



# HS-D

## **2023 High School 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) (C) (D)
- To change your answer, erase your old answer completely.

1. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
2. What is your sex?
  - A. Female
  - B. Male
3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. 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 8 questions ask about safety.**

11. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
  - A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
12. How often do you wear a seat belt when **riding** in a car driven by someone else?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
13. How often do you wear a seat belt when **driving** a car?
  - A. I do not drive a car
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
14. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
  - A. I did not drive a car or other vehicle during the past 30 days
  - B. I drove a car or other vehicle, but not when I had been drinking alcohol
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
16. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** (also called pot, weed, or cannabis)?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

17. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot, weed, or cannabis)?
  - A. I did not drive a car or other vehicle during the past 30 days
  - B. I drove a car or other vehicle, but not when I had been using marijuana
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
18. During the past 30 days, how many times did you **text or talk on the phone** while driving a car or other vehicle?
  - A. I did not drive a car or other vehicle during the past 30 days
  - B. I drove a car or other vehicle, but not when I had been texting or talking on the phone
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times

**The next 7 questions ask about violence-related behaviors and experiences.**

19. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
20. If you wanted to get a gun, how easy would it be for you to get one?
  - A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
21. 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

22. Have you been forced (physically or otherwise) to have sexual contact? (Select only **one** response.)
- Yes, I have been forced to have sexual contact **both during** the past 12 months and **before** then
  - Yes, I have been forced to have sexual contact, but **not during** the past 12 months
  - Yes, I have been forced to have sexual contact, but **only during** the past 12 months
  - No, I have never been forced to have sexual contact
23. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
24. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
25. Has violence in your home, or the threat of violence, ever made you want to leave your home, even just for a short while?
- Yes
  - No

**The next question asks about times that you felt you were treated badly or unfairly.**

26. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

**The next 3 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.**

27. During the past 12 months, have you ever been bullied **on school property**?
- Yes
  - No
28. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
  - No
29. What are the chances you would intervene or defend someone being verbally abused or bullied at school?
- No or very little chance
  - Little chance
  - Some chance
  - Pretty good chance
  - Very good chance

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

30. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**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.**

31. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes
  - No

32. During the past 12 months, when you 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
33. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
34. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
35. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

**The next question asks about cigarette smoking.**

36. 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 9 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.**

37. Have you ever used an electronic vapor product?
- A. Yes
  - B. No

38. 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
39. 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
40. 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
41. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. I got or bought them from a friend, family member, or someone else
  - C. I bought them myself in a vape shop or tobacco shop
  - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
  - E. I bought them myself at a mall or shopping center kiosk or stand
  - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - G. I took them from a store or another person
  - H. I got them in some other way
42. 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

43. How wrong do you think it is for someone your age to use electronic vapor products?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not wrong at all
44. If you wanted to get electronic vapor products, how easy would it be for you to get some?
- Very hard
  - Sort of hard
  - Sort of easy
  - Very easy
45. During the past 12 months, did you ever try to **quit** using electronic vapor products?
- I did not use electronic vapor products during the past 12 months
  - Yes
  - No

**The next 2 questions ask about other tobacco products.**

46. 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.)
- 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
47. 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?
- 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 2 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.**

48. Has a doctor or someone in a doctor's office talked to you about the danger of tobacco use in the past 12 months?
- I have not visited a doctor's office
  - Yes
  - No
49. Has a dentist or someone in a dentist's office talked to you about the danger of tobacco use in the past 12 months?
- I have not visited a dentist's office
  - Yes
  - No

**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.**

50. 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 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years or older
51. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 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

52. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
  - B. 1 or 2 drinks
  - C. 3 drinks
  - D. 4 drinks
  - E. 5 drinks
  - F. 6 or 7 drinks
  - G. 8 or 9 drinks
  - H. 10 or more drinks
53. 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
54. 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
55. 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
56. 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

