

## 2023 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 is 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 the 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.

**Survey Code:** 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.

This survey is about your health behavior 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 private. 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. There is some risk that some questions may make you feel uncomfortable. If you are not comfortable answering a question, just leave it blank. You can stop answering questions at any time you want. There is no penalty for not completing the survey. It should not take you longer than this class period.

The benefit to you in taking this survey is that your school and community may be better able to create programs that help you stay healthy.

Some questions ask about your background such as your race, age, and gender. 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 your answers to help us learn about Maine students in general.

Be sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of your teacher.

***THANK YOU very much for your help***

1. How old are you?
  - a. 9 years old or younger
  - b. 10 years old
  - c. 11 years old
  - d. 12 years old
  - e. 13 years old or older
2. What is your sex?
  - a. Female
  - b. Male
3. In what grade are you?
  - a. 5<sup>th</sup> grade
  - b. 6<sup>th</sup> grade
  - c. Ungraded or other grade
4. Are you Hispanic or Latino?
  - a. Yes
  - b. No
5. What is your race? (**Select one or more responses.**)
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
6. What language is spoken most often at home? (Select only **one** response.)
  - a. Arabic
  - b. Chinese
  - c. English
  - d. French
  - e. Portuguese
  - f. Somali
  - g. Spanish
  - h. Some other language

**The next 2 questions ask about safety.**

7. How often do you wear a seat belt when **riding** in a car?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Most of the time
  - e. Always
8. **When you ride a bicycle**, how often do you wear a helmet?
  - a. I do not ride a bicycle
  - b. Never wear a helmet
  - c. Rarely wear a helmet
  - d. Sometimes wear a helmet
  - e. Most of the time wear a helmet
  - f. Always wear a helmet

**The next 2 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.**

9. Have you ever been bullied **on school property**?
  - a. Yes
  - b. No
  
10. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
  - a. Yes
  - b. 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."
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree

The next 5 questions ask about cigarette smoking.

12. Have you ever smoked a cigarette, even one or two puffs?
  - a. Yes
  - b. No
  
13. During the past 30 days, on how many days did you smoke cigarettes?
  - 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
  
14. Do you think you will try a cigarette soon?
  - a. I definitely will
  - b. I probably will
  - c. I probably will not
  - d. I definitely will not
  
15. Do you think you will smoke a cigarette at anytime during the next year?
  - a. I definitely will
  - b. I probably will
  - c. I probably will not
  - d. I definitely will not
  
16. If one of your best friends offered you a cigarette, would you smoke it?
  - a. Definitely yes
  - b. Probably yes
  - c. Probably not
  - d. Definitely not

**The next 3 questions ask about electronic vapor products, such as JUUL, SMOK, Vuse, NJOY, Puff Bar, blu or Bidi Stick. Electronic vapor products includes e-cigarettes, vapes, modes, e-cigs, e-hookahs, or vape pens.**

17. Have you ever used an electronic vapor product?
  - a. Yes
  - b. No
  
18. During the past 30 days, have you used an electronic vapor product?
  - a. Yes
  - b. No
  
19. Do you think you will try an electronic vapor product soon?
  - a. I definitely will
  - b. I probably will
  - c. I probably will not
  - d. I definitely will not

**The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips or wine for religious purposes.**

20. Have you ever had a drink of alcohol, other than a few sips?
  - a. Yes
  - b. No
  
21. During the past 30 days, on how many days did you have at least one drink of alcohol?
  - 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. If you wanted to get some alcohol, how easy would it be for you to get some?
  - a. Very hard
  - b. Sort of hard
  - c. Sort of easy
  - d. Very easy
  
23. 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 wrong at all

**The next 3 questions ask about marijuana use. Marijuana is also called pot, weed, or cannabis.**

24. Have you ever used marijuana?
  - a. Yes
  - b. No

25. During the past 30 days, how many times did you use marijuana?
- 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
26. If you wanted to get some marijuana, how easy would it be for you to get some?
- a. Very hard
  - b. Sort of hard
  - c. Sort of easy
  - d. Very easy

**The next 2 questions ask about other drugs.**

27. Have you ever sniffed glue, breathed contents of spray cans, or inhaled any paints or sprays to get high?
- a. Yes
  - b. No
28. Do you agree or disagree with the following statement? "My family has clear rules about alcohol and drug use."
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree

**The next 5 questions ask about food you ate or drank during the past 7 days. Think of all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

29. Yesterday, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- a. 0 times, I did not drink 100% fruit juice yesterday
  - b. 1 time
  - c. 2 times
  - d. 3 times
  - e. 4 or more times
30. Yesterday, how many time did you eat **fruit**? (Do **not** count fruit juice.)
- a. 0 times, I did not eat fruit yesterday
  - b. 1 time
  - c. 2 times
  - d. 3 times
  - e. 4 or more times
31. Yesterday, how many times did you eat **vegetables**, such as carrots, green salad, corn, or green beans? (Do **not** count french fries or other fried potatoes.)
- a. 0 times, I did not eat vegetables yesterday
  - b. 1 time
  - c. 2 times
  - d. 3 times
  - e. 4 or more times

32. Yesterday, how many times did you drink **a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage** such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do **not** count diet soda, other diet drinks, or 100% fruit juice.)
- 0 times, I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages yesterday
  - 1 time
  - 2 times
  - 3 times
  - 4 or more times

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

33. How many days each week do you exercise, dance or play sports for at least an hour?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
34. 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 doing schoolwork.)
- 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

**The next 2 questions ask about other things you do.**

35. On an average school day, how long after school are you alone without a parent or trusted adult?
- I am not alone after school
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 hours per day
  - 6 or more hours per day
36. During the 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?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

37. During the past 7 days, on how many days did you eat dinner **at home** with at **least one or your parents or guardians**?
- a. 0 days
  - b. 1 day
  - c. 2 days
  - d. 3 days
  - e. 4 days
  - f. 5 days
  - g. 6 days
  - h. 7 days

**The next 2 questions ask about asthma. Asthma (say: AZ-muh) is a lung disease that makes it hard to breathe.**

38. Has a doctor, nurse, or other adult ever told you that you have asthma?
- a. Yes
  - b. No
  - c. Not sure
39. Do you still have asthma?
- a. I have never had asthma
  - b. Yes
  - c. No
  - d. Not sure

**The next question asks about diabetes.**

40. Has a doctor, nurse, or other adult ever told you that you have diabetes?
- a. Yes
  - b. No
  - c. Not sure

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

41. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?
- a. During the past 12 months
  - b. Between 12 and 24 months ago
  - c. More than 24 months ago
  - d. Never
  - e. Not sure
42. During this school year, have you missed any school because of problems with your teeth? For example, you needed to get a cavity filled or your tooth hurt. We are not asking about missing school to see a dentist for a regular check-up or cleaning.
- a. Yes
  - b. No
  - c. Don't know

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

43. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Most of the time
  - e. Always
44. When you are outside for more than one hour on a sunny day, how often do you do one of the following: stay in the shade, wear clothing that covers most of your arms and legs, or wear a hat?
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Most of the time
  - e. Always
45. During the past year, have you had any sunburns? (A sunburn is any reddening or burn of the sun that lasts until the next day.)
- a. Yes
  - b. No
  - c. Not sure

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

46. Do you agree or disagree that you have parents or guardians who try to help you succeed?
- a. Strongly agree
  - b. Agree
  - c. Not sure
  - d. Disagree
  - e. Strongly disagree
47. Do you agree or disagree that at least one of your teachers really cares and gives you help and support when you need it?
- a. Strongly agree
  - b. Agree
  - c. Not sure
  - d. Disagree
  - e. Strongly disagree