



# MS-C

## **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.***

**Directions**

- Use a #2 pencil or a blue or black pen.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you 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. 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. 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

6. 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
7. 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
8. 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.**

9. **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

10. 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 5 questions ask about violence-related behaviors and experiences.**

11. Have you ever carried a weapon such as a gun, knife, or club **on school property**?
- A. Yes
  - B. No
12. Have you ever been threatened or hurt with a weapon such as a gun, knife, or club?
- A. Yes
  - B. No
13. Have you ever been forced (physically or otherwise) to have sexual contact?
- A. Yes
  - B. No
14. 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
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 question asks about times that you felt you were treated badly or unfairly.**

16. 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 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.**

17. Have you ever been bullied **on school property**?
- A. Yes
  - B. No
18. 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 hurting yourself on purpose.**

19. 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 5 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.**

20. 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

21. 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

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

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

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

**The next 2 questions ask about cigarette smoking.**

25. Have you ever smoked a cigarette, even one or two puffs?
- A. Yes
  - B. No
26. 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

**The next 7 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.**

27. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
28. 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
29. 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
30. 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 cocktails)
  - C. Chocolate, candy, desserts, or other sweets
  - D. Fruit
  - E. Menthol
  - F. Mint
  - G. Tobacco
  - H. Some other flavor

31. 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
32. 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
33. 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 2 questions ask about other tobacco products.**

34. 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

35. 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 7 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.**

36. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
37. 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
38. 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

39. 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
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. 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
42. 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 6 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.**

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

44. 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
45. 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
46. 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
47. 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
48. 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

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.

49. 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 4 questions ask about other drugs.

50. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
  - B. No
51. 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
52. Has anyone offered, sold, or given you alcohol or drugs **on school property**?
- A. Yes
  - B. No
53. 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 4 questions ask about sexual intercourse.

54. Have you ever had sexual intercourse?
- A. Yes
  - B. No
55. 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
56. 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
57. 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

The next 3 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.

58. 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

59. 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
60. 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

**The next 6 questions ask about physical activity.**

61. 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
62. 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
63. 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
64. 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
65. 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
66. 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



**The next 7 questions ask about other health-related topics.**

67. 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
68. 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
69. Do you have any long-term emotional or behavioral problems? (Long-term means 6 months or more.)  
A. Yes  
B. No  
C. Not sure
70. 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
71. 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

72. 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
73. Have you ever been taught in school about sexually transmitted infections (STIs) or pregnancy prevention?  
A. Yes  
B. No  
C. Not sure

**The next 6 questions ask about your school, your family, your community, and support that you get.**

74. 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
75. 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
76. 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

77. How often does your family give you love and support?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

78. 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 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.

79. 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

**The next question asks about gambling.**

80. 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.**