

ADAMS COUNTY YOUTH INITIATIVE



Some questions and answer options **SHOW** only when certain districts and levels are selected. These details are highlighted in [Yellow] below.

Level Abbreviations: Elementary = ES, Middle = MS, and High = HS.

Survey Instructions

This survey asks your opinion about a number of things in your life, including your life at home, at school, and in your community. We want to find out what it is really like to be a student at your school. It is important that you give your honest opinions because what you think can help us improve your school and community.

Your answers to these questions are completely private and will only be used to help to improve your school. That means no one will know your answers. When answering the questions, keep your answers to yourself by not talking out loud during the survey.

You may skip any question you don't want to answer. If you don't know the answer to any particular question, simply leave it blank. Whether or not you answer the questions will not affect your grade in this class.

Please read every question carefully. There are different responses to different questions. Some questions ask about the past 30 days and other ask about the past 12 months. It is very important that you pay attention to these details of the questions. If you have questions about the survey, please raise your hand and your teacher will help you.

Thank you.

What grade level are you in?

- Elementary
- Middle
- High

What school did you go to? [List limited to schools within the district and level selected above]

Demographic Information

In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

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In what grade are you?

- 6th grade
- 7th grade
- 8th grade
- Ungraded or other grade

How old are you?

[HS]

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

[MS]

- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old or older

Are you a boy or a girl? [ES]

- Girl
- Boy

What is your sex? [MS and HS]

- Female
- Male

Are you Hispanic or Latino?

- Yes
- No

What is your race? **(Select one or more responses.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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What is the highest level of education completed by any of your parent(s)/guardian(s)? [MS and HS]

- Less than high school education
- High School graduate
- Some college education
- Bachelor's Degree or higher
- I don't know / Not sure/I would rather not say

School Safety

I feel safe at my school.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

I feel safe on my way to and from school.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If another student was involved in unsafe or dangerous behavior, I would report it anonymously (without anyone knowing it was me).

- Strongly agree
- Agree
- Disagree
- Strongly disagree

During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? [MS and HS]

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

Bullying [ES]

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.

During the past year, how many times... (Never, A few times, Many times, Almost every day) have you been bullied while at school?

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- has anyone hit, kicked, or punched you while at school?
- has a classmate said bad things about you that hurt your feelings?
- have you hit, punched, or kicked someone while at school?
- have you said bad or mean things about other kids to hurt their feelings?

If you were bullied in the past year, where did it happen? (Check all that apply.)

- I have not been bullied in the past year
- On the playground or outside during recess
- In the hallways or stairwells
- In class (when the teacher was in the room)
- In the bathroom
- In gym class or in the locker room

If another kid hits or kicks you, do you think it is okay to hit or kick them back?

- Yes
- No
- Sometimes

Do kids at your school tell teachers when other kids are being bullied?

- Always
- Usually
- Sometimes
- Never

When kids are being bullied at school, how often do teachers or other adults try to stop it?

- Always
- Usually
- Sometimes
- Never

Are you afraid to go to school because of a bully?

- Always
- Usually
- Sometimes
- Never

Bullying [MS and HS]

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.

During the past 12 months, have you ever been bullied **on school property?** [HS]

- A. Yes

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B. No

Have you ever been bullied **on school property**? [MS]

- A. Yes
- B. No

During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) [HS]

- Yes
- No

Have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) [MS]

- Yes
- No

During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual? [MS]

- Yes
- No

During the past 12 months, have you ever been a victim of teasing or name calling because of your actual or perceived: (You can choose one answer or more than one answer.) [HS]

- Race or ethnic background
- Sexual orientation
- Gender identity
- Disability status
- None of these

Students tell teachers when other students are being bullied at school.

- Strongly agree
- Agree
- Disagree
- Strongly Disagree

Fighting [MS and HS]

Have you ever been in a **physical fight**? [MS]

- Yes
- No

During the past 12 months, how many times were you in a **physical fight**? [HS]

- 0 times
- 1 time
- 2 or 3 times

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- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

During the past 12 months, how many times were you in a physical fight on school property?

[HS]

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

Weapons

Have you ever carried a **weapon**, such as a gun, knife, or club **on school property**? [ES & MS]

- Yes
- No

During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club **on school property**? [HS]

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

During the past 12 months, how many times has someone threatened or injured you with a **weapon** such as a gun, knife, or club **on school property**? [HS]

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

If another student brought a gun to school, I would tell one of the teachers or staff at school.

[MS and HS]

- Strongly agree

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Agree
Disagree
Strongly disagree

Gangs

Are there any gangs at your school?

Yes
No
Do not know

I have been pressured to join a gang at my school. [MS and HS]

Yes
No
Do not know

I currently belong to a gang. [MS and HS]

Yes
No
Do not know

Substance Use [ES]

Do you think there are kids in your class who use drugs or alcohol?

No
A few kids do
Lots of kids
Most kids do

Do you think it is bad for a kid your age to use drugs or alcohol?

Yes
No
Sort of

During the past school year has anyone tried to offer you drugs at school?

Yes
No

Tobacco Use [MS and HS]

Have you ever tried cigarette smoking, even one or two puffs? [MS]

Yes
No

During your life, on how many days did you smoke cigarettes?

0 days
1 or 2 days

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- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

During the past 30 days, on how many days do you think a typical student at your school smoked 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

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

During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

[HS]

- I did not smoke cigarettes during the past 30 days
- Less than 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

Electronic Vapor Products **[MS and HS]**

The next questions ask about electronic vapor products such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. Do not include marijuana.

Have you ever used an electronic vapor product? (Do not include marijuana.)

- Yes
- No

During your life, on how many days did you use an electronic vapor product for tobacco use?

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- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

During the past 30 days, on how many days did you use an electronic vapor product? [HS]

- 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

Alcohol Use [MS and HS]

The next 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.

Have you ever had a drink of alcohol, other than a few sips? [MS]

- Yes
- No

During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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The next question asks about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For this question, the number of drinks you need to think about is different for female students and male students.

During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row (if you are **female**) or **5** or more drinks of alcohol in a row (if you are **male**)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

During the past 30 days, on how many days do you think a **typical student at your school** used alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

During the past 30 days, on how many days do you think a **typical student at your school** had 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 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

Marijuana Use [MS and HS]

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

Have you ever used marijuana? [MS]

- Yes
- No

During your life, how many times have you used marijuana? [HS]

- 0 times
- 1 or 2 times

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- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

During the past 30 days, how many days do you think a **typical student at your school** used marijuana?

- 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

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

During the past 30 days, how did you use marijuana? **(Select all that apply.)** [HS]

- I did not use marijuana during the past 30 days
- I smoked it
- I ate it (in an edible, candy, tincture or other food)
- I used a vaporizer
- I dabbled it
- I used it in some other way

Prescription Drug Use [MS and HS]

Have you ever taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) [MS]

- Yes
- No

During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyCotin, Hydrocodone, and Percocet.)

- 0 times
- 1 or 2 times

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- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

During the past 30 days, on how many days do you think a typical student at your school used a prescription drug without a doctor's prescription?

- 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

During the past 30 days, how many days did you take a prescription drug (such as OxyCotin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 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

Heroin Use [HS]

During your life, how many times did you use **heroin** (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

Counseling and Suicide [MS and HS]

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves. [MS]

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. [HS]

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In the past year, have you seen a therapist or counselor for help with your problems or struggles?

- Yes, at school
- Yes, outside of school
- No, but I would like to
- No, and I would NOT like to

When you feel sad, empty, hopeless, angry, or anxious, with whom would you **most likely** talk about it?

- I do not feel sad, empty, hopeless, angry, or anxious
- Parent or other adult family member
- Teacher or other adult in this school
- Other adult
- Friend
- Sibling
- Not sure

During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- Yes
- No

During the past 12 months, did you ever **seriously** consider attempting suicide? [HS]

- Yes
- No

Have you ever **seriously** thought about killing yourself? [MS]

- A. Yes
- B. No

During the past 12 months, did you make a **plan** about how you would attempt suicide? [HS]

- Yes
- No

Have you ever made a plan about how you would kill yourself? [MS]

- Yes
- No

During the past 12 months, how many times did you actually attempt suicide? [HS]

- 0 times
- 1 time
- 2 or 3 times
- 4 to 5 times

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6 or more times

Have you ever tried to kill yourself? [MS]

Yes

No

Social and Emotional Well-being

I calm myself down when I get angry.

Strongly agree

Agree

Disagree

Strongly disagree

I know how to handle problems when they happen. [MS and HS]

Strongly agree

Agree

Disagree

Strongly disagree

I can tell when other people are feeling mad or sad. [ES]

Strongly agree

Agree

Disagree

Strongly Disagree

I find it easy to make friends.

