use of tobacco, alcohol and drugs, in and out of school activities, diet and exercise and coping with stress. This information will be used to better understand the concerns and health practices of current students.
- It is important that you answer each question as honestly and accurately as you can.
- If there is any question that you would prefer not to answer, please just skip that question and go on to the next question.
- Your participation is, of course, voluntary. If you find the survey upsetting, you may stop answering the questions.
- Answer each question by filling in the circles like this:

Incorrect marks: ☒ ☐ ☐ ☐

Correct mark: ☐

You must use a number 2 pencil.



- Arrows () will direct you to answer follow-up questions or to skip over certain questions.
- When you are finished with the survey, simply place it in the box located at the front of the class.
- Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you.

Thank you for your time and cooperation.

BACKGROUND INFORMATION

1. In what grade are you?

- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Other/Ungraded


2. How old are you?

- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old
- ☐ 18 years old or older

3. How tall are you without your shoes on?

HEIGHT	
FEET	INCHES
<div></div>	<div></div>
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>


Write your height in the shaded blank boxes. Fill in the matching circles below each number.



4. How much do you weigh without your shoes on?

WEIGHT IN POUNDS		
<div></div>	<div></div>	<div></div>
<div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

Write your weight in the shaded blank boxes. Fill in the matching circles below each number.



5. Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

6. 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

7. What is your sex?

- ☐ Female
- ☐ Male

8. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- ☐ No, I am not transgender
- ☐ Yes, I am transgender
- ☐ I am not sure if I am transgender
- ☐ I do not know what this question is asking

9. Which of the following best describes you?

- ☐ Heterosexual (straight)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Questioning/Not sure
- ☐ Other
- ☐ I do not know what this question is asking

10. During the past 12 months, how would you describe your grades in school?

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ None of these grades
- ☐ Not sure

WORK AND LIFESTYLE QUESTIONS

11. In the past 12 months, did you work at a job for pay? Do NOT count chores, babysitting, or yard work (such as raking leaves, shoveling snow, or mowing grass).

- ☐ Yes
- ☐ No → If NO, go to Question 13

12. Where did you most recently work? (Choose ONE. If you work in more than one place, choose the place you work the most hours.)

- ☐ Restaurant (such as fast food, pizza place, coffee shop, or ice cream shop)
- ☐ Grocery store or supermarket
- ☐ Other retail store or places where things are sold (such as a clothing store, gas station, pharmacy or pet store)
- ☐ Health care facility (such as nursing home, hospital, clinic, or doctor's office)
- ☐ Recreation or entertainment place (such as a golf course, camp, sports center, amusement park, or movie theater)
- ☐ Construction site
- ☐ Landscaping company
- ☐ Other (Please specify: _____)

13. 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 increases your heart rate and makes you breathe hard some of the time.)

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

14. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

15. Yesterday, how many times did you eat vegetables?

DEFINITION:

Count all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes.
Do NOT count French fries, potato chips, or lettuce that is on a sandwich or sub.

- ☐ I did not eat vegetables yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

16. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

- ☐ I did not eat fruit or drink 100% fruit juice yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

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

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

QUESTIONS ABOUT HOW YOU FEEL

18. During the past 12 months, have you felt you needed to talk to someone about how you were feeling, how things were going in your life, or problems you might have had?

- ☐ Yes
- ☐ No → If NO, go to Question 20

19. During the past 12 months, did you talk to any of the following people about things like that?

	Yes	No
a. An adult family member	<input type="radio"/>	<input type="radio"/>
b. A school psychologist, school counselor, or school nurse	<input type="radio"/>	<input type="radio"/>
c. A teacher or some other adult at school not mentioned in part b	<input type="radio"/>	<input type="radio"/>
d. A psychologist, therapist, counselor, doctor, or nurse (not in school)	<input type="radio"/>	<input type="radio"/>
e. Some other adult in the community (not in school)	<input type="radio"/>	<input type="radio"/>
f. A friend or non-adult family member (sibling, cousin, etc.)	<input type="radio"/>	<input type="radio"/>

20. During the past 12 months, how many times did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

21. 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

22. During the past 12 months, did you ever seriously consider attempting suicide?

- ☐ Yes
- ☐ No

PERSONAL SAFETY

23. During the past 30 days, how many times have you nodded off or fallen asleep, even just for a brief moment, while driving?

