

Ohio Healthy Youth Environments Survey

1. How old are you?
 - 12 years old or youngerA
 - 13 years old.....B
 - 14 years old.....C
 - 15 years old.....D
 - 16 years old.....E
 - 17 years old.....F
 - 18 years old or olderG
2. What is your sex?
 - Female.....A
 - Male.....B
 - Transgender.....C
 - Gender nonconforming.....D
3. In what grade are you?
 - 7th gradeA
 - 8th gradeB
 - 9th gradeC
 - 10th grade.....D
 - 11th grade.....E
 - 12th grade.....F
 - Ungraded or other gradeG
4. Are you Hispanic or Latino?
 - YesA
 - NoB
5. How do you describe yourself? (**CIRCLE ALL THAT APPLY**)
 - American Indian or Alaska Native.....A
 - AsianB
 - Black or African American.....C
 - Native Hawaiian or Other Pacific Islander
.....D
 - White.....E
6. How tall are you without your shoes on?
 - _____ Feet
 - _____ Inches
7. How much do you weigh without your shoes on?
 - _____ Pounds

8. What is your zip code?-

9. Is your father, mother or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?
 - NoA
 - YesB
 - Don't know.....C
10. How many times have you ever moved to a new address?
 - 0 times.....A
 - 1 timeB
 - 2 times.....C
 - 3 times.....D
 - 4 or more timesE
11. During the past 12 months, how would you describe your grades in school?
 - Mostly A'sA
 - Mostly B'sB
 - Mostly C'sC
 - Mostly D'sD
 - Mostly F's.....E
 - None of these gradesF
 - Not sureG

The next questions ask about safety and violence-related behaviors.

12. In the past year, how often did you feel safe and secure at school?
 - NeverA
 - RarelyB
 - SometimesC
 - Most of the timeD
 - All of the time.....E
13. 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?

- 0 daysA
- 1 day.....B
- 2 or 3 daysC
- 4 or 5 daysD
- 6 or more daysE

14. 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?

- 0 times.....A
- 1 timeB
- 2 or 3 times.....C
- 4 or 5 times.....D
- 6 or more timesE

The next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

15. What types of bullying have you experienced in the past 12 months? (**CIRCLE ALL THAT APPLY**)

- You were hit, kicked, punched, or people
 took your belongingsA
 Teased, taunted, or called harmful names
B
 Spread mean rumors about or kept
 out of a "group"C
 Teased, taunted, or threatened by e-
 mail,
 cell phone, or other electronic methods
D
 Nude or semi-nude pictures used to
 pressure someone to have sex that
 does not want to, blackmail,
 intimidate,
 or exploit another person
 E
 None of the above.....F – **SKIP**

TO #18

16. During the past 12 months, have you ever been bullied **on school property**?

- YesA
 NoB

17. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting?)

- YesA
 NoB

18. During the past 12 months, how many times were you in a physical fight?

- 0 times.....A – **SKIP**
TO #20
 1 timeB
 2 to 5 times.....C
 6 or more times.....D

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

- 0 times.....A
 1 timeB
 2 to 5 times.....C
 6 or more times.....D

20. I feel safe in my neighborhood (town, community).

- YesA
 NoB

The next questions ask about vehicle safety.

21. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times.....A
 1 timeB
 2 or 3 times.....C
 4 or 5 times.....D
 6 or more times.....E

22. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I did not drive a car or other vehicle during the past 30 days.....A – **SKIP**
TO #24

- 0 times.....B
 1 timeC
 2 or 3 times.....D
 4 or 5 times.....E
 6 or more times.....F

23. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?

- I did not drive a car or other vehicle during the
 past 30 daysA
 0 daysB
 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 daysH

The next questions ask about behavioral health.

24. On an average school night, how many hours of sleep do you get?

- 4 hours or lessA
- 5 hours.....B
- 6 hours.....C
- 7 hours.....D
- 8 hours.....E
- 9 hours.....F
- 10 or more hours.....G

25. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?

- Not at all.....A
- Several daysB
- More days than notC
- Nearly every dayD

26. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?

- Not at all.....A
- Several daysB
- More days than notC
- Nearly every dayD

27. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?

- Not at all.....A
- Several daysB
- More days than notC
- Nearly every dayD

28. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

- Not at allA
- Several days.....B
- More days than notC
- Nearly every dayD

29. When you are stressed out, how do you manage it? **(CIRCLE ALL THAT APPLY)**

- I do not have any stressA
- Physical activity (exercise, sports, skateboarding, motocross, etc.).....B
- Meditate, pray, use relaxation techniquesC
- Participate in hobbies or community serviceD
- Express myself through the arts and literature (dance, music, art, writing, etc.)E
- Get support from others.....F
- Avoid people who create “drama”G
- Limit exposure to social media (facebook, Twitter, Instagram, etc.).....H

30. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?

