Minnesota Student Survey Level 3

This survey is for grades nine through 12.

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 31, question 32 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. 7th grade
b. 8th grade
c. 9th grade
d. 10th grade
e. 11th grade
f. 12th grade
g. Not applicable

2. How old are you?

a. 11 years old or younger
b. 12 years old
c. 13 years old
d. 14 years old
e. 15 years old
f. 16 years old
g. 17 years old
h. 18 years old
i. 19-20 years old
j. 21 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. What was your sex assigned at birth (as on your original birth certificate)?

a. Male

b. Female

10. What is your gender identity? (Mark ALL that apply)

a. Agender

b. Boy/man (**cisgender**, which means your gender identity matches your sex assigned at birth)

c. Boy/man (**transgender**, which means your gender identity does **not** match your sex assigned at birth)

d. Genderfluid, gender non-conforming, or genderqueer

e. Girl/woman (**cisgender**, which means your gender identity matches your sex assigned at birth)

f. Girl/woman (**transgender**, which means your gender identity does **not** match your sex assigned at birth)

g. Nonbinary

h. Two spirit

i. Questioning/unsure

j. Identity not listed

11. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

a. Very or mostly feminine

b. Somewhat feminine

c. Equally feminine and masculine

d. Somewhat masculine

e. Very or mostly masculine

12. How do you describe your sexual orientation?

a. Straight (heterosexual)

b. Asexual

c. Bisexual

d. Gay or Lesbian

e. Questioning/Not sure

f. Pansexual

g. Queer

h. I don't describe myself in any of these ways

i. I am not sure what this question means

13. What is the MAIN thing you plan to do RIGHT AFTER high school?

a. I don't plan to graduate from high school

b. Get my GED

c. Go to a two-year community or technical college

d. Go to a four-year college or university

e. Get a license or certificate in a career field

f. Attend an apprenticeship program

g. Join the military

h. Work at a job

i. Other

14. Has an adult in your school helped you…

	Yes	No
a. Think about education options for after high school (college or other training program)?		
b. Find career-focused field experiences (job shadowing, work-based learning, service learning, career camps, apprenticeships)?		

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

a. Yes

b. No

c. Not sure

16. 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)

17. 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		

18. 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

19. When driving a car, truck, or SUV, how often do you handle your phone to do things like send or read text messages, take pictures, use social media, stream videos, or videochat?

a. I don't drive a car, truck, or SUV
b. Never
c. Sometimes
d. Always

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

a. Never
b. Sometimes
c. Always

21. 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

22. 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 21 or 22

23. 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

24. 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

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

a. Yes

b. No

26. 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?					

27. 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.				

28. 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.				

29. Is there a police officer or School Resource Officer (SRO) at your school?* ŧ

a. Yes

b. No

c. I don't know

Display Logic:

If Yes is selected for 29,

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

	Strongly agree	Agree	Disagree	Strongly disagree
a. If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer				
b. I would feel comfortable going to my school's police officer or SRO if I was having problems or needed help				
c. I think it is a good idea to have an SRO or police officer at our school				

31. 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

32. 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 sex or gender (being male, female, transgender, genderqueer, genderfluid)

d. Your gender expression (your style, dress, or the way you walk or talk)

e. Because you are bisexual, gay, lesbian, asexual, pansexual, queer, or because someone thought you were

f. A physical or mental disability

g. Your size or weight

h. Your physical appearance

i. Reason not listed

33. 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

34. 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. Made sexual jokes, comments, or gestures towards you?					
e. Excluded you from friends, other students, or activities?					

35. 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

36. 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

37. 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 37,

38. 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

Display Logic:

If 0 days is selected for 37,

39. What are the reasons you don't participate in any activities, programs, or clubs outside of the regular school day? (Mark ALL that apply.)

a. I do not know what is available in my community

b. Activities are not available in my community

c. Activities cost too much

d. My parents (or guardians) won't let me

e. My friends are not there

f. I am not interested

g. I am too busy with other things, such as a job or homework

h. I don't have a way to get there or home

i. I have to take care of other family members

j. It is not a safe place

k. Other

40. 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. Provides stability

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

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

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

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

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

h. Is a better fit for how I learn

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

41. How would you describe your health in general?

a. Excellent

b. Very good

c. Good

d. Fair

e. Poor

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

a. Yes

b. No

Display Logic:

If Yes is selected for 42,

43. 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 42,

44. 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

45. 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

46. How tall are you? (For example, if you are 5 feet 3 inches tall, enter 5 in feet and 3 in inches; enter whole numbers; no decimals or fractions)

a. Feet: _____

b. Inches: _____

47. About how much do you weigh in pounds? (Enter whole numbers; no decimals or fractions)

a. Pounds: _____

48. 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

49. Do you have any long-term mental health, behavioral, or emotional problems? Long-term means lasting 6 months or more.

a. Yes

b. No

50. 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

51. 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

52. Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)

a. No

b. Yes, during the last year

c. Yes, more than a year ago

53. 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

54. 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

55. 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						

56. 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						

57. During the last 7 days, how many times did you…

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
a. Drink **100% fruit juices** such as orange, apple, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks)							
b. Eat **fruit**? (Do **not** count fruit juice)							
c. Eat **green salad, potatoes, carrots,** or **other vegetables**? (Do **not** count French fries, fried potatoes, or potato chips)							
d. Eat from a **fast food restaurant**, including carry-out or delivery?							

58. During the last 7 days, how many times did you drink…

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
a. A glass of milk? (Count the milk you drank in a cup, from a carton, or with cereal)							
b. A can, bottle, or glass of pop or soda, such as Coke, Pepsi, or Sprite? (Do not count diet pop or diet soda)							
c. A can, bottle, or glass of a sports drink, such as Gatorade or Powerade? (Do not count low-calorie sports drinks such as Propel or G2)							
d. A can, bottle, or glass of an energy drink, such as Rockstar, Red Bull, Monster, or Full Throttle?							
e. A can, bottle, or glass of coffee or tea that had sugar, syrups, or honey added to it? (Count coffee and tea you added a sweetener to or already had sweetener, such as Arizona Iced Tea and Frappuccinos. Do not count artificial sweeteners like Splenda or diet drinks.)							

f. A can, bottle, or glass of a sweetened fruit drink, such as Kool-Aid, Capri Sun and lemonade? (Do not include 100% fruit juice, such as 100% pure orange juice.)							
g. A glass or drink of tap water from a drinking fountain, faucet or sink?							
h. A bottle of water (plain water that is not flavored or carbonated)?							

59. 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?		

60. 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

61. 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

62. In a typical week, how often do you use social media?

a. I do not use social media
b. Less than once a week
c. A couple days a week
d. About once a day
e. Several times a day
f. About once an hour or more

Display Logic:

If I do not use social media is NOT selected

63. Do you...

	Yes	No
a. Feel that you might have a problem with spending too much time on social media?		
b. Skip important social or recreational activities like sports or being with friends or relatives to be on social media?		
c. Have trouble getting your homework, chores, or other major responsibilities done because you were spending time on social media?		

64. 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?					

65. 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

66. Has there been an adult in your household who makes sure your basic needs were met, such as looking after your safety and making sure you have clean clothes and enough to eat?

a. Never

b. Rarely

c. Sometimes

d. Most of the time

e. Always

67. 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 feel in control of my life and future.				
b. I feel good about myself.				
c. I say no to things that are dangerous or unhealthy.				
d. I build friendships with other people.				
e. I express my feelings in proper ways.				
f. I feel good about my future.				
g. I deal with disappointment without getting too upset.				
h. I find good ways to deal with things that are hard in my life.				
i. I plan ahead and make good choices.				
j. I stay away from bad influences.				
k. I resolve conflicts without anyone getting hurt.				
l. I feel valued and appreciated by others.				
m. I accept people who are different from me.				
n. I am thinking about what my purpose is in life.				
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.				

68. Over the past 2 weeks, how often have you been bothered by…

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things?				
b. Feeling down, depressed, or hopeless?				
c. Feeling nervous, anxious, or on edge?				
d. Not being able to stop or control worrying?				

