



# MS-B

## 2023 Middle School (7<sup>th</sup>/8<sup>th</sup> Grade) Maine Integrated Youth Health Survey

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.

If you have questions about the survey, your teacher will have contact names for someone to e-mail or call.

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

Directions:

- Use a #2 pencil or a blue or black pen.
- Make dark marks.
- Fill in a response like this: (A) (B) (●) (D)
- To change your answer, erase your old answer completely.

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. In what grade are you?
  - A. 6th grade
  - B. 7th grade
  - C. 8th grade
  - D. 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. How tall are you without your shoes on?
 

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example:

Height	
Feet	Inches
5	7
(3)	(0)
(4)	(1)
(●)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(●)
	(8)
	(9)
	(10)
	(11)

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example:

Weight		
Pounds		
1	5	2
(0)	(0)	(0)
(●)	(1)	(1)
(2)	(2)	(●)
(3)	(3)	(3)
	(4)	(4)
	(●)	(5)
	(6)	(6)
	(7)	(7)
	(8)	(8)
	(9)	(9)

8. 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
  
9. Which of the following best describes you?
  - A. Heterosexual (straight)
  - B. Gay or lesbian
  - C. Bisexual
  - D. I describe my sexual identity some other way
  - E. I am not sure about my sexual identity (questioning)
  - F. I do not know what this question is asking
  
10. 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?
  - A. No, I am not transgender
  - B. Yes, I am transgender
  - C. I am not sure if I am transgender
  - D. I do not know what this question is asking
  
11. 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. In a dormitory or other school housing
  - G. I do not have a usual place to sleep
  - H. Somewhere else

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

12. Have you ever ridden in a car or other vehicle driven by someone who had been drinking alcohol?  
A. Yes  
B. No
13. Have you ever ridden in a car or other vehicle driven by someone who had been using marijuana (also called pot, weed, or cannabis)?  
A. Yes  
B. No

**The next 2 questions ask about violence-related behaviors and experiences.**

14. Have you ever carried a weapon such as a gun, knife, or club **on school property**?  
A. Yes  
B. No
15. 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 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.**

16. Have you ever been bullied **on school property**?  
A. Yes  
B. No
17. Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  
A. Yes  
B. No

**The next 2 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

18. Have you ever felt 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

19. Have you ever **seriously** thought about killing yourself?  
A. Yes  
B. No

**The next 10 questions ask about cigarette smoking.**

20. 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
21. How old were you when you smoked a whole cigarette for the first time?  
A. I have never smoked a whole cigarette  
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
22. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?  
A. No risk  
B. Slight risk  
C. Moderate risk  
D. Great risk
23. If you wanted to get some cigarettes, how easy would it be for you to get some?  
A. Very hard  
B. Sort of hard  
C. Sort of easy  
D. Very easy
24. Do you think that you will try a cigarette soon?  
A. I definitely will  
B. I probably will  
C. I probably will not  
D. I definitely will not
25. Do you think you will smoke a cigarette at any time during the next year?  
A. I definitely will  
B. I probably will  
C. I probably will not  
D. I definitely will not

26. If one of your closest friends offered you a cigarette, would you smoke it?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
27. How wrong do your friends feel it would be for you to smoke cigarettes?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all
28. During the past 7 days, on how many days were you in the same car with someone who was smoking cigarettes?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
29. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

**The next 2 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.**

30. Have you ever used an electronic vapor product?
- Yes
  - No
31. During the past 30 days, on how many days did you use an electronic vapor product?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

**The next 3 questions ask about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering these questions.**

32. How wrong do your parents or guardians feel it would be for you to use any tobacco products?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all
33. When you go to a supermarket, grocery store, convenience store or gas station mini-mart, how often do you see tobacco industry advertisements on signs or poster boards?
- A lot
  - Sometimes
  - Hardly ever
  - Never
  - I never go to a supermarket, grocery store, convenience store or mini-mart
  - I don't know/I'm not sure
34. Do you think you would be able to quit using tobacco products if you wanted to?
- I do not use tobacco products now
  - Yes
  - No

**The next 13 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.**

35. Have you ever had a drink of alcohol, other than a few sips?
- Yes
  - No
36. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
  - 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old or older

37. 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
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?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
39. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way
40. 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
41. If you drank some alcohol without your parents' or guardians' permission, would you be caught by your parents or guardians?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
42. How much do you think people risk harming themselves (physically or in other ways) if they have **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