- During the past 12 monthsA
- Between 12 and 24 monthsB
- More than 24 monthsC
- NeverD
- Not sureE

31. Have you ever experienced any of the following? **(CIRCLE ALL THAT APPLY)**

- Lived with someone who was depressed, mentally ill or suicidal.....A
- Lived with someone who was a problem drinker or an alcoholic.....B
- Lived with someone who used illegal street drugs, or who abused prescription medicationC
- Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facilityD
- None of the above has happened to meE

32. Have you ever experienced any of the following? **(CIRCLE ALL THAT APPLY)**

- Your parents became separated or were divorcedA

Your parents were not marriedB
Your parents or adults in your home
slapped,
hit, kicked, punched or beat each other up
C

A parent or adult in your home hit, beat,
kicked, or physically hurt you in any way
(not including spanking)D

A parent or adult in your home swore at
you, insulted you, or put you down...E

None of the above has happened to me
.....F

33. 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?

YesA

NoB

The next questions ask about tobacco use.

34. During the past 30 days, did you smoke part
or all of a cigarette?

YesA

NoB – **SKIP
TO #37**

35. During the past 30 days, on how many days
did you smoke cigarettes?

0 daysA

1 or 2 daysB

3 to 5 daysC

6 to 9 daysD

10 to 19 days.....E

20 to 29 days.....F

All 30 days.....G

36. During the past 30 days, how did you usually
get your own cigarettes? (**CIRCLE ALL
THAT APPLY**)

I did not smoke cigarettes during the
past 30 days.....A

I bought them in a store such as a
convenience
store, supermarket, discount store,
or gas station.....B

I got them on the Internet.....C

I bought them from a vending machine
.....D

I gave someone else money to buy
them for me.....E

I borrowed (or bummed) them from
someone elseF

A person 18 years or older gave
them to me.....G

I took them from a storeH

I took them from a family memberI

I got them some other wayJ

37. During the past 30 days, on how many days
did you use chewing tobacco, snuff, or dip,
such as Redman, Levi Garrett, Beechnut, Skoal
Bandits, or Copenhagen?

0 daysA

1 or 2 daysB

3 to 5 daysC

6 to 9 daysD

10 to 19 days.....E

20 to 29 days.....F

All 30 days.....G

38. During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?

- 0 daysA
- 1 or 2 daysB
- 3 to 5 daysC
- 6 to 9 daysD
- 10 to 19 days.....E
- 20 to 29 days.....F
- All 30 days.....G

The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

39. During the past 30 days, on how many days did you use an electronic vapor product?

- 0 daysA
- 1 or 2 daysB
- 3 to 5 daysC
- 6 to 9 daysD
- 10 to 19 days.....E
- 20 to 29 days.....F
- All 30 days.....G

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.

40. How old were you when you had your first drink of alcohol other than a few sips?

I have never had a drink of alcohol other than a few sips.....A – **SKIP TO**

#46

- 8 years old or younger.....B
- 9 or 10 years oldC
- 11 or 12 years old.....D
- 13 or 14 years old.....E
- 15 or 16 years old.....F
- 17 years old or olderG

41. During the past 30 days did you drink one or more drinks of an alcoholic beverage?

- YesA

No.....B – **SKIP TO #46**

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

- 0 daysA
- 1 or 2 daysB
- 3 to 5 daysC
- 6 to 9 daysD
- 10 to 19 days.....E
- 20 to 29 days.....F
- All 30 days.....G

43. 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?

- 0 daysA
- 1 daysB
- 2 daysC
- 3 to 5 daysD
- 6 to 9 daysE
- 10 to 19 days.....F
- 20 or more daysG

44. During the past 30 days, how did you usually get your alcohol? (**CIRCLE ALL THAT APPLY**)

- I did not drink alcohol during the past 30 days.....A
- I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas stationB
- I bought it a public event such as a concert or sporting event.....C
- I gave someone else money to buy it for me.....D
- Someone gave it to meE
- I took it from a store or family memberF
- My parent gave it to meG
- My friend's parent gave it to meH
- I got it some other wayI

45. When do you usually drink alcohol?

- Do not useA
- Before schoolB
- During schoolC
- After schoolD
- Week nightsE

Weekends.....F

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

46. How old were you when you tried marijuana for the first time?

I have never tried marijuana. A – **SKIP TO**

#51

8 years old or younger.....B

9 or 10 years oldC

11 or 12 years old.....D

13 or 14 years old.....E

15 or 16 years old.....F

17 years old or olderG

47. During the past 30 days, have you used marijuana or hashish?

YesA

No.....B – **SKIP TO #51**

48. During the past 30 days, how many times did you use marijuana?

- 0 times.....A
- 1 or 2 times.....B
- 3 to 9 times.....C
- 10 to 19 timesD
- 20 to 39 timesE
- 40 or more times.....F