**The next 5 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.**

57. During your life, how many times have you used 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 to 99 times
  - G. 100 or more times
58. 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 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
59. 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
60. 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
61. During the past 30 days, how many times did you use marijuana **on school property**?
- 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 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.**

62. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- 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 11 questions ask about other drugs.**

63. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 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
64. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 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
65. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- 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
66. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?
- 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

67. During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, or Skunk) or hemp-derived products such as delta-8, delta-10 or THCO?
- A. Yes, I have used synthetic marijuana
  - B. Yes, I have used hemp-derived products
  - C. Yes, I have used both synthetic marijuana and hemp-derived products
  - D. No, I have not used either
  - E. I'm not sure if I have used either
68. During the past 30 days, how many times did you take a **prescription drug** (such as Adderall, Ritalin, Xanax, OxyContin, Percocet, Vicodin, 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
69. How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug that is not prescribed to them?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk
70. 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
71. During the past 12 months, has anyone offered, sold, or given you alcohol or drugs **on school property**?
- A. Yes
  - B. No
72. 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
73. Have you ever lived with an adult who had a problem with alcohol or drugs?
- A. Yes
  - B. No



**The next 7 questions ask about sexual behavior.**

74. Have you ever had sexual intercourse?  
A. Yes  
B. No
75. 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
76. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)  
A. I have never had sexual intercourse with an opposite-sex partner  
B. No method was used to prevent pregnancy  
C. Birth control pills (Do **not** count emergency contraception such as Plan B or the “morning after” pill.)  
D. Condoms  
E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)  
F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)  
G. Withdrawal or some other method  
H. Not sure
77. If you needed a method to prevent pregnancy or sexually transmitted infections, how easy would it be for you to get one?  
A. Very hard  
B. Sort of hard  
C. Sort of easy  
D. Very easy
78. Have you ever had oral sex?  
A. Yes  
B. No
79. Have you talked with your parent(s) and/or guardian(s) about sex in the past 6 months?  
A. Yes  
B. No
80. 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 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.**

81. 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
82. 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
83. 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
84. 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 2 questions ask about physical activity.**

85. 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
86. 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 video 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
  - C. 2 hours
  - D. 3 hours
  - E. 4 hours
  - F. 5 or more hours

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

87. 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
  - D. 2 hours
  - E. 3 hours
  - F. 4 hours
  - G. 5 or more hours

**The next 12 questions ask about other health-related topics.**

88. During the past 12 months, have you been tested for a sexually transmitted infection (STI) other than HIV, such as chlamydia or gonorrhea?
- A. Yes
  - B. No
  - C. Not sure
89. Have you ever been taught in school about sexually transmitted infections (STIs) or pregnancy prevention?
- A. Yes
  - B. No
  - C. Not sure

90. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
91. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
92. 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
93. 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
94. Has a doctor or nurse ever told you that you have diabetes?
- A. Yes
  - B. No
  - C. Not sure
95. 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
96. 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

97. 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
98. 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
99. 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

**The next 11 questions ask about your school, your family, your community, and support that you get.**

100. Which of the following are you most likely to do after you complete high school? (Select only **one** response.)
- A. Attend a 4-year college
  - B. Attend a community college
  - C. Attend a technical school
  - D. Join the military
  - E. Work a full-time job only
  - F. Something else
  - G. Not sure
101. 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

102. 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
103. How often does your school enforce rules fairly?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
104. How often do adults in your school address conflict, negative language, and bullying in positive ways to help students?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
105. How often do you feel the people at your school care about students and encourage them?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
106. 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
107. How often do you have support from adults other than your parents?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
108. How often does your family give you love and support?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

109. 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

110. Please tell us **how many** of the following six things have **ever** happened to you (**Add up how many ever** happened to you):

- Your parents or guardians got divorced or separated
- A parent or guardian died
- A parent or guardian was in jail or prison
- You lived with an adult who had a mental illness
- Your parent or another adult you lived with often swore at you, insulted you, put you down, or humiliated you.
- You were physically hurt by an adult in your home

- A. 0, none of these things have ever happened to me
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6

**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.