43. How much do you think people risk harming themselves (physically or in other ways) if they have **5 or more** drinks of an alcoholic beverage in a row once or twice a week?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
44. If a kid drank some alcohol in your community, would they be caught by the police?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
45. How do you feel about someone your age having **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. Strongly approve
  - B. Approve
  - C. Neither approve nor disapprove
  - D. Disapprove
  - E. Strongly disapprove
46. How wrong do your friends feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
47. How wrong do your parents or guardians feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

**The next 10 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.**

48. Have you ever used marijuana?
- A. Yes
  - B. No
49. 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

50. During the past 30 days, how many times did you use marijuana?  
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times
51. During the past 30 days, how did you **usually** get the marijuana you used?  
A. I did not use marijuana during the past 30 days  
B. I bought it at a store  
C. I bought it at a public event like a fair, festival, or concert  
D. I gave someone else money to buy it for me  
E. Someone gave it to me  
F. I took it from a store or family member  
G. I got it some other way
52. 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
53. How wrong do your parents or guardians feel it would be for you to use marijuana?  
A. Very wrong  
B. Wrong  
C. A little bit wrong  
D. Not wrong at all
54. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?  
A. No risk  
B. Slight risk  
C. Moderate risk  
D. Great risk
55. How wrong do your friends feel it would be for you to use marijuana?  
A. Very wrong  
B. Wrong  
C. A little bit wrong  
D. Not wrong at all
56. If a kid used marijuana in your community, would they be caught by the police?  
A. Definitely yes  
B. Probably yes  
C. Probably not  
D. Definitely not

57. Do you think using marijuana would negatively impact your goals or future?  
A. Definitely yes  
B. Probably yes  
C. Probably not  
D. Definitely not

**The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

58. Have you ever taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?  
A. Yes  
B. No

**The next 8 questions ask about other drugs.**

59. During the past 12 months, do you recall hearing, reading or watching an advertisement about the prevention of substance use?  
A. Yes  
B. No  
C. Not sure
60. During the past 12 months, how many times have you been drunk or high **at school**?  
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times
61. Has anyone offered, sold, or given you alcohol or drugs **on school property**?  
A. Yes  
B. No
62. During the past 30 days, how many times did you take a **prescription drug** (such as Adderall, Ritalin, Xanax, OxyContin, Percocet, Vicodin, or codeine) without a doctor's prescription?  
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times



63. If you wanted to get prescription drugs (such as Adderall, Ritalin, Xanax, OxyContin, Percocet, Vicodin, or codeine) that were not prescribed to you, how easy would it be to get some?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy

64. How much do you think people risk harming themselves (physically or in other ways) if they take prescription drugs that are not prescribed to them?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

65. How wrong do your parents or guardians feel it would be for you to take prescription drugs not prescribed to you?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

66. How wrong do your friends feel it would be for you to take prescription drugs not prescribed to you?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

**The next question asks about sexual intercourse.**

67. Have you ever had sexual intercourse?
- A. Yes
  - B. No

**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.**

68. During the past 7 days, 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. I did not drink 100% fruit juice 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

69. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit 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

70. During the past 7 days, 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. I did not eat vegetables 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

71. During the past 7 days, 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.)
- A. I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages 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

**The next question asks about physical activity.**

72. 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

**The next 3 questions ask about other health-related topics.**

73. Has a doctor or nurse ever told you that you have asthma?  
A. Yes  
B. No  
C. Not sure
74. Do you still have asthma?  
A. I have never had asthma  
B. Yes  
C. No  
D. Not sure
75. During the past 12 months, about how many days did you miss school because of your asthma?  
A. I have never had asthma  
B. I did not miss any days of school because of my asthma  
C. 1 or 2 days  
D. 3 or 4 days  
E. 5 or more days

**The next 5 questions ask about your school, your family, your community, and support that you get.**

76. During an average week, how many hours do you spend in clubs or organizations (other than sports) outside of regular school hours?  
A. 0 hours  
B. 1 hour  
C. 2 hours  
D. 3 to 5 hours  
E. 6 to 10 hours  
F. 11 or more hours

77. 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
78. How often does one of your parents or guardians talk with you about what you are doing in school?  
A. About every day  
B. About once or twice a week  
C. About once or twice a month  
D. Less than once a month  
E. Never
79. How often does your family give you love and support?  
A. Never  
B. Rarely  
C. Sometimes  
D. Most of the time  
E. Always
80. Do you agree or disagree that in your community you feel like you matter to people?  
A. Strongly agree  
B. Agree  
C. Not sure  
D. Disagree  
E. Strongly disagree

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



The Maine Integrated Youth Health Survey is a collaborative effort of the Maine Department of Education and the Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention.