

**Question Bank:**  
**2025 Maine Integrated Youth Health Survey**  
**Middle School (7<sup>th</sup>/8<sup>th</sup> Grade)**

- The purpose of this document is to give schools and parents an opportunity to review the types of questions that may appear on the 2025 Maine Integrated Youth Health Survey (MIYHS), to be administered during the 2024/2025 school year.
- There are a total of 137 possible questions that appear on the four middle school survey versions, and all of them are included in this question bank. Each student will receive a survey with only 80 questions from the question bank.
- The actual survey instruments can be viewed on the MIYHS website ([www.maine.gov/miyhs/2025-survey-information](http://www.maine.gov/miyhs/2025-survey-information)).
- Additional questions can be directed at the MIYHS Coordinator, Hayley Pawlowski, [MIYHS.DHHS@maine.gov](mailto:MIYHS.DHHS@maine.gov)



# MS

## **2025 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***

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. What is your race and/or ethnicity? **(Select one or more responses.)**
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Hispanic or Latino
  - E. Middle Eastern or North African
  - F. Native Hawaiian or Pacific Islander
  - G. White

5. 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)
(5)	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	(7)
	(8)
	(9)
	(10)
	(11)

6. 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)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
	(4)	(4)
	(5)	(5)
	(6)	(6)
	(7)	(7)
	(8)	(8)
	(9)	(9)

7. 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
8. 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
9. 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
10. 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 questions ask about safety.**

11. Have you ever ridden in a car or other vehicle driven by someone who had been drinking alcohol?  
A. Yes  
B. No
12. 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
13. **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
14. 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

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

15. Have you ever carried a weapon such as a gun, knife, or club **on school property**?  
A. Yes  
B. No
16. Have you ever been threatened or hurt with a weapon such as a gun, knife, or club?  
A. Yes  
B. No
17. Have you ever been forced (physically or otherwise) to have sexual contact?  
A. Yes  
B. No
18. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?  
A. Never  
B. Rarely  
C. Sometimes  
D. Most of the time  
E. Always

19. Has violence in your home, or the threat of violence, ever made you want to leave your home, even just for a short while?  
A. Yes  
B. No
20. 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 questions ask about times that you felt you were treated badly or unfairly.**

21. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?  
A. Never  
B. Rarely  
C. Sometimes  
D. Most of the time  
E. Always

**The next 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.**

22. Have you ever been bullied **on school property**?  
A. Yes  
B. No
23. 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.**

24. 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

25. When you have felt sad or hopeless, from whom did you get help? (Select only **one** response.)
- A. I did not feel sad or hopeless
  - B. I did feel sad or hopeless but did not seek help
  - C. Parent or other adult relative
  - D. Teacher or other school staff member
  - E. Other adult
  - F. Friend or another young person
  - G. Hotline, counselor, or other mental health professional
  - H. Some other person

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

27. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
  - B. No

28. Have you ever **tried** to kill yourself?
- A. Yes
  - B. No

**The next question asks about hurting yourself on purpose.**

29. Have you ever done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. Yes
  - B. No

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

30. Have you ever smoked a cigarette, even one or two puffs?
- A. Yes
  - B. No
31. 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
32. 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

33. 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

34. 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

35. 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

36. 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

37. If one of your closest friends offered you a cigarette, would you smoke it?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

38. How wrong do your friends feel it would be for you to smoke cigarettes?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

39. How much do you think people risk harming themselves (physically or in other ways) if they are exposed to other people's cigarette smoke?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

40. During the past 7 days, on how many days were you in the same car with someone who was smoking cigarettes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days

- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

41. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
42. How wrong do you think it is for someone your age to smoke cigarettes?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

**The next questions ask about electronic vapor products, such as JUUL, SMOK, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.**

43. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
44. During the past 30 days, on how many days did you use an electronic vapor product?
- 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
45. The **last time** you used an electronic vapor product, what was in the vapor you inhaled?
- A. I have never used an electronic vapor product
  - B. Nicotine
  - C. Marijuana, THC, or hash oil
  - D. Just flavoring
  - E. Not sure
46. During the past 30 days, what flavor of electronic vapor product did you use most often? (Select only **one** response.)
- A. I did not use an electronic vapor product during the past 30 days
  - B. Alcoholic drinks (such as wine, margarita, or other cocktail)

- C. Chocolate, candy, desserts, or other sweets
- D. Fruit
- E. Menthol
- F. Mint
- G. Tobacco
- H. Some other flavor

47. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products every day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
48. How wrong do you think it is for someone your age to use electronic vapor products?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
49. If you wanted to get electronic vapor products, 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 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.**

50. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?
- A. Yes
  - B. No
  - C. Not sure
51. How wrong do your parents or guardians feel it would be for you to use any tobacco products?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
52. 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. A lot
  - B. Sometimes
  - C. Hardly ever
  - D. Never

- E. I never go to a supermarket, grocery store, convenience store or mini-mart
- F. I don't know/I'm not sure

53. During the past 12 months, did you ever try **to quit** using **all** tobacco products?
- A. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
  - B. Yes, I tried to quit using tobacco products once in the past 12 months
  - C. Yes, I tried to quit using tobacco products 2-3 times in the past 12 months
  - D. Yes, I tried to quit using tobacco products 4 or more times in the past 12 months
  - E. No, I did not try to quit using tobacco products in the past 12 months but I considered it or would like to quit
  - F. No, I did not try to quit using tobacco products in the past 12 months
54. Has a doctor or someone in a doctor's office talked to you about the danger of tobacco use in the past 12 months?
- A. I have not visited a doctor's office
  - B. Yes
  - C. No
55. Has a dentist or someone in a dentist's office talked to you about the danger of tobacco use in the past 12 months?
- A. I have not visited a dentist's office
  - B. Yes
  - C. No