49. During the past 30 days, how did you usually use marijuana?

- I did not use marijuana during the past 30 days.....A
- I smoked it in a joint, bong, pipe, or bluntB
- I ate it in food such as brownies, cakes, cookies, or candy.....C
- I drank it in tea, cola, alcohol, or other drinksD
- I vaporized itE
- I used it some other wayF

50. When do you usually use marijuana?

- Do not useA
- Before school.....B
- During school.....C
- After school.....D
- Week nightsE
- Weekends.....F

The next questions ask about other drugs.

51. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, and codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 0 times.....A - **SKIP TO #56**
- 1 or 2 times.....B
- 3 to 9 times.....C
- 10 to 19 timesD
- 20 to 39 timesE
- 40 or more times.....F

52. During the past 30 days, have you used prescription drugs not prescribed to you?

- YesA

No.....B - **SKIP TO #56**

53. During the past 30 days, have you used prescription pain relievers or pain killers such as Vicodin, Percocet, OxyContin, Lortabs, or Codeine (also called Oxy, OxyContin, Os, Norco or Vikes) that were not prescribed to you?

- YesA
- NoB

54. What type of prescription drug **do you usually take** without a doctor's prescription?

- I do not take prescription drugs without a doctor's prescription...A - **SKIP TO #56**
- Narcotic pain relievers, such as OxyContin, Percocet, Vicodin, or LortabsB
- Tranquilizers or anti-anxiety drugs such as Xanax, or ValiumC
- Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital.....D
- Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug)E
- I take multiple types of prescription drugs at the same timeF
- Not sureG

55. When do you usually use prescription drugs not prescribed to you?

- Do not useA
- Before school.....B
- During school.....C
- After school.....D
- Week nightsE
- Weekends.....F

56. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?

- 0 times.....A
- 1 or 2 times.....B
- 3 to 9 times.....C

- 10 to 19 timesD
- 20 to 39 timesE
- 40 or more times.....F

57. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? (**CIRCLE ALL THAT APPLY**)

- On school propertyA
- On the school busB
- At a friend's houseC
- In my neighborhoodD
- None of the aboveE

58. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

- YesA
- NoB

59. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?

- YesA
- NoB

The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

60. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- No riskA
- Slight riskB
- Moderate riskC
- Great riskD

61. 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?

- No riskA
- Slight riskB
- Moderate riskC

Great riskD

62. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

- No riskA
- Slight riskB
- Moderate riskC
- Great riskD

63. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?

- No riskA
- Slight riskB
- Moderate riskC
- Great riskD

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

64. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrongA
- A little bit wrong.....B
- WrongC
- Very wrongD

65. How wrong do your parents feel it would be for you to smoke tobacco?

- Not at all wrongA
- A little bit wrong.....B
- WrongC
- Very wrongD

66. How wrong do your parents feel it would be for you to smoke marijuana?

- Not at all wrongA
- A little bit wrong.....B
- WrongC
- Very wrongD

67. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrongA
- A little bit wrong.....B

- WrongC
 Very wrongD

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

68. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
 Not at all wrongA
 A little bit wrongB
 WrongC
 Very wrongD
69. How wrong do your friends feel it would be for you to smoke tobacco?
 Not at all wrongA
 A little bit wrongB
 WrongC
 Very wrongD
70. How wrong do your friends feel it would be for you to smoke marijuana?
 Not at all wrongA
 A little bit wrongB
 WrongC
 Very wrongD
71. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
 Not at all wrongA
 A little bit wrongB
 WrongC
 Very wrongD
72. How do you feel about someone your age trying marijuana or hashish once or twice?
 Neither approve nor disapproveA
 Somewhat disapproveB
 Strongly disapproveC
73. How do you feel about someone your age using marijuana once a month or more?
 Neither approve nor disapproveA
 Somewhat disapproveB
 Strongly disapproveC

74. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
 Neither approve nor disapproveA
 Somewhat disapproveB
 Strongly disapproveC

The next questions ask about body weight and physical activity.

75. 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 daysA
 1 dayB
 2 daysC
 3 daysD
 4 daysE
 5 daysF
 6 daysG
 7 daysH
76. Which of the following are you trying to do about your weight?
 Lose weightA
 Gain weightB
 Stay the same weightC
 I am not trying to do anything about my weightD
77. On the average school day, how many hours do you watch TV?
 I do not watch TV on an average school dayA
 Less than 1 hour per dayB
 1 hour per dayC
 2 hours per dayD
 3 hours per dayE
 4 hours per dayF
 5 or more hours per dayG
78. On the average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, Playstation, an iPod, an iPad, or other

tablet, smartphone, Youtube, Facebook or other social networking tools, and the internet.)

