Minnesota Student Survey Level 1

This survey is for grades five and six.

About the Survey

The Minnesota Student Survey (MSS) is one of the longest-running youth surveys in the nation. It is a triennial survey that began in 1989. The survey is an anonymous statewide school-based survey conducted to gain insights into the world of students and their experiences. School districts, local public health agencies and community organizations use local MSS data to stimulate discussion, access funding and inform decision making that best meets the needs of students in our state.

Survey Content

The survey gathers insights from students about their activities, opinions, behaviors and experiences. MSS has three levels tailored to different age groups. Level 1 is for fifth and sixth graders, Level 2 is for seventh and eighth graders, and Level 3 is for ninth-12th graders. Questions asked of one age group may not be asked of another age group. All responses are kept anonymous.

***Note:** The wording of the questions will not change. The order of the questions may appear differently on the web survey.*

Taking the Survey

- *The questions on this survey cover many areas.*
- *Students do not have to answer any question they don't want to.*
- *Students do not have to take or finish the survey.*
- *No one will know how students answered the questions. Answers are kept private.*

Display Logic

The survey has logic built in, which means some questions will only appear when students select a certain answer for specific questions. For example, if a student selects "Never" for question 25, question 26 will not be asked to the student. This applies to questions marked in green that say "Display Logic."

Disclaimer

*The MSS Interagency Team **does not authorize** anyone to replicate the MSS Survey or authorize other surveys to be associated with MSS.*

Visit Minnesota Student Survey for more information about the survey.

1. What is your grade in school right now?

a. 5th grade

b. 6th grade

2. How old are you?

a. 9 years old or younger

b. 10 years old

c. 11 years old

d. 12 years old

e. 13 years old

f. 14 years old or older

3. How do you describe yourself? (Mark ALL that apply) †

a. American Indian or Alaskan Native

b. Asian, South Asian, or Asian American

c. Black, African, or African American

d. Hispanic or Latino/Latina

e. Middle Eastern or North African

f. Native Hawaiian or Other Pacific Islander

g. White

Display Logic:
If American Indian or Alaskan Native is selected
4. If you are American Indian or Alaskan Native, which group best describes you? (If more than one describes you, mark ALL that apply)

a. Anishinaabe/Ojibwe

b. Dakota/Lakota

c. Other tribal affiliation

Display Logic:
If Asian, South Asian, or Asian American is selected
5. If you are Asian, South Asian, or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)

a. Bangladeshi

b. Burmese

c. Chinese

d. Filipino

e. Hmong

f. Indian

g. Karen

h. Korean

i. Lao

j. Nepali

k. Pakistani

l. Vietnamese

m. Other Asian

Display Logic:
If Black, African, or African American is selected
6. If you are Black, African, or African American, which group best describes you? (If more than one describes you, mark ALL that apply)

a. African American

b. Ethiopian – Oromo

c. Ethiopian – other

d. Liberian

e. Nigerian

f. Somali

g. Other Black, African, or African American

Display Logic:
If Hispanic or Latino/Latina is selected
7. If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)

a. Colombian

b. Ecuadoran

c. Guatemalan

d. Mexican

e. Puerto Rican

f. Salvadoran

g. Spanish/Spanish-American

h. Other Hispanic or Latino/Latina

Display Logic:

If Middle Eastern or North African is selected

8. If you are Middle Eastern or North African, which group best describes you? (If more than one describes you, mark ALL that apply)

a. Egyptian

b. Iranian

c. Iraqi

d. Lebanese

e. Palestinian

f. Other Middle Eastern or North African

9. Are you a boy or girl?

a. Boy

b. Girl

c. Option not listed

10. Do you receive special education services as part of an IEP (individualized education program)?

a. Yes

b. No

c. Not sure

11. About how many books are there in your home?

a. Few (0-10)

b. Enough to fill one shelf (11-25)

c. Enough to fill one bookcase (26-100)

d. Enough to fill several bookcases (more than 100)

12. Do you have any of the following in your home?

	Yes	No
a. Access to the internet		
b. Your own bedroom		
c. A desktop or laptop computer (including Chromebooks) that you can use		
d. A tablet (for example, Surface Pro, iPad, Kindle Fire) that you can use		
e. A smartphone (for example, iPhone, Samsung Galaxy, HTC One) that you can use		

