

2023 Maine Integrated Youth Health Survey

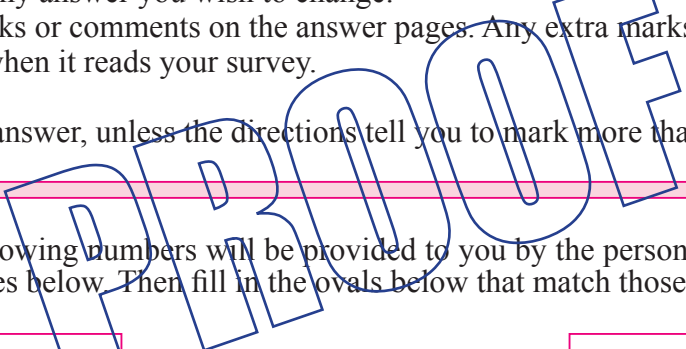
Fifth and Sixth Grade

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 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.

MARKING INSTRUCTIONS	
CORRECT MARK 	INCORRECT MARKS



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

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	8	8
9	9	9

PLEASE DO NOT WRITE IN THIS AREA

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SERIAL #

3/8" PERIF

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.

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!

The next 5 questions ask about cigarette smoking.

12. Have you ever smoked a cigarette, even one or two puffs?

- Yes No

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

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

14. Do you think you will try a cigarette soon?

- I definitely will I probably will I probably will not I definitely will not

15. Do you think you will smoke a cigarette at anytime during the next year?

- I definitely will I probably will I probably will not I definitely will not

16. If one of your best friends offered you a cigarette, would you smoke it?

- Definitely yes Probably yes Probably not 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 include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

17. Have you ever used an electronic vapor product?

- Yes No

18. During the past 30 days, have you used an electronic vapor product?

- Yes No

19. Do you think you will try an electronic vapor product soon?

- I definitely will I probably will I probably will not 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 of wine for religious purposes.

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

- Yes No

21. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days

22. If you wanted to get some alcohol, how easy would it be for you to get some?

- Very hard Sort of hard Sort of easy Very easy

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

- Very wrong Wrong A little bit wrong Not wrong at all

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

24. Have you ever used marijuana?
 Yes No
25. During the past 30 days, how many times did you use marijuana?
 0 times 3 to 9 times 20 to 39 times
 1 or 2 times 10 to 19 times 40 or more times
26. If you wanted to get some marijuana, how easy would it be for you to get some?
 Very hard Sort of hard Sort of easy Very easy

The next 2 questions ask about other drugs.

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

The next 4 questions ask about food you ate or drank during the past 7 days. Think about 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.)
 0 times, I did not drink 100% fruit juice yesterday 3 times
 1 time 4 or more times
 2 times
30. Yesterday, how many times did you eat **fruit**? (Do **not** count fruit juice)
 0 times, I did not eat fruit yesterday 3 times
 1 time 4 or more times
 2 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.)
 0 times, I did not eat vegetables yesterday 3 times
 1 time 4 or more times
 2 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 2 times
 1 time 3 times
 4 or more times

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?
 Never Rarely Sometimes Most of the time 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?
 Never Rarely Sometimes Most of the time Always
45. 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 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?
 Strongly agree Agree Not sure Disagree 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?
 Strongly agree Agree Not sure Disagree Strongly disagree

PROOF

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