- ☐ I do not drive
- ☐ 0 times
- ☐ 1 to 2 times
- ☐ 3 or more times

24. How often do you wear a seatbelt when riding in a car driven by someone else?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

25. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?

- ☐ Yes
- ☐ No → If NO, go to Question 27
- ☐ I did not play on a sports team during the past 12 months → If you did NOT play on a sports team, go to Question 27

26. If you suffered such a blow to your head during sports in the past 12 months, what happened?

- ☐ I stopped playing sports that day, and also got checked by a doctor, nurse or health care provider
- ☐ I stopped playing sports that day, but did NOT get checked by a doctor, nurse or health care provider
- ☐ I continued playing sports that day

27. During the past 12 months, how many times have you been bullied at school? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

28. Has someone you were dating or going out with done any of the following: monitored your cell phone use, called or texted you multiple times a day to monitor your whereabouts, prevented you from doing things with friends, got angry if you were talking to someone else, or prevented you from going to school?

- ☐ I have never been on a date or gone out with anyone
- ☐ Yes, this has happened to me in the past 12 months
- ☐ Yes, this has happened to me, but longer ago than the past 12 months
- ☐ Yes, this has happened to me in the past 12 months and longer ago than that
- ☐ No, this has not happened to me

29. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, kicked, or forced into sexual activity.)

- ☐ I have never been on a date or gone out with anyone
- ☐ Yes, this has happened to me in the past 12 months
- ☐ Yes, this has happened to me, but longer ago than the past 12 months
- ☐ Yes, this has happened to me in the past 12 months and longer ago than that
- ☐ No, this has not happened to me

30. Has anyone ever had sexual contact with you against your will?

- ☐ Yes
- ☐ No → If NO, go to Question 32

31. Who has had sexual contact with you against your will?

Yes No

a. One or more dating partners or people I was going out with

☐ ☐

b. One or more family members

☐ ☐

c. One or more friends

☐ ☐

d. One or more acquaintances

☐ ☐

e. One or more strangers

☐ ☐

32. Did you do any of the following in the past 12 months?

Yes No

a. Bully or push someone around

☐ ☐

b. Use texting, e-mail, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation

☐ ☐

c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with

☐ ☐

d. Have sexual contact with someone who told you "No", objected in some other way, was trying to talk you out of it, or was physically trying to get away from you or avoid your touch

☐ ☐

e. Have sex with someone who was passed out or asleep at the time, or with someone who was too drunk or too high to stop you

☐ ☐

QUESTIONS ABOUT YOUR FAMILY AND PEERS

33. How would your parent(s) react if they found out you regularly drank alcohol? Would they be:

- ☐ Extremely upset
- ☐ Fairly upset
- ☐ A little upset
- ☐ Not upset at all

34. Do you think most people your age do the following?

Yes No

a. Drink alcohol

☐ ☐

b. Use vape products (including JUUL, Puff Bar, Fruyt Stik, e-cigarettes, e-cigars, vape pipes, vaping pens, e-hookahs, hookah pens, etc.)

☐ ☐

c. Use marijuana

☐ ☐

d. Use other illegal drugs

☐ ☐

e. Bully, threaten, or push around other kids

☐ ☐

QUESTIONS ABOUT ALCOHOL

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, 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.

35. During your life, on how many days have you had at least one drink of alcohol?

- ☐ I have never had a drink of alcohol other than a few sips → If you have NEVER had alcohol, go to Question 41

- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 39 days
- ☐ 40 to 99 days
- ☐ 100 or more days

36. How old were you when you had your first drink of alcohol other than a few sips?

- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

37. 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 9 days
- ☐ 10 to 29 days
- ☐ All 30 days

38. 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 9 days
- ☐ 10 or more days

39. There are many different ways to get beer, wine coolers, wine, or liquor. Which of the following are how you get alcohol?

Yes No

a. I buy it from a supermarket or a convenience store

☐ ☐

b. I buy it from a liquor store or package store

☐ ☐

c. I buy it from bars or clubs or restaurants

☐ ☐

d. I have someone else buy it for me

☐ ☐

e. I get it through my friends

☐ ☐

f. I get it at home

☐ ☐

g. I get it at parties

☐ ☐

40. During the past 30 days, did you drive a car or other vehicle when you had been drinking alcohol?

- ☐ I do not drive
- ☐ Yes
- ☐ No

41. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks in a row?

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

DRUG QUESTIONS

The next questions are about marijuana use.