13. How would you describe your grades this school year?

a. Mostly A's
b. Mostly B's
c. Mostly C's
d. Mostly D's
e. Mostly F's
f. Mostly Incompletes
g. None of these letter grades

14. On a typical school day, how do you normally travel to and from school?* (Mark ALL that apply)

a. Walk
b. Bike
c. School bus
d. Family vehicle (riding with others from your family)
e. Carpools (riding with children from other families)
f. Transit (city bus, light rail, etc.)
g. Other (skateboard, scooter, inline skates, etc.)

15. How often do you wear a seat belt when you are riding in a car, truck, or SUV?

a. Never
b. Sometimes
c. Always

16. During the last 30 days, how many times did you miss a full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events)* †

a. None
b. Once or twice
c. 3 to 5 times
d. 6 times or more

17. During the last 30 days, how many times did you miss part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events)* †

a. None
b. Once or twice
c. 3 to 5 times
d. 6 to 9 times
e. 10 or more times

Display Logic:
If none is NOT selected for 16 or 17
18. What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)

a. Felt sick

b. Was in quarantine

c. Medical, dental, or other health-related appointment

d. Felt very sad, hopeless, anxious, stressed, or angry

e. Didn’t get enough sleep

f. Didn’t feel safe at school*

g. Had to work (for pay or to help with a family business or chores)

h. Had to take care of or help someone else (child, sibling, relative, etc.)

i. Behind in schoolwork or not prepared for a test or class assignment

j. Bored with or not interested in school

k. Suspended from school*

l. Didn't want to go

m. Didn't feel like I belonged at school

n. Hung out with friends instead

o. Was out of town

p. Had a religious holiday or cultural event

q. Had issues with transportation

r. Other reason

(Online schools only) During the last 30 days, how many times did you miss scheduled classes and assigned activities?

a. None

b. Once or twice

c. 3 to 5 times

d. 6 to 9 times

e. 10 or more times

Display Logic:

If none is NOT selected

(Online schools only) What are the reasons you missed scheduled classes or assigned activities in the last 30 days? (Mark ALL that apply)

a. Felt sick

b. Was in quarantine

c. Medical, dental, or other health-related appointment

d. Felt very sad, hopeless, anxious, stressed, or angry

e. Didn't get enough sleep

f. Had to work (for pay or to help with a family business or chores)

g. Had to take care of or help someone else (child, sibling, relative, etc.)

h. Behind in schoolwork or not prepared for a test or class assignment

i. Bored with or not interested in school

j. Didn't want to go

k. Didn't feel like I belonged at school

l. Hung out with friends instead

m. Was out of town

n. Had a religious holiday or cultural event

o. Had issues with transportation

p. Other reason

19. During the last 30 days, how many times did you get sent out of the classroom for discipline?*

a. None

b. Once or twice

c. 3 to 5 times

d. 6 to 9 times

e. 10 or more times

20. Since the beginning of this school year, have you changed schools?

a. Yes

b. No

21. How often do you…

	All of the time	Most of the time	Some of the time	None of the time	(**Online schools only**) Do not attend scheduled classes
a. Care about doing well in school?					
b. Pay attention in class?					
c. Go to class unprepared?					

22. How much do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. If something interests me, I try to learn more about it.				
b. I think things I learn at school are useful.				
c. Being a student is one of the most important parts of who I am.				
d. Overall, adults at my school treat students fairly.				
e. Adults at my school listen to the students.				
f. The school rules are fair.				
g. At my school, teachers care about students.				
h. Most teachers at my school are interested in me as a person.				

23. How much do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I feel safe going to and from school.*				
b. I feel safe at school.*				
c. I feel safe in my neighborhood.				
d. I feel safe at home.				