69. During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, scratching, or bruising yourself on purpose?

a. 0 times

b. 1 or 2 times

c. 3 to 5 times

d. 6 to 9 times

e. 10 to 19 times

f. 20 or more times

70. Have you ever seriously considered attempting suicide? (Mark ALL that apply)

a. No

b. Yes, during the last year

c. Yes, more than a year ago

71. Have you ever actually attempted suicide? (Mark ALL that apply)

a. No

b. Yes, during the last year

c. Yes, more than a year ago

72. Have you been in a casual or serious relationship where your partner ever…

	Yes	No
a. Physically hurt you on purpose (shoved, kicked, slapped, punched, pulled hair, strangled, injured you with an object or weapon, etc.)?		
b. Verbally hurt or controlled you (called you names, told you what you could wear or eat, told you who you could see or talk to, threatened you, blamed you for their behavior, etc.)?		
c. Pressured, tricked, or forced you to do something sexual, or did something sexual to you against your wishes?		

73. Have YOU ever pressured, tricked, or forced someone to do something sexual, or have you done something sexual to someone against their wishes?

a. Yes

b. No

c. Not sure

74. Have you ever been in foster care?

a. No

b. Yes

75. During the last 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? (Mark ALL that apply)

a. No

b. Yes, I was with my parents or an adult family member

c. Yes, I was on my own without any adult family members

76. Have any of your parents or guardians ever been in jail or prison? †

a. Yes

b. No

Display Logic:
If Yes is selected for 76,

77. Did you live with a parent or guardian at the time they went to jail or prison?

a. Yes

b. No

78. Do you live with anyone who...

	Yes	No
a. Drinks too much alcohol?		
b. Uses illegal drugs or abuses prescription drugs?		
c. Is depressed or has any other mental health issues?		

79. Does a parent or other adult in your home regularly swear at you, insult you, or put you down?

a. Yes

b. No

80. Has a parent or other adult in your home ever hit, beat, kicked, or physically hurt you in any way?

a. Yes

b. No

81. Have your parents or other adults in your home ever slapped, hit, kicked, punched, or beat each other up?

a. Yes

b. No

82. Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?

a. Yes

b. No

83. Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?

a. Yes

b. No

84. Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?

a. Yes

b. No

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

a. Yes

b. No

The next questions are about gambling. By gambling, we mean when you bet money or something else of value so that you can win money or something else.

86. During the last 12 months, how often have you gambled, made bets, or made purchases in online games? †

a. Not at all
b. Less than once a month
c. About once a month
d. About once a week
e. 2 to 6 times a week
f. Daily

Display Logic:

If Less than a month, About once a month, About twice month, 2 to 6 times a month, or Daily is selected for 86,

87. Which of the following activities did you do (Mark ALL that apply)?

a. Bet on informal games of personal skill such as playing cards, video games, pool, golf, etc
b. Betting on formal sports/events or games including esports
c. Bought lottery tickets or scratch offs
d. Gambled in a casino
e. Purchased mystery or random paid items (weapons/tools, power ups, new graphics, etc.) in online games without previewing the content first

Display Logic:
If Less than a month, About once a month, About twice month, 2 to 6 times a month, or Daily is selected for 86,
88. During the last 12 months, how often have you done the following gambling/betting activities?

	Not at all	Once or twice	Once or twice a month	Once a week	Daily
a. Bet on informal games of personal skill such as playing cards, video games, pool, golf, etc.					
b. Bet on formal sports events or games including esports					
c. Bought lottery tickets or scratch offs					
d. Gambled in a casino					
e. Gambled for money online including loot boxes					

Display Logic:
If Less than a month, About once a month, About twice month, 2 to 6 times a month, or Daily is selected for 86,
89. During the last 12 months, how often have you...

	Never	Sometimes	Many times	All of the time
a. Hidden your gambling/betting from your parents, other family members, or teachers?				
b. Felt that you might have a problem with gambling/betting?				
c. Skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?				

90. During the last 12 months, how often have you…

	Never	Once or twice	More than 3 times
a. Run away from home?			
b. Damaged or destroyed property?			
c. Hit or beat up another person?			
d. Taken something from a store without paying for it?			

91. Have you EVER used the following? † (Mark ALL that apply)

a. Nicotine/tobacco
b. Alcoholic beverages to drink
c. Marijuana (pot, weed) or hashish (hash, hash oil) (Do NOT count medical marijuana prescribed for you by a doctor)
d. I have never used any of the above

Display Logic:

If Nicotine/tobacco is selected for 91

92. During the last 30 days, on how many days did you… †

Question	0 days	1 to 19 days	20 or more days
a. Smoke a cigarette?			
b. Smoke cigars, cigarillos, or little cigars?			
c. Use chewing tobacco, snuff, or dip?			
d. Vape or use an e-cigarette that contains nicotine, such as JUUL, VUSE, NJOY, Puff Bar, Blu, or Bidi Stick?			
e. Use a hookah or a water pipe to smoke tobacco?			