**The next questions ask about other tobacco products.**

56. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches** such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN or Velo? (Do **not** count any electronic vapor products.)
- 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
57. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
- 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

**The next 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.**

58. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
59. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - 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
60. 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
61. 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
62. 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

63. 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

64. 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

65. 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

66. 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

67. 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

68. 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

69. 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

70. 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

71. How wrong do adults in your community think it is for kids your age to drink alcohol?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

**The next 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.**

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

73. 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

74. 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

75. 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 or a public event like a fair, festival or concert
  - C. I gave someone else money to buy it for me
  - D. I took it from home without permission
  - E. I got it at home with permission
  - F. A friend or sibling gave it to me
  - G. I took it from a store
  - H. I got it some other way



76. 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
77. 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
78. 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
79. 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
80. 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

81. 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.**

82. 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 questions ask about other drugs.**

83. 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
84. 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
85. Has anyone offered, sold, or given you alcohol or drugs **on school property**?
- A. Yes
  - B. No
86. Have you ever lived with an adult who had a problem with alcohol or drugs?
- A. Yes
  - B. No
87. 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
88. 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
89. 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
90. 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

91. 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
92. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
  - B. No
93. 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 questions ask about sexual intercourse.**

94. Have you ever had sexual intercourse?
- A. Yes
  - B. No
95. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
  - 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
96. With how many people have you ever had sexual intercourse?
- A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
97. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
98. Have you ever had oral sex?
- A. Yes

- B. No

99. Have you talked with your parent(s) and/or guardian(s) about sex in the past 6 months?
- A. Yes
  - B. No
100. During the past 30 days, have you received unwanted sexually suggestive or revealing messages, images, photos, or videos via text, app, or social media?
- A. Yes
  - B. No

**The next 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.**

101. 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
102. 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
103. 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, Prime, Red Bull, Celsius, lemonade, sweetened tea, coffee drinks, or flavored milk? Include sweetened beverages bought at a shop such as Starbucks, Dunkin' Donuts or Aroma Joe's. (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

104. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
  - B. 1 to 3 glasses during the past 7 days
  - C. 4 to 6 glasses during the past 7 days
  - D. 1 glass per day
  - E. 2 glasses per day
  - F. 3 glasses per day
  - G. 4 or more glasses per day

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

105. 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
106. 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.)
- A. Less than 1 hour per day
  - B. 1 hour per day
  - C. 2 hours per day
  - D. 3 hours per day
  - E. 4 hours per day
  - F. 5 or more hours per day
107. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
108. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do **not** count your physical education teacher.)
- A. Yes
  - B. No

109. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams
110. In an average week when you are in school, on how many days do you walk, ride your bike, or roll **to school** when weather allows you to do so?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days

**The next question asks about social media such as Instagram, TikTok, Snapchat, YouTube, Facebook, and X (formerly known as twitter).**

111. On an average day, about how many hours do you use social media? (Please do not include time spent texting or playing video games.)
- A. I do not use social media
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day

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

112. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
113. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
114. 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

115. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
116. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
- A. Yes
  - B. No
  - C. Not sure
117. Do you have any long-term emotional or behavioral problems? (Long-term means 6 months or more.)
- A. Yes
  - B. No
  - C. Not sure
118. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
119. 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
120. 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. Not sure
121. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
  - B. 5 hours
  - C. 6 hours
  - D. 7 hours
  - E. 8 hours
  - F. 9 hours
  - G. 10 or more hours

122. Has a doctor or nurse ever told you that you have diabetes?
- A. Yes
  - B. No
  - C. Not sure
123. Have you ever had the HPV vaccine? (This is sometimes called the HPV shot or Gardasil.)
- A. Yes, I have had the HPV vaccine
  - B. No, I haven't had the HPV vaccine
  - C. I have heard of the HPV vaccine, but I'm not sure if I have had it
  - D. I have never heard of the HPV vaccine
124. Have you ever been taught in school about sexually transmitted infections (STIs) or pregnancy prevention?
- A. Yes
  - B. No
  - C. Not sure
125. 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
126. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed or tanning booth? (Do **not** count getting a spray-on tan.)
- 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

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

127. 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

128. Do you agree or disagree that at least one adult in school really cares about you and gives you help and support when you need it?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

129. How often does your school enforce rules fairly?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

130. 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

131. How often does your family give you love and support?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

132. During your life, how often have you felt that you were able to talk to a friend about your feelings?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

133. How often is the following statement true for you?  
“When I am not at home, one of my parents or guardians knows where I am and whom I am with.”

- A. Never
- B. Rarely
- C. Sometimes

D. Most of the time

E. Always

134. 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

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

- A. Mostly A's
- B. Mostly B's
- C. Mostly C's
- D. Mostly D's
- E. Mostly F's
- F. None of these grades
- G. Not sure

136. During the past 7 days, on how many days did you eat dinner **at home** with **at least one of 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 question asks about gambling.**

137. Have you ever gambled on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?

- A. Yes
- B. No

**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  
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