24. I would feel comfortable going to the police if I was having problems or needed help.

a. Strongly agree

b. Agree

c. Disagree

d. Strongly disagree

25. During the last 30 days, how often have other students harassed or bullied you? †

a. Never

b. Once or twice

c. Three or more times

Display Logic:

If Once or twice

Or Three or more times is selected for 25

26. During the last 30 days, for which of these reasons were you harassed or bullied? (Mark ALL that apply)

a. Your race, ethnicity, or national origin

b. Your religion or religious beliefs, including a lack of religious beliefs (e.g., agnosticism or atheism)

c. Your gender (being male or female)

d. A physical or mental disability

e. Your size or weight

f. Your physical appearance

g. Reason not listed

27. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat, TikTok, or other social media)

a. Never

b. Once or twice

c. Three or more times

28. During the last 30 days, how often have other students at school…

	Never	Once or twice	About once a week	Several times a week	Every day
a. Pushed, shoved, slapped, hit, or kicked you when they weren't kidding around?*					
b. Threatened to beat you up?					
c. Spread mean rumors or lies about you?					
d. Excluded you from friends, other students, or activities?					

29. During a typical week, how often are you home alone or somewhere unsupervised after school?

a. 0 days

b. 1 day

c. 2 days

d. 3 days

e. 4 days

f. 5 days

30. During a typical week, where do you go after school? (Mark ALL that apply)

a. I stay at my school or go to another school

b. My home or another home such as a friend's, relative's, or neighbor's

c. A rec, community, or other youth center

d. A park or other outdoor space

e. A library

f. A church, synagogue, mosque, or other spiritual/religious place

31. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?

a. Yes

b. No

c. I don't know what programs are available in my community

32. During a typical week, how often do you participate in activities outside of the regular school day? †

a. 0 days

b. 1 day

c. 2 days

d. 3 days

e. 4 days

f. 5 or more days

Display Logic:
If 0 days is NOT selected for 32,

33. During a typical week, do you participate in the following activities outside of the regular school day? (Mark ALL that apply)

a. Sports activities or physical activities

b. School sponsored activities or clubs that are not sports, such as drama, music, chess, or science club

c. Tutoring, homework help, or academic programs

d. Leadership activities such as student government, youth councils, or committees

e. Artistic activities, such as music, dance, drawing, photography, or pottery

f. Cultural heritage programs

g. Other community clubs and programs such as 4-H, Scouts, Y-clubs, or Community Ed

h. Religious activities such as religious services, education, or youth group

34. When you spend time doing activities outside of the regular school day, how often do you…

Question	Rarely or never	Sometimes	Often	Very often
a. Feel safe?				
b. Learn skills like teamwork or leadership?				
c. Develop trusting relationships with peers your age?				
d. Develop trusting relationships with adults?				
e. Help make decisions?				
f. Do something that gives you joy and energy?				
g. Learn skills that you can use in a future job?				

(Online schools only) Why did you choose to attend an online school? (Mark ALL that apply)

a. Avoid COVID-19

b. Offers courses I couldn't get at my previous school

c. Provides flexibility I need to pursue my interests (sports, work, hobbies)

d. Allows me to avoid difficult or uncomfortable social settings (bullying, drama)

e. Provides flexibility I need to manage my physical or mental health

f. Allows me to avoid teachers or administrators I don't like

g. Is a better fit for how I learn

h. Allows me to stay home to take care of family members

35. How would you describe your health in general?

a. Excellent

b. Very good

c. Good

d. Fair

e. Poor

36. Have you had any dental problems during the past 12 months? †

a. Yes

b. No

Display Logic:

If Yes is selected for 36,

37. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)

a. Toothaches or pain

b. Decayed teeth or cavities

c. Swollen, painful, or bleeding gums

d. Could not eat certain foods because of a dental problem

e. Missed one or more school days because of a dental problem

Display Logic:

If Yes is selected for 36,

38. Have you had this dental problem treated by a dentist?

a. Yes

b. No, but I will see a dentist

c. No, I am not able to get dental treatment

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

a. During the last year

b. Between 1 and 2 years ago

c. More than 2 years ago

d. Never

40. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy, or something else)? Long-term means lasting 6 months or more.

a. Yes

b. No

41. When you are feeling upset, stressed, or having problems, how comfortable are you talking to a counselor or social worker at school?

a. Very comfortable
b. Somewhat comfortable
c. Not at all comfortable
d. There is no counselor or social worker at my school

