

PERI

## 2021 Maine Integrated Youth Health Survey Fifth and Sixth Grade

Thank you for taking this survey. In order for it to be useful, it is important that you answer each question honestly. All of your answers will be kept secret. They will never be seen by anyone at your school. Your name will not be put with your answers. Again, thank you very much for being an important part of this project.

## **INSTRUCTIONS**

- 1. This is not a test, so there are no right or wrong answers. We would like you to work quickly, so that you can finish.
- 2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits best, use one that comes close. If you do not understand a question or cannot answer it, just leave it blank.
- 3. Your answers will be read by a computer. To help the computer read your answers, please do the following:
  - Use only a blue or black pen or pencil.
  - Carefully make heavy marks inside the ovals.
  - Completely erase any answer you wish to change.
  - Make no other marks or comments on the answer pages. Any extra marks will cause the computer to make mistakes when it reads your survey.
- 4. Please mark only one answer, unless the directions tell you to mark more than one answer.

**Survey Codes:** The following numbers will be provided to you by the person giving this survey. Please write the numbers in the spaces below. Then fill in the ovals below that match those numbers.

SCHOOL ID				
0	0	0		
1	1	1		
2	2	2		
3	3	3		
4	4	4		
5	5	5		
6	6	6		
7	7	7		
8	8	8		
9	9	9		

CL	CLASS ID					
0	0	0				
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8						
9	9	9				

PLEASE DO NOT WRITE IN THIS AREA

MARKING INSTRUCTIONS				
CORRECT MARK	INCORRECT MARKS			
$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	$\checkmark$			

SERIAL #

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 95,000 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.

3/8" PERF

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!

	1.	How old are you? O 9 years old or younger O 10 years old O 11 years old O 13 years old or older O 12 years old
	2.	What is your sex? • Female • Male
	3.	In what grade are you? • 5th grade • 6th grade • Ungraded or other grade
	4.	Are you Hispanic or Latino? • Yes • No
	5.	What is your race? (Select one or more responses.)O American Indian or Alaska NativeO Native Hawaiian or Other Pacific IslanderO AsianO WhiteO Black or African AmericanO White
	6.	What language is spoken most often at home? (Select only one response.)O AcholiO EnglishO ArabicO FrenchO SomaliO Some other language
3/8" PERF	The	next 2 questions ask about safety.
PERF	7.	How often do you wear a seat belt when <b>riding</b> in a car? • Never • Rarely • Sometimes • Most of the time • Always
	0	
	δ.	When you ride a bicycle, how often do you wear a helmet?O I do not ride a bicycleO Rarely wear a helmetO Most of the time wear a helmetO Never wear a helmetO Sometimes wear a helmetO Always wear a helmet
	rum	next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread hors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students bout the same strength or power argue or fight or tease each other in a friendly way.
	9.	Have you ever been bullied <b>on school property</b> ? • Yes • No
	10.	Have you ever been <b>electronically</b> bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) • Yes • No
	The	next question asks about feeling safe at school.
	11.	Do you agree or disagree with the following statement? "I feel safe at my school." O Strongly agree O Agree O Disagree O Strongly disagree
		PLEASE DO NOT WRITE IN THIS AREA
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12	. Have you e ○ Yes	ver tried cig	garette smoking, even	one or two puffs?	
13	During the ○ 0 days ○ 1 or 2 da		s, on how many days O 3 to 5 days O 6 to 9 days	did you smoke cigarettes? 0 10 to 19 days 0 20 to 29 days	⊂ All 30 days
14	. Do you thir O I definite	•	try a cigarette soon? ○ I probably will	○ I probably will not	○ I definitely will not
15	. Do you thir O I definite	2	smoke a cigarette at a ○ I probably will	nytime during the next year? O I probably will not	○ I definitely will not
16	. If one of yo O Definite		nds offered you a ciga O Probably yes	arette, would you smoke it? • Probably not	○ Definitely not
	e next 2 ques		bout electronic vapo		
mo	ctronic vapo ds.	r products	electronic vapor proc	, vapes, vape pens, e-cigars	, e-hookahs, hookah pens, and
<b>mo</b>	ctronic vapo ds. . Have you e <u>     Yes</u>	ver used an	include e-cigarettes, electronic vapor proc s, have you used an el	, vapes, vape pens, e-cigars	
17 18 The bev	ctronic vapo ds. . Have you e O Yes . During the O Yes e next 4 ques erages, and lude drinkin	er products ver used an No past 30 day No stions ask a liquor such g a few sip	include e-cigarettes, electronic vapor proc s, have you used an el bout drinking alcoh a as rum, gin, vodka, s of wine for religiou	, vapes, vape pens, e-cigars, luct? lectronic vapor product? ol. This includes drinking h or whiskey. For these ques s purposes.	
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mod 17 18 The bev incl 19 20	ctronic vapo ds. Have you e Yes During the Yes e next 4 ques erages, and lude drinkin Have you e Yes During the O Yes During the O ays O ays O 1 or 2 da	or products ver used an O No past 30 day O No stions ask a liquor such g a few sip ver had a du O No past 30 day past 30 day	include e-cigarettes, electronic vapor proc s, have you used an el bout drinking alcoho as rum, gin, vodka, s of wine for religiou cink of alcohol, other s, on how many days 0 3 to 5 days 0 6 to 9 days	<ul> <li>vapes, vape pens, e-cigars, duct?</li> <li>lectronic vapor product?</li> <li>ol. This includes drinking to or whiskey. For these quests purposes.</li> <li>than a few sips?</li> <li>did you have at least one dri 0 10 to 19 days</li> </ul>	, e-hookahs, hookah pens, and beer, wine, flavored alcoholic stions, drinking alcohol does no nk of alcohol? O All 30 days

