

2019 Maine Integrated Youth Health Survey Fifth and Sixth Grade

Thank you for taking this survey. In order for it to be useful, it is important that you answer each question honestly. All of your answers will be kept secret. They will never be seen by anyone at your school. Your name will not be put with your answers. Again, thank you very much for being an important part of this project.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers. We would like you to work quickly, so that you can finish.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits best, use one that comes close. If you do not understand a question or cannot answer it, just leave it blank.
3. Your answers will be read by a computer. To help the computer read your answers, please do the following:
 - Use only a blue or black pen or pencil.
 - Carefully make heavy marks inside the ovals.
 - Completely erase any answer you wish to change.
 - Make no other marks or comments on the answer pages. Any extra marks will cause the computer to make mistakes when it reads your survey.
4. Please mark only one answer, unless the directions tell you to mark more than one answer.

MARKING INSTRUCTIONS	
CORRECT MARK	INCORRECT MARKS

Survey Codes: The following numbers will be provided to you by the person giving this survey. Please write the numbers in the spaces below. Then fill in the ovals below that match those numbers.

SCHOOL ID		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

CLASS ID		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

PLEASE DO NOT WRITE IN THIS AREA

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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SERIAL #

This survey is about your health and things that affect it. It will tell us what you and other students do that may affect your health. About 95,000 students in Maine are being asked to take this survey. The answers you give will be used to create better health education and programs for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept secret. No one will know what you write. Answer the questions based on what you really do.

You may choose to take the survey or not take it. Your choice will not affect your grade in this class. You may not feel comfortable answering some questions. If you are not comfortable answering a question, just leave it blank. You can stop answering questions at any time you want.

You will not get in trouble for not completing the survey. It should not take you longer than this class period.

By taking this survey, your school and community may be better able to create programs that help you stay healthy.

Some questions ask about your background such as race and age. These will be used only to describe the types of students completing the survey. No answers will be used to find out your name. No names will ever be reported. The survey is research. This means that we will use everyone's answers to help us learn more about Maine students in general.

Be sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of your teacher.

THANK YOU very much for your help!

3/8" PERF

1. How old are you?
 9 years old or younger 11 years old 13 years old or older
 10 years old 12 years old

2. What is your sex?
 Female Male

3. In what grade are you?
 5th grade 6th grade Ungraded or other grade

4. Are you Hispanic or Latino?
 Yes No

5. What is your race? (Select one or more responses.)
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

6. What language is spoken most often at home? (Select only one response.)
 Acholi English Khmer Spanish
 Arabic French Somali Some other language

The next 3 questions ask about safety.

7. How often do you wear a seat belt when **riding** in a car?
 Never Rarely Sometimes Most of the time Always

8. How often do you sit in the back seat when you are **riding** in a car?
 Never Rarely Sometimes Most of the time Always

9. **When you ride a bicycle**, how often do you wear a helmet?
 I do not ride a bicycle Rarely wear a helmet Most of the time wear a helmet
 Never wear a helmet Sometimes wear a helmet Always wear a helmet

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.

10. Have you ever been bullied **on school property**?
 Yes No

11. Have you ever been bullied **away from school property**?
 Yes No

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

The next question asks about feeling safe at school.

12. Do you agree or disagree with the following statement? "I feel safe at my school."
 Strongly agree Agree Disagree Strongly disagree

The next 5 questions ask about tobacco use.

13. Have you ever tried cigarette smoking, even one or two puffs?
 Yes No
14. During the past 30 days, on how many days did you smoke cigarettes?
 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days
15. Do you think you will try a cigarette soon?
 I definitely will I probably will I probably will not I definitely will not
16. Do you think you will smoke a cigarette at anytime during the next year?
 I definitely will I probably will I probably will not I definitely will not
17. If one of your best friends offered you a cigarette, would you smoke it?
 Definitely yes Probably yes Probably not Definitely not

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, 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.

18. Have you ever had a drink of alcohol, other than a few sips?
 Yes No
19. During the past 30 days, on how many days did you have at least one drink of alcohol?
 0 days 3 to 5 days 10 to 19 days All 30 days
 1 or 2 days 6 to 9 days 20 to 29 days
20. If you wanted to get some alcohol, how easy would it be for you to get some?
 Very hard Sort of hard Sort of easy Very easy
21. How wrong do your parents feel it would be for you to drink alcohol regularly?
 Very wrong Wrong A little bit wrong Not wrong at all

The next question asks about marijuana use. Marijuana also is called pot, weed, or cannabis.