42. Have you ever been treated for a mental health, emotional, or behavioral problem? (Mark ALL that apply)

a. No
b. Yes, during the last year
c. Yes, more than a year ago

43. During the last 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

44. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?

a. Yes
b. No

45. During a typical school week, where do you usually get your lunch? (Mark the number of days for each)*

	0 days	1 day	2 days	3 days	4 days	5 days
a. I don't eat lunch						
b. Regular school lunch from the cafeteria						
c. The a la carte line (buy individual items)						
d. School store or vending machine						
e. Fast food restaurant, gas station, or somewhere else outside of school						
f. I bring lunch from home						

46. During a typical school week, where do you usually get your breakfast? (Mark the number of days for each)*

	0 days	1 day	2 days	3 days	4 days	5 days
a. I don't eat breakfast						
b. Regular school breakfast from the cafeteria						
c. The a la carte line (buy individual items)						
d. School store or vending machine						
e. Fast food restaurant, gas station, or somewhere else outside of school						
f. I eat breakfast from home						

47. Has a doctor or nurse ever told you that you have…

	Yes	No
a. Diabetes?		
b. Pre-diabetes?		
c. Asthma?		
d. An allergy that requires you to carry an epi-pen?		

48. During a typical school night, how many hours of sleep do you get?

a. 4 hours or less

b. 5 hours

c. 6 hours

d. 7 hours

e. 8 hours

f. 9 hours

g. 10 or more hours

49. During an average week when you are in school, on how many school nights do you use technology between midnight and 5AM? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)

a. 0 school nights

b. 1 school night

c. 2 school nights

d. 3 school nights

e. 4 school nights

f. 5 school nights

50. How much do you feel…

	Not at all	A little	Some	Quite a bit	Very much
a. Your parents care about you?					
b. Other adult relatives care about you?					
c. Friends care about you?					
d. Teachers at school care about you?					
e. Other adults at school care about you?					
f. Adults in your community care about you?					

51. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)

a. Parent or guardian

b. Adult at school

c. Some other adult

d. I don't have any adults that I can talk to about problems I am having

52. In general, how does each of the following statements describe you?

	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
a. I can shape and influence what happens in my life and future.				
b. I think about what I want to do in my life when I grow up.				
c. I feel good about myself.				
d. I say no to things that are dangerous or unhealthy.				
e. I build friendships with other people.				
f. I express my feelings in proper ways.				
g. I feel good about my future.				
h. I deal with disappointment without getting too upset.				
i. I find good ways to deal with things that are hard in my life.				
j. I plan ahead and make good choices.				
k. I stay away from bad influences.				
l. I resolve conflicts without anyone getting hurt.				
m. I feel valued and appreciated by others.				
n. I accept people who are different from me.				
o. I am included in family tasks and decisions.				
p. I am given useful roles and responsibilities.				
q. I am sensitive to the needs and feelings of others.				

53. Thinking back on the last 30 days, how much do you agree or disagree?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I worry a lot					
b. I sometimes feel sad without knowing why					

54. Have you ever experienced people using guns to threaten or hurt others in person?

a. Yes

b. No

55. Have you ever been in foster care?

a. No

b. Yes

56. During the past 12 months, have you used the following? (Mark ALL that apply)

a. Alcoholic beverages to drink such as beer, wine, wine coolers, and liquor

b. Tobacco or nicotine products, such as cigarettes, e-cigarettes or vapes, cigars, or chewing tobacco

c. Marijuana (pot, weed) or hashish (hash, hash oil)

d. Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high

e. Used prescription drugs without a doctor's prescription or differently than how a doctor told you to use it

57. During the last 30 days, have you smoked any cigarettes

a. Yes

b. No

58. During the last 7 days, have you been in the same room with someone who was smoking cigarettes?

a. Yes

b. No

59. During the last 7 days, did you ride in a car with someone who was smoking cigarettes?

a. Yes

b. No

60. During the last 30 days, have you vaped or used an e-cigarettes?

a. Yes

b. No

61. During the last 7 days, have you been in the same room with someone who was vaping or using an e-cigarette?

a. Yes

b. No

62. During the last 7 days, did you ride in a car with someone who was vaping or using an e-cigarette?

a. Yes

b. No