Strongly agree

Agree

Disagree

Strongly disagree

I know how to be accepted in a group. [MS and HS]

Strongly agree

Agree

Disagree

Strongly disagree

I keep on trying when solving problems. [MS and HS]

Strongly agree

Agree

Disagree

Strongly disagree

I have high expectations and standards for success. [MS and HS]

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- Strongly agree
- Agree
- Disagree
- Strongly disagree

I believe I will succeed in everything I do. [MS and HS]

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Social and Support Network

If you had a serious problem, do you know an adult in or out of school whom you could talk to or go to for help? [MS and HS]

- Yes
- No
- Not Sure

If I had a personal problem, I could ask my parents or guardians for help. [MS and HS]

- Strongly agree
- Agree
- Disagree
- Strongly disagree

In my home, there is a parent or some other adult who believes that I will be a success. [MS and HS]

- Strongly agree
- Agree
- Disagree
- Strongly disagree

In my home, there is a parent or other adult who cares about me and who I trust. [ES]

- Strongly agree
- Agree
- Disagree
- Strongly disagree

My parents or guardians ask if I have gotten my homework done.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

My family has clear rules about alcohol and drug use. [HS]

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Strongly agree
Agree
Disagree
Strongly Disagree

Outside of my home or school, there is an adult who I trust.

Strongly agree
Agree
Disagree
Strongly Disagree

Outside of my home or school, there is an adult who really cares about me.

Strongly agree
Agree
Disagree
Strongly Disagree

Outside of my home or school, there is an adult who believes that I will be a success. [MS and HS]

Strongly agree
Agree
Disagree
Strongly Disagree

At my school, there is at least one teacher or adult whom I can talk to if I have a problem. [MS and HS]

Strongly agree
Agree
Disagree
Strongly disagree

At my school, there is at least one other student who accepts me just the way I am. [MS and HS]

Strongly agree
Agree
Disagree
Strongly disagree

At my school, there is at least one other student who helps me make good decisions for my future. [MS and HS]

Strongly agree
Agree
Disagree
Strongly Disagree

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At my school, there is at least one other student who helps me avoid drugs and alcohol. [MS and HS]

- Strongly agree
- Agree
- Disagree
- Strongly disagree

About School [ES]

How much do you like school?

- A lot
- A little bit
- Not very much
- Not at all

Do you have trouble with your schoolwork or homework?

- A lot
- A little bit
- Not very much
- Not at all

School Attendance [MS and HS]

How often are you absent from school for any reason?

- Never or hardly ever
- About once per month
- 2-3 times per month
- About once per week
- 2 or more times per week

During the **LAST FOUR WEEKS** how many whole days of school have you missed because you skipped or "cut"?

- None
- 1 day
- 2 days
- 3 days
- 4 to 5 days
- 5 to 10 days
- 11 or more days

At my school...(Not at all likely, Sort of unlikely, Sort of likely, Very likely)

if you skip school or class, how likely are teachers or school staff to notice?

if you skip school or class, how likely is it that your parents/guardians would know about it?

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Activities

Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?

- Yes
- No

Do you participate in off-campus activities such as clubs or sports (for example, at a Boys and Girls Club, YMCA, community center, or with a faith-based group)?

- Yes
- No

During the summer break, do you participate in organized activities such as a summer camp or sports?

- Yes
- No

During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

Physical Health

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.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next 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.

During the past 7 days, on how many days did you eat **breakfast**? [MS]

- 0 days
- 1 day

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- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.) [HS]

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

During the past 30 days, how often did you go hungry because there was not enough food in your home? [HS]

- Never
- Rarely
- Sometimes
- Most of the time
- Always

During the past 30 days, where did you usually sleep? [MS and HS]

- 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
- I do not have a usual place to sleep
- Somewhere else

How tall are you without your shoes on? [HS]

How much do you weigh without your shoes on? [HS]

School District 27J Supplemental Health [MS and HS; 27J]

Where do you typically receive your lunch from during the school week?

- Vending machines
- Cafeteria
- School store

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- Fast food
- Lunch bought from home
- I don't eat lunch

Do you feel like you have access to healthy eating options during your school day?

- Yes
- No
- Do not know

How important do you feel eating a healthy diet is to your overall health and longevity?

- Not at all important
- Not very important
- Important
- Very important

During the past 30 days, how often did you go hungry because there was not enough food in your home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

For an average school week, how many days did you walk or ride a bicycle to or from school?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

Graduation and College [MS and HS]

How important is it to you to finish high school?

- Not at all important
- Not very important
- Important
- Very important

How important is it to you to go to college?

- Not at all important
- Not very important
- Important
- Very important

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How important is it to you to finish college?

Not at all important

Not very important

Important

Very important