Display Logic:

If [1 to 19 days] or [20 or more days] is selected for Vape or use an e-cigarette that contains nicotine, such as JUUL, VUSE, NJOY, Puff Bar, Blu, or Bidi Stick?,

93. When you vaped or used an e-cigarette during the last 30 days, how did you get it? (Mark ALL that apply)

a. I bought it at vape shops or other stores that sell only e-cigarettes
b. I bought it at stores other than vape/tobacco shops (e.g., gas stations, convenience stores, grocery stores, discount stores, drug stores)
c. I bought it on the internet
d. I got it from friends
e. I got it from my parents or other family members
f. I got it by getting someone else to buy it for me
g. I got it at parties
h. I took it from my home or a friend's home
i. I got it some other way

Display Logic:

If [1 to 19 days] or [20 or more days] is selected for Vape or use an e-cigarette that contains nicotine, such as JUUL, VUSE, NJOY, Puff Bar, Blu, or Bidi Stick?

94. Which flavors of e-cigarettes (or e-juice) have you used in the past 30 days? (Mark ALL that apply)

a. Tobacco-flavored
b. Menthol or mint
c. Clove or spice
d. Fruit
e. Chocolate
f. An alcoholic drink
g. A non-alcoholic drink
h. Candy, desserts, or other sweets
i. Some other flavor
j. No flavor (unflavored)

Display Logic:
If [1 to 19 days] or [20 or more days] is selected for Smoke a cigarette? Or Smoke cigars, cigarillos or little cigars? Or Use chewing tobacco, snuff, or dip? Or Use a hookah or a water pipe to smoke tobacco?
95. Which of the following tobacco products that you used in the past 30 days were flavored to taste like mint, menthol or some other flavor (such as candy, fruit, chocolate, spice, or alcohol)? (Mark ALL that apply)

a. Cigarettes

b. Cigars, cigarillos, or little cigars

c. Chewing tobacco, snuff, or dip

d. Tobacco in a hookah or waterpipe

e. I did not use a flavored version of the tobacco products listed above

Display Logic:
If Alcoholic beverages to drink is selected for 91
96. During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? †

a. 0 days

b. 1 to 19 days

c. 20 or more days

Display Logic:
If [1 to 19 days] or [20 or more days] is selected for 96,
97. When you used alcohol during the last 30 days, how did you get it? (Mark ALL that apply)

a. I bought it at liquor stores or other stores that sell only alcohol

b. I bought it at bars or restaurants or stores other than liquor stores (e.g., gas stations, convenience stores, grocery stores, discount stores, drug stores)

c. I bought alcohol on the internet

d. I got alcohol from friends

e. I got alcohol from my parents or other family members

f. I got alcohol by getting someone else to buy it for me

g. I got alcohol at parties

h. I took alcohol from my home or a friend's home

i. I got alcohol some other way

Display Logic:
If Alcoholic beverages to drink is selected for 91,
98. During the last 12 months, on how many occasions have you had alcoholic beverages to drink?

a. 0
b. 1 to 2
c. 3 to 9
d. 10 or more

Display Logic:
If Alcoholic beverages to drink is selected for 91,
99. If you drink beer/wine/wine coolers/liquor, generally how much do you drink at one time?

a. 1 glass/can/drink
b. 2 glasses/cans/drinks
c. 3 glasses/cans/drinks
d. 4 glasses/cans/drinks
e. 5 or more glasses/cans/drinks

Display Logic:
If What was your sex assigned at birth (as on your original birth certificate)? = Female
And During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? = 1 to 19 days
Or During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? = 20 or more days
100. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?

a. 0 days
b. 1 to 19 days
c. 20 or more days

Display Logic:
If What was your sex assigned at birth (as on your original birth certificate)? = Male
And During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? = 1 to 19 days
Or During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? = 20 or more days
101. 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 to 19 days

c. 20 or more days

The next questions will ask about marijuana (pot, weed, cannabis) and hashish (hash, hash oil). For these questions, do NOT count medical marijuana prescribed for you by a doctor. 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. DO include high-THC and low-THC products, such as Shatter and Delta 8.