Yes       No         The next 3 questions ask about other drugs.       24. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or to get high?         Yes       No         25. During the past 12 months, have you talked with at least one of your parents about the alcohol, or drug use?       Yes         Yes       No         26. Do you agree or disagree with the following statement? "My family has clear rules about Strongly agree       Agree         7 The next 5 questions ask about food you ate or drank recently. Think about all the me had from the time you got up until you went to bed. Be sure to include food you ate at restaurants, or anywhere else.         27. Yesterday, how many times did you drink 100% fruit juices such as orange juice; app juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)         0 times, 1 did not drink 100% fruit juice yesterday       3 times         0 times, 1 did not affruit yesterday       3 times         0 times, 1 did not eat fruit yesterday       3 times         0 times, 1 did not eat fruit yesterday       3 times         0 times, 1 did not eat fruit yesterday       3 times         0 times, 1 did not eat fruit yesterday       3 times         1 time       4 or more times         29. Yesterday, how many times did you cat vegetables, such as carrots, green salad, corn, (Do not count flex top), D? (Do not count flex tod, other did trinks, or 100         0 times, 1		23.	Have you ever u	sed marijuana?				
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parents or guardians?O 0 daysO 2 daysO 4 daysO 6 days			drinks, or oth			rday $\bigcirc 3$	times	
$\bigcirc 0 \text{ days}$ $\bigcirc 2 \text{ days}$ $\bigcirc 4 \text{ days}$ $\bigcirc 6 \text{ days}$		31.	During the past ' parents or guar	7 days, on how r •dians?	many days did you e	eat dinner <b>at hom</b>	e with <b>at least one of your</b>	
			$\bigcirc 0$ days	$\bigcirc$ 2 days				
3						5		

The next 2 questions ask about physical activity.						
32. How many days each week do you exercise, dance or play sports for at least an hour? O days O 1 day O 2 days O 3 days O 4 days O 5 days O 6 days O 7 days						
<ul> <li>33. 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.)</li> <li>O Less than 1 hour per day</li> <li>O 1 hour per day</li> <li>O 2 hours per day</li> <li>O 5 or more hours per day</li> </ul>						
The next 2 questions ask about other things you do.						
34. On an average school day, how long after school are you alone without a parent or trusted adult?O I am not alone after schoolO 4 hours per dayO Less than 1 hour per dayO 5 hours per dayO 2 hours per dayO 6 or more hours per dayO 3 hours per dayO 6 or more hours per day						
<ul> <li>35. During an average week, how many days do you spend time in clubs, after-school programs, or other organized activities (other than sports) outside of regular school hours?</li> <li>0 days</li> <li>1 day</li> <li>2 days</li> <li>3 days</li> <li>4 days</li> <li>5 days</li> <li>6 days</li> <li>7 days</li> </ul>						
The next 7 questions ask about asthma. Asthma (say: AZ-muh) is a lung disease that makes it hard to breathe.						
36. Has a doctor, nurse, or other adult ever told you that you have asthma? • Yes • No • Not sure						
37. Do you still have asthma? ○ I have never had asthma ○ Yes ○ No ○ Not sure						
<ul> <li>38. Has a doctor, nurse, or asthma educator ever taught you what to do during an asthma episode or attack?</li> <li>O I have never had asthma</li> <li>O Yes</li> <li>O No</li> <li>O Not sure</li> </ul>						
<ul> <li>39. During the past month, has asthma limited your usual activities?</li> <li>○ I have never had asthma ○ Yes ○ No ○ Not sure</li> </ul>						
40. During this school year, have you missed school because of your asthma? ○ I have never had asthma ○ Yes ○ No ○ Not sure						
<ul> <li>41. During the past month, did your asthma make it difficult for you to stay asleep?</li> <li>○ I have never had asthma ○ Yes ○ No ○ Not sure</li> </ul>						
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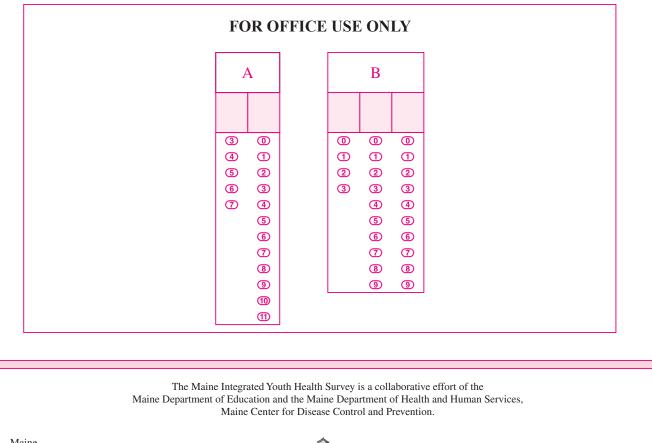
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	42.	During the past mon in your chest, or a wi		ave any sympton	ns of asthma such a	as shortness	of breath, tightness	
		$\bigcirc$ I have never had a	0 0	⊂ No	$\bigcirc$ Not sure			
	The	next question asks a	bout diabetes.					
	43.	Has a doctor, nurse, • Yes		r told you that yo Not sure	ou have diabetes?			
	The next 2 questions ask about taking care of your teeth.							
	44.	When was the last tin other dental work?	me you saw a den	tist or dental hyg	ienist for a check-	up, exam, te	eeth cleaning, or	
		<ul> <li>Less than a year (</li> <li>More than a year (12-24 months)</li> </ul>	12 months) ago ago, but less than	2 years ago	○ More than 2 yea (24 months) age		Never Not sure	
	45.	During this school ye you needed to get a c dentist for a regular of	avity filled or yo	ur tooth hurt. We				
· 		-	⊃ No	○ Don't know				
	The	next 3 questions ask	about protectin	g yourself from	the sun.			
3/8" PERF	46.	When you are outsid SPF of 15 or higher?		ne hour on a sum	ny day, how often o	do you wear	r sunscreen with an	
R		Ũ		○ Sometimes	$\bigcirc$ Most of th	e time	⊂ Always	
	47.	When you are outsid stay in the shade, we						
1			-	-	○ Most of th			
	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	$\bigcirc$ Not sure				
	The next 2 questions ask about support you may have at home or at school.							
	49.	Do you agree or disa O Strongly agree	gree that you hav O Agree			ed? ⊃ Strongly	disagree	
50. Do you agree or disagree that at least one of your teachers really cares and gives you help and s when you need it?							help and support	
		○ Strongly agree	○ Agree	○ Not sure	○ Disagree 0	$\supset$ Strongly	disagree	

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## This is the end of the survey. Thank you very much for your help.



Maine Department of Health and Human Services



Maine Department of Education

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