22. Have you ever used marijuana?
 Yes No

The next 3 questions ask about other drugs.

23. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
 Yes No
24. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use?
 Yes No Don't know
25. Do you agree or disagree with the following statement? "My family has clear rules about alcohol and drug use."
 Strongly agree Agree Disagree Strongly disagree

The next 5 questions ask about food you ate or drank recently. 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.

26. Yesterday, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 0 times, I did not drink 100% fruit juice yesterday 3 times
 1 time 4 or more times
 2 times
27. Yesterday, how many times did you eat **fruit**? (Do **not** count fruit juice)
 0 times, I did not eat fruit yesterday 3 times
 1 time 4 or more times
 2 times
28. Yesterday, how many times did you eat **vegetables**, such as carrots, green salad, corn, or green beans? (Do **not** count french fries or other fried potatoes.)
 0 times, I did not eat vegetables yesterday 3 times
 1 time 4 or more times
 2 times
29. Yesterday, how many times did you drink **a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage** such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do **not** count diet soda, other diet drinks, or 100% fruit juice.)
 0 times, I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages yesterday 2 times
 1 time 3 times
 4 or more times
30. During the past 7 days, on how many days did you eat dinner **at home** with **at least one of your parents/guardians**?
 0 days 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

The next 3 questions ask about physical activity.

31. How many days each week do you exercise, dance or play sports for at least an hour?
 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days
32. On an average school day, how many hours do you watch TV?
 I do not watch TV on an average school day 2 hours per day 5 or more hours per day
 Less than 1 hour per day 3 hours per day
 1 hour per day 4 hours per day
33. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
 I do not play video or computer games or use a computer for something that is not school work 2 hours per day
 Less than 1 hour per day 3 hours per day
 1 hour per day 4 hours per day
 5 or more hours per day

The next 2 questions ask about other things you do.

34. On an average school day, how long after school are you alone without a parent or trusted adult?
 I am not alone after school 4 hours per day
 Less than 1 hour per day 5 hours per day
 2 hours per day 6 or more hours per day
 3 hours per day
35. During an average week, how many days do you spend time in clubs, after-school programs, or other organized activities (other than sports) outside of regular school hours?
 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

The next 7 questions ask about asthma. Asthma (say: AZ-muh) is a lung disease that makes it hard to breathe.

36. Has a doctor, nurse, or other adult ever told you that you have asthma?
 Yes No Not sure
37. Do you still have asthma?
 I have never had asthma Yes No Not sure
38. Has a doctor, nurse, or asthma educator ever taught you what to do during an asthma episode or attack?
 I have never had asthma Yes No Not sure
39. During the past month, has asthma limited your usual activities?
 I have never had asthma Yes No Not sure
40. Have you missed school **this year** because of your asthma?
 I have never had asthma Yes No Not sure

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

41. During the past month, did your asthma make it difficult for you to stay asleep?

- I have never had asthma Yes No Not sure

42. During the past month, did you ever have any symptoms of asthma such as shortness of breath, tightness in your chest, or a wheezing cough?

- I have never had asthma Yes No Not sure

The next question asks about diabetes.

43. Has a doctor or nurse ever told you that you have diabetes?

- Yes No Not sure

The next 2 questions ask about taking care of your teeth.

44. When was the last time you saw a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months (1 year) More than 24 months ago (more than 2 years) Never
 Between 12 and 24 months ago (1-2 years) Not sure

45. Have you missed any school this year 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.

- Yes No Don't know

The next 3 questions ask about protecting yourself from the sun.

46. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?

- Never Rarely Sometimes Most of the time Always

47. When you are outside for more than one hour on a sunny day, how often do you do one of the following: stay in the shade, wear clothing that covers most of your arms and legs, or wear a hat?

- Never Rarely Sometimes Most of the time Always

48. During the past year, have you had any sunburns? (A sunburn is any reddening or burn of the skin that lasts until the next day.)

- Yes No Not sure

The next 2 questions ask about support you may have at home or at school.

49. Do you agree or disagree that you have parents who try to help you succeed?

- Strongly agree Agree Not sure Disagree Strongly disagree

50. Do you agree or disagree that at least one of your teachers really cares and gives you help and support when you need it?

- Strongly agree Agree Not sure Disagree Strongly disagree