Display Logic:
If Marijuana (pot, weed) or hashish (hash, hash oil) is selected for 91
102. During the last 30 days, on how many days did you use marijuana?

a. 0 days

b. 1 to 19 days

c. 20 or more days

Display Logic:
If Have you EVER used the following? (Mark ALL that apply) = Marijuana (pot, weed) or hashish (hash, hash oil) (Do NOT count medical marijuana prescribed for you by a doctor)
103. How old were you when you tried marijuana for the first time?

a. 8 years old or younger

b. 9 or 10 years old

c. 11 or 12 years old

d. 13 or 14 years old

e. 15 or 16 years old

f. 17 years old or older

Display Logic:
If During the last 30 days, on how many days did you use marijuana? = 1 to 19 days
Or During the last 30 days, on how many days did you use marijuana? = 20 or more days
104. When you used marijuana or other THC-containing products (e.g., edibles, beverages) during the last 30 days, how did you get it? (Mark ALL that apply)

a. I bought it at dispensaries or other stores that sells only marijuana and other THC-containing products

b. I bought it at bars or restaurants or stores other than dispensaries (e.g., gas stations, convenience stores, grocery stores, discount stores, drug stores)

c. I bought it on the internet

d. I got it from friends

e. I got it from my parents or other family members

f. I got it by getting someone else to buy for me

g. I got it at parties

h. I took it from my home or a friend's home

i. I got it some other way

Display Logic:
If During the last 30 days, on how many days did you use marijuana? = 1 to 19 days
Or During the last 30 days, on how many days did you use marijuana? = 20 or more days
105. During the past 30 days, in which of the following ways did you use marijuana or other THC-containing products (e.g., edibles, beverages)? (Mark ALL that apply)

a. Smoke it (for example, in a joint, bong, pipe, or blunt)

b. Eat it (for example, in gummies, brownies, cakes, cookies, or candy)

c. Drink it (for example, in seltzers, tea, cola, or alcohol)

d. Vape it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

e. Dab it (for example, using a dabbing rig, knife, or dab pen)

f. Use it some other way

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

a. Alcoholic beverages to drink

b. Nicotine/tobacco

c. Marijuana (pot, weed) or hashish (hash, hash oil) (Do NOT count medical marijuana prescribed for you by a doctor)

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

e. LSD (acid), PCP (wet sticks or dipped joints) or other psychedelics (mushrooms, angel dust)

f. MDMA (E, X, ecstasy, Molly), GHB (G, Liquid E, Liquid X, roofies), or Ketamine (Special K)

g. Crack, coke, or cocaine in any form

h. Heroin (smack, junk, China White)

i. Methamphetamine (meth, glass, crank, crystal meth, ice)

j. Over-the-counter drugs such as cough syrup, cold medicine, or diet pills that you took only to get high

k. Synthetic marijuana (K2, Gold) that you took only to get high

l. Any other synthetic drugs such as bath salts (Ivory Wave, White Lightning) that you took only to get high

m. Prescription stimulants such as Amphetamines or diet pills, without a doctor's prescription or differently than how a doctor told you to use it

n. Prescription AHDH or ADD drugs (Ritalin, Adderall, hyper pills), without a doctor's prescription or differently than how a doctor told you to use it

o. Prescription pain relievers (OxyContin, Percocet, Vicodin, or others), without a doctor's prescription or differently than how a doctor told you to use it

p. Prescription tranquilizers (Valium, Xanax, Klonopin, Ativan, anxiety pills, sedatives, or benzos (downers)), without a doctor's prescription or differently than how a doctor told you to use it

Display Logic:
If During the last 12 months, have you used the following? (Mark ALL that apply) = Alcoholic beverages to drink
And During the last 12 months, have you used the following? (Mark ALL that apply) Marijuana (pot, weed) or hashish (hash, hash oil) (Do NOT count medical marijuana prescribed for you by a doctor)
107. In the last year, how often did you use alcohol and marijuana or other THC-containing products (e.g., edibles, beverages) at the same time? Was it:

a. Usually

b. Sometimes

c. Never

Display Logic:
If ANY response was marked for 107
108. During the last 12 months, have you...