Marijuana is also called dope, grass, hashish, herb, joint, pot, weed or reefer. It includes blunts and cigars filled with marijuana.

42. How old were you when you tried marijuana for the first time?

- ☐ I have never tried marijuana → If you have NEVER tried marijuana, go to QUESTION 47
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

43. 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

44. During the past 30 days, how did you get the marijuana that you used? (Choose all that apply)

- ☐ I did not use marijuana in the past 30 days
- ☐ I bought it from a store
- ☐ I bought it from someone else
- ☐ I got it at home with permission from a parent or family member over the age of 21
- ☐ I took it from home without permission from a parent or family member over the age of 21
- ☐ I took it from some other place without permission
- ☐ I got it from friends
- ☐ I got it at parties
- ☐ I got it some other way

45. During the past 30 days, how did you use marijuana? (Choose all that apply)

- ☐ I did not use marijuana in the past 30 days
- ☐ Smoked it in a cigar or blunt wrap
- ☐ Smoked it in a joint, pipe, bong, or dab
- ☐ Ate it (in brownies, cakes, cookies, candy)
- ☐ Drank it (tea, cola, alcohol)
- ☐ Vaped it (in an e-cigarette, vape pen, vaporizer)
- ☐ Used it some other way

46. During the past 30 days, did you ever drive a car or other vehicle when you had been using marijuana?

- ☐ I do not drive
- ☐ Yes
- ☐ No

47. During the past year, have your parent(s) or guardian(s) talked to you about the potential negative consequences of using marijuana?
- ☐ Yes, a number of times
☐ Yes, once
☐ No
☐ I don't remember
48. Does anyone who lives with you now use marijuana?
- ☐ Yes
☐ No
☐ I don't know
49. During your lifetime, have you used inhalants to get high? (Using inhalants includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays)?
- ☐ Yes
☐ No → If NO, go to Question 51
50. During the past 30 days, have you used inhalants?
- ☐ Yes
☐ No
51. During your lifetime, have you used heroin (also called smack, "H", horse, brown sugar, dragon, junk, or China White)?
- ☐ Yes
☐ No → If NO, go to Question 53
52. During the past 30 days, have you used heroin?
- ☐ Yes
☐ No
53. During your lifetime, have you ever used any form of cocaine (also called blow, "C", candy, rock, powder, crack or freebase)?
- ☐ Yes
☐ No → If NO, go to Question 55
54. During the past 30 days, have you used any form of cocaine?
- ☐ Yes
☐ No
55. During your lifetime, have you ever taken amphetamines or methamphetamines (also called speed, uppers, dexies, bennies, meth, crystal, crank, or ice)?
- ☐ Yes
☐ No
56. During your lifetime, have you ever used ecstasy (MDMA, also called "E", or "X", "XTC", "Adam", "lover's speed", "happy pill", or "Molly")?
- ☐ Yes
☐ No

57. During your lifetime, have you ever taken over-the-counter medication (such as dextromorphan, also called DXM, DM, dres, robo, rojo, tussin, triple C) to get high?
- ☐ Yes
☐ No
58. During your lifetime, have you ever taken prescription drugs that weren't your own?
- ☐ Yes
☐ No → If NO, go to Question 62
59. During your lifetime, which of the following prescription drugs have you taken that weren't your own?
- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) | <input type="radio"/> | <input type="radio"/> |
| b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) | <input type="radio"/> | <input type="radio"/> |
| c. Steroids (body building hormones in the form of pills or shots) | <input type="radio"/> | <input type="radio"/> |
| d. Other prescription drugs | <input type="radio"/> | <input type="radio"/> |
60. During the past 30 days, have you taken prescription drugs that weren't your own?
- ☐ Yes
☐ No → If NO, go to Question 62
61. During the past 30 days, which of the following prescription drugs have you taken that weren't your own?
- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) | <input type="radio"/> | <input type="radio"/> |
| b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) | <input type="radio"/> | <input type="radio"/> |
| c. Steroids (body building hormones in the form of pills or shots) | <input type="radio"/> | <input type="radio"/> |
| d. Other prescription drugs | <input type="radio"/> | <input type="radio"/> |
62. During your lifetime, how many times have you used a needle to inject any illegal drug into your body?
- ☐ 0 times
☐ 1 time
☐ 2 or more times

63. How easy or difficult would it be for you to get each of the following?

	VERY EASY	FAIRLY EASY	FAIRLY DIFFICULT	VERY DIFFICULT	IMPOSSIBLE	DON'T KNOW
a. Beer, wine or other alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. How much do you think people risk harming themselves if they occasionally use:

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
a. Conventional tobacco (including cigarettes, cigars, chew, dip, snus, pipe tobacco, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vape products (including JUUL, Puff Bar, Fruyt Stik, e-cigarettes, e-cigars, vape pipes, vaping pens, e-hookahs, hookah pens, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Heroin (also called smack, "H", horse, brown sugar, dragon, junk, or China White)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about gambling activities.

