



MS-B

2019 Middle School (7th/8th Grade) Maine Integrated Youth Health Survey

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

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

You may choose to take the survey or not take it. Your choice will not affect your grade in this class. There is some risk that some questions may make you feel uncomfortable. If you are not comfortable answering a question, just leave it blank. You can stop answering questions at any time you want. There is no penalty for not completing the survey. It should not take you longer than this class period.

The benefit to you in taking this survey is that your school and community may be better able to create programs that help you stay healthy.

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

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

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

THANK YOU very much for your help!

Directions:

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

1. How old are you?
 - A. 10 years old or younger
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 6th grade
 - B. 7th grade
 - C. 8th grade
 - D. Ungraded or other grade

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No

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

6. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes.
 Fill in the matching oval below each number.
 Example:

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

7. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes.
 Fill in the matching oval below each number.
 Example:

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

8. What language is spoken most often at home? (Select only one response.)
 - A. Acholi
 - B. Arabic
 - C. English
 - D. French
 - E. Khmer
 - F. Somali
 - G. Spanish
 - H. Some other language

9. During the past 30 days, where did you usually sleep?
- In my parent's or guardian's home
 - 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
 - In a shelter or emergency housing
 - In a motel or hotel
 - In a car, park, campground, or other public place
 - In a dormitory or other school housing
 - I do not have a usual place to sleep
 - Somewhere else

The next 3 questions ask about safety.

10. Have you ever ridden in a car or other vehicle driven by someone who had been drinking alcohol?
- Yes
 - No
11. Have you ever ridden in a car or other vehicle driven by someone who had been taking illegal drugs such as marijuana, cocaine, heroin, or LSD?
- Yes
 - No
12. Do you agree or disagree with the following statement?
"I feel safe at my school."
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

The next question asks 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.

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

The next question asks about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

14. Have you ever **seriously** thought about killing yourself?
- Yes
 - No

The next 18 questions ask about cigarette smoking.

15. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
 - No
16. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old or older
17. During the past 30 days, on how many days did you smoke cigarettes?
- 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
18. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- I did not smoke cigarettes during the past 30 days
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
19. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
20. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?
- Yes
 - No
 - Not sure

21. How wrong do your parents feel it would be for you to smoke cigarettes?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not wrong at all
22. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk
23. If you wanted to get some cigarettes, how easy would it be for you to get some?
A. Very hard
B. Sort of hard
C. Sort of easy
D. Very easy
24. 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
25. Do you think you would be able to quit smoking cigarettes if you wanted to?
A. I do not smoke now
B. Yes
C. No
26. 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
27. 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

28. If one of your best friends offered you a cigarette, would you smoke it?
A. Definitely yes
B. Probably yes
C. Probably not
D. Definitely not
29. 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
30. 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
31. Besides yourself, does anyone who lives in your home smoke cigarettes now?
A. Yes
B. No
32. 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 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**
33. Have you ever used an electronic vapor product?
A. Yes
B. No
34. 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

35. 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 or Hash Oil
 - D. Just flavoring
 - E. Not sure

The next 2 questions ask about other tobacco products.

36. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (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
37. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 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 13 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.

38. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No
39. 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

40. 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
41. 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
42. 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
43. 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
44. If you drank some alcohol without your parents' permission, would you be caught by your parents?
- A. Definitely yes
 - B. Probably yes
 - C. Probably not
 - D. Definitely not
45. 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

46. 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?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
47. If a kid drank some alcohol in your neighborhood, would he or she be caught by the police?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
48. How do you feel about someone your age having **1 or 2** drinks of an alcoholic beverage nearly every day?
- Strongly approve
 - Approve
 - Neither approve nor disapprove
 - Disapprove
 - Strongly disapprove
49. How wrong do your parents feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
50. How wrong do your friends feel it would be for you to have **1 or 2** drinks of an alcoholic beverage nearly every day?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

The next 9 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

51. Have you ever used marijuana?
- Yes
 - No
52. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old or older

53. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
54. If you wanted to get some marijuana, how easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
55. How wrong do your parents feel it would be for you to use marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
56. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
57. How wrong do your friends feel it would be for you to use marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
58. If a kid used marijuana in your neighborhood, would he or she be caught by the police?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
59. How wrong do you think it is for someone your age to use marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

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.

60. 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 10 questions ask about other drugs.

61. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
 - B. No
62. During the past 30 days, how many times did you sniff glue, breathe the contents of spray cans, or inhale any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
63. During the past 30 days, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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
64. How wrong do your parents 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
65. 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
66. 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

67. If you wanted to get prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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
68. 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
69. 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
70. How many times in the past year (12 months) 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

The next question asks about sexual intercourse.

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

The next 4 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

72. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

73. 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

74. 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

75. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage** such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do **not** count diet soda, other diet drinks, or 100% fruit juice.)
- A. I did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

The next 2 questions ask about physical activity.

76. 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

77. 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

The next 4 questions ask about your school, your family, your community, and support that you get.

78. Do you agree or disagree that at least one of your teachers really cares and gives you help and support when you need it?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
79. How often does one of your parents 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
80. How often does your family give you love and support?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
81. Do you agree or disagree that in your community you feel like you matter to people?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

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



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