- I do not play video or computer games or use a computer for something that is not school work.....A
- Less than 1 hour per day.....B
- 1 hour per dayC
- 2 hours per dayD
- 3 hours per dayE
- 4 hours per dayF
- 5 or more hours per dayG

The next questions ask about what you ate or drank during the past 7 days.

79. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)

- 1 to 4 servings per dayA
- 5 or more servings per day.....B
- 0 – I do not like fruits or vegetables..C
- 0 – I cannot afford fruits or vegetablesD
- 0 – I do not have access to fruits or vegetablesE

80. 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).

- I did not drink soda or pop during the past 7 daysA
- 1 to 3 times during the past 7 days..B
- 4 to 6 times during the past 7 days..C
- 1 time per dayD
- 2 times per day.....E
- 3 times per day.....F
- 4 or more times per dayG

81. During the past 7 days, on how many days did you eat breakfast?

- 0 daysA
- 1 day.....B
- 2 daysC
- 3 daysD
- 4 daysE
- 5 daysF
- 6 daysG
- 7 daysH

The next questions ask about other health-related topics.

82. When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?

- During the past 12 monthsA
- Between 12 and 24 monthsB
- More than 24 monthsC
- NeverD
- Not sure.....E

83. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out,” have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?

- YesA
- NoB
- Don’t know.....C

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

- During the past 12 monthsA
- Between 12 and 24 monthsB
- More than 24 monthsC
- NeverD
- Not sure.....E

85. During the past 12 months, how many times did you use an indoor tanning device such as sunlamp, sunbed or tanning booth? (Do not count getting a spray-on tan)

- 0 times.....A
- 1 timeB

- 2 to 5 times.....C
6 or more times.....D

The next questions ask about school.

86. I enjoy coming to school.
Strongly disagree.....A
Disagree.....B
Neutral.....C
Agree.....D
Strongly agree.....E
87. I feel like I belong at my school.
Strongly disagree.....A
Disagree.....B
Neutral.....C
Agree.....D
Strongly agree.....E
88. I can go to adults at my school for help if I needed it.
Strongly disagree.....A
Disagree.....B
Neutral.....C
Agree.....D
Strongly agree.....E
89. My school provides various opportunities to learn about and appreciate different cultures and ways of life.
Strongly disagree.....A
Disagree.....B
Neutral.....C
Agree.....D
Strongly agree.....E
90. My parents talk to me about what I do in school.
Strongly disagree.....A
Disagree.....B
Neutral.....C
Agree.....D
Strongly agree.....E
91. My parents push me to work hard at school.
Strongly disagree.....A

- Disagree.....B
Neutral.....C
Agree.....D
Strongly agree.....E

92. During the past 12 months, how often did your parents check on whether you had done your homework?

- Never or almost never.....A
Sometimes.....B
Often.....C
All the time.....D

The next questions ask about gambling.

93. During the past 12 months, how often did you gamble money or personal items such as while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or using the Internet?
I did not gamble money or personal items during the past 12 months....A – **SKIP TO #98**
Less than once a month.....B
About once a month.....C
About once a week.....D
Daily.....E
94. During the last 12 months, have you ever gambled more than you planned to?
Yes.....A
No.....B
95. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money?
Yes.....A
No.....B
96. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money that you've won, or other signs of gambling?
Yes.....A
No.....B
97. Have you ever lied to people important to you about how much you gamble?
Yes.....A
No.....B
I do not gamble.....C

The next questions ask about other home related topics.

98. On how many of the past 7 days did you take part in organized after school, evening or weekend activities (other than sports teams) such as school clubs, community center groups, music/art/dancing lessons, drama, church or other supervised activities?

- 0 daysA
- 1 dayB
- 2 daysC
- 3 daysD
- 4 daysE
- 5 daysF
- 6 daysG
- 7 daysH

99. During the past 12 months, how often did your parents limit the amount of time you watched TV or time with your friends on school nights?

- Never or almost neverA
- SometimesB
- OftenC
- All the timeD

100. What best describes your parents' rules about social media in your bedroom (T.V., internet, cell phone, computer, video games, iPod, etc...)?

- My parents don't have any rules.....A
- My parents have rules of when I have to turn off media in my bedroom.....B
- My parents don't let me have any media in my bedroom.....C

101. There are a lot of adults in my neighborhood (town, community) I could talk to about something important.

- Yes A
- No B