65. During the past 12 months how many times have you done any of the following for money or anything of value?

	0 TIMES	1-5 TIMES	6-10 TIMES	MORE THAN 10 TIMES
a. Played lottery or scratch tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participated in fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Engaged in one of these other activities:				
Betting on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing cards or bingo for money or prizes;				
Gambling on the internet.				

QUESTIONS ABOUT TOBACCO

66. How old were you when you first tried cigarette smoking, even one or two puffs?

- ☐ I have never smoked cigarettes, not even one or two puffs → If NEVER, go to Question 68
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

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

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 29 days
- ☐ All 30 days

68. How old were you when you first tried 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?

- ☐ I have never tried chewing tobacco, snuff, dip, snus, or dissolvable tobacco products → If NEVER, go to Question 70
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

69. 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?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 29 days
- ☐ All 30 days
- ☐ I don't know

70. How old were you when you first tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

- ☐ I have never tried cigars, cigarillos, or little cigars → If NEVER, go to Question 72
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

71. During the **past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 29 days
- ☐ All 30 days

The next questions are about electronic vapor products. Vape products include: JUUL Puff Bars, Fruyt Stik, e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, hookah pens, etc.

72. How old were you when you first tried a vape product, even one or two puffs?

- ☐ I have never tried a vape product → If NEVER, go to Question 75
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

73. During the **past 30 days**, on how many days did you use a vape product?

- ☐ 0 days → If NEVER, go to Question 75
- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 29 days
- ☐ All 30 days

74. Which of the following best describes the types of vape products you have used in the past 30 days? (Choose all that apply)

- ☐ Disposable vape product (e.g. Puff Bar, Fruyt Stik, Blu)
- ☐ Vape product that uses pre-filled pods or cartridges (e.g., JUUL, Suorin Drop)
- ☐ Vape product with a tank that you refill with liquids
- ☐ Other type of vape product
- ☐ I don't know the type(s) of vape products I've used

75. During the past 30 days, what flavor(s) did the tobacco product(s) (including vape products, cigarettes, cigars, smokeless tobacco) you used contain? (Choose all that apply)

- ☐ I did not use any tobacco products during the past 30 days
- ☐ Fruit, alcohol, or candy flavors (e.g. cherry, vanilla, citrus, peach, piña colada, bubble gum, blue mist, fizzy pop, etc.)
- ☐ Mint, menthol, or wintergreen flavors
- ☐ Clove or spice
- ☐ Other flavor not listed here
- ☐ Not sure
- ☐ No flavors

76. During the past 30 days, how did you get your tobacco products (this includes vape products, cigarettes, cigars, smokeless tobacco)? (Choose all that apply)

- ☐ I did not use any tobacco products during the past 30 days
- ☐ I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- ☐ I bought them from a vape shop or vapor store
- ☐ I bought them from another state
- ☐ I gave someone else money to buy them for me
- ☐ I got them from friend(s)/ I used a friend's
- ☐ I got them from a family member
- ☐ I got them online
- ☐ I got them some other way

77. How soon after you wake up do you want to use a tobacco product (including vape products, cigarettes, cigars, smokeless tobacco)?

- ☐ I do not want to use tobacco products
- ☐ Within 5 minutes
- ☐ From 6 to 30 minutes
- ☐ From more than 30 minutes to 1 hour
- ☐ After more than 1 hour but less than 24 hours
- ☐ I rarely want to use tobacco products

78. Does anyone who lives with you currently use tobacco (including vape products, cigarettes, cigars, smokeless tobacco)?