	Yes	No
a. Found that you had to use a lot more alcohol or drugs than before to get the same effect?		
b. Tried to cut down on your use of alcohol or drugs but couldn't?		
c. Continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family?		

Display Logic:

If ANY response was marked for 107

109. During the last 12 months, how many times have you...

	0 times	1 time	2 times	3 or more times
a. Spent all or most of the day using alcohol or drugs or getting over their effects?				
b. Given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?				
c. Missed work or school, or neglected other major responsibilities because alcohol or drug use?				
d. Driven a motor vehicle after using alcohol or drugs?				
e. Hit someone or become violent while using alcohol or drugs?				
f. Used so much alcohol or drugs that the next day you could not remember what you had said or done?				
g. Used more alcohol or drugs than you intended to?				

110. During the last 12 months, were there any times you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?

a. Yes

b. No

Display Logic:

If ANY response was marked for 107

111. During the last 12 months, how many times has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?

a. 0 times

b. 1 time

c. 2 times

d. 3 or more times

112. How much do you think people risk harming themselves physically or in other ways if they...

	No risk	Slight risk	Moderate risk	Great risk
a. Smoke one or more packs of cigarettes per day?				
b. Have five or more drinks of an alcoholic beverage once or twice per week?				
c. Use marijuana once or twice per week?				
d. Use prescription drugs not prescribed for them?				
e. Vape or use e-cigarettes?				

113. How wrong do your parents feel it would be for you to…

	Not at all wrong	A little bit wrong	Wrong	Very wrong
a. Smoke cigarettes?				
b. Have one or more drinks of an alcoholic beverage nearly every day?				
c. Use marijuana?				
d. Use prescription drugs not prescribed for you?				
e. Vape or use e-cigarettes?				

114. How wrong do your friends feel it would be for you to…

	Not at all wrong	A little bit wrong	Wrong	Very wrong
a. Smoke cigarettes?				
b. Have one or more drinks of an alcoholic beverage nearly every day?				
c. Use marijuana?				
d. Use prescription drugs not prescribed for you?				
e. Vape or use e-cigarettes?				

115. How do you feel about each of the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
b. Drinking alcohol is never a good thing for anyone my age to do.					

116. In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
b. Drinking alcohol is never a good thing for anyone my age to do.					

117. How often do you use each of the following?

	Never	Tried once or twice	Once or twice a month	Once a week	Daily
a. Tobacco (cigarettes, chew)					
b. Alcohol (beer, wine, liquor)					
c. Marijuana (pot, hash, hash oil)					
d. Vaping device or e-cigarette with nicotine					
e. Vaping device or e-cigarette with marijuana, THC, hash oil, or THC wax					

118. In your opinion, how often do you think MOST STUDENTS in your school use each of the following?

	Never	Tried once or twice	Once or twice a month	Once a week	Daily
a. Tobacco (cigarettes, chew)					
b. Alcohol (beer, wine, liquor)					
c. Marijuana (pot, hash, hash oil)					
d. Vaping device or e-cigarette with nicotine					
e. Vaping device or e-cigarette with marijuana, THC, hash oil, or THC wax					

119. Have you ever had sex? †

a. Yes

b. No

Display Logic:
If Have you ever had sex? = Yes
120. During the last 12 months, how many different partners have you had sex with?

a. None
b. 1 person
c. 2 persons
d. 3 persons
e. 4 or more persons

Display Logic:
If Have you ever had sex? = Yes
121. Did you drink alcohol or use drugs before you had sex the LAST time?

a. Yes
b. No

Display Logic:
If Have you ever had sex? = Yes
122. Have you talked with your partner(s) about...

	Never	Not with every partner	At least once with every partner	Does not apply to me
a. Protecting yourselves from getting sexually transmitted infections/HIV/AIDS?				
b. Preventing pregnancy?				

Display Logic:
If Have you ever had sex? = Yes
123. The LAST time you had sex, did you or your partner use a condom or dental dam (barrier)?

a. Yes
b. No

Display Logic:
If Have you ever had sex? = Yes
124. The LAST time you had sex, what method or methods did you or your partner use to prevent pregnancy? (Mark ALL that apply)

a. No method was used to prevent pregnancy
b. Birth control pills
c. Condoms
d. Birth control shot, ring, or patch
e. Implant or IUD
f. Withdrawal
g. Not sure
h. Not applicable