- ☐ Yes
- ☐ No
- ☐ I don't know

SEXUAL BEHAVIOR

79. During your life, with whom have you had sexual contact?

- ☐ I have never had sexual contact → If NEVER, go to Question 83
- ☐ Females
- ☐ Males
- ☐ Females and Males

80. Who did you have sexual contact with the last time you had sexual contact?

- ☐ I have never had sexual contact → If NEVER, go to Question 83
- ☐ Female
- ☐ Male

81. The last time you had sexual contact, did you or the other person use any kind of condom, dental dam, or other barrier to protect yourself and your partner against sexually transmitted infections (STIs – such as HIV, chlamydia, or herpes)?

- ☐ I have never had sexual contact → If NEVER, go to Question 83
- ☐ Yes
- ☐ No

82. The last time you had sexual intercourse, what method(s) did you or the other person use to prevent pregnancy? (Select ALL that apply)

- ☐ I have never had sexual intercourse
- ☐ Birth control pills
- ☐ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ☐ Condoms (male or female)
- ☐ Emergency contraception (such as Plan B or ella)
- ☐ An IUD (such as Mirena, Skyla, or ParaGard) or implant (such as Nexplanon)
- ☐ Withdrawal (pulling out)
- ☐ Some other method
- ☐ Not sure what method
- ☐ No method was used to prevent pregnancy

QUESTIONS ABOUT ADVERTISING

83. During the past 30 days, have you seen or heard any **anti-alcohol and/or anti-drug** messages on TV, the Internet, the radio, or in newspapers or magazines?
- ☐ Yes
☐ No

QUESTIONS ABOUT ORAL HEALTH

84. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- ☐ During the past 12 months
☐ Between 12 and 24 months ago
☐ More than 24 months ago
☐ Never
☐ Not sure
85. During the past 12 months, have you had a cavity in any tooth?
- ☐ Yes
☐ No
☐ Not sure

OTHER HEALTH-RELATED QUESTIONS

86. Do you have any physical disabilities or long-term health problems?

DEFINITION:

"LONG -TERM" REFERS TO DIFFICULTIES THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

- ☐ Yes
☐ No
☐ Not sure
87. Do you have any long-term emotional problems or learning disabilities?
- ☐ Yes
☐ No
☐ Not sure
88. During the past 7 days, on how many days did you do volunteer work, community service or help people outside of your home without getting paid?
- ☐ 0 days
☐ 1 or 2 days
☐ 3 or 4 days
☐ 5 or more days

89. During the past 7 days, on how many days did you take part in organized activities (including sports teams, school clubs, music, art or dance lessons, church groups, or other supervised activities)?

☐ 0 days
☐ 1 or 2 days
☐ 3 or 4 days
☐ 5 or more days

90. During the past 7 days, on how many days did you sit down to dinner with your family?

☐ 0 days
☐ 1 or 2 days
☐ 3 or 4 days
☐ 5 or more days

91. During the past 30 days, how often did you go to bed hungry because there was not enough food in your home?

☐ Never
☐ Rarely
☐ Sometimes
☐ Most of the time
☐ Always

92. How safe from crime do you consider your neighborhood to be?

☐ Extremely safe
☐ Safe
☐ Unsafe
☐ Extremely unsafe

93. During the past 12 months, where did you usually sleep at night? (Choose ONE. If more than one place, choose the one where you slept most often.)

☐ In my parent's or guardian's home
☐ With friends, family or other people because we lost our home or cannot afford housing
☐ In a shelter or emergency housing
☐ In a hotel / motel, car, park, campground, or other public place
☐ In a foster home or residential placement
☐ I move from place to place
☐ Somewhere else

To what extent do the following statements apply to you? There are no right or wrong answers.

94. I feel safe when I am with my family/caregiver(s)

- ☐ Not at all
☐ A little
☐ Somewhat
☐ Quite a bit
☐ A lot

95. I feel that I belong at my school

- ☐ Not at all
☐ A little
☐ Somewhat
☐ Quite a bit
☐ A lot

96. In the past 12 months, have any of the following happened to you?

	Yes	No
a. A police officer or security guard stopped, questioned, or searched me when I was in my school building	<input type="radio"/>	<input type="radio"/>
b. A police officer or security guard stopped, questioned, or searched me when I was outside, on a bus or subway, in my home, or in a store	<input type="radio"/>	<input type="radio"/>
c. A police officer or security guard treated me disrespectfully	<input type="radio"/>	<input type="radio"/>
d. A police officer or security guard handcuffed, arrested, or restrained me	<input type="radio"/>	<input type="radio"/>
e. A police officer or security guard was helpful to me	<input type="radio"/>	<input type="radio"/>

Serial #