

# Ohio Healthy Youth Environments Survey (School Year 2019-2020)

(Online only – This is an example)

1. How old are you?  
 11 years old or younger (Ineligible)  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old  
 18 years old or older
2. What is your sex?  
 Female  
 Male  
 Transgender  
 Gender Nonconforming
3. In what grade are you?  
 7th grade  
 8th grade  
 9th grade  
 10th grade  
 11th grade  
 12th grade  
 Ungraded or other grade
4. Are you Hispanic or Latino?  
 Yes  
 No
5. What is your race? (CHECK ALL THAT APPLY)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White
6. How tall are you without your shoes on?  
Feet:  3  4  5  6  
Inches:  0  1  2  3  4  5  6  
 7  8  9  10  11
7. How much do you weigh without your shoes on?  
\_\_\_\_\_ Pounds
8. **(Optional)** Which of the following best describes you?  
 Heterosexual (straight)  
 Gay or lesbian  
 Bi-sexual  
 Not sure

**The next 2 questions ask about having a disability or a long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision, or attention problems.**

9. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing school work, playing sports, or being with friends?  
 Yes  
 No  
 Not sure
10. Have you ever been told by a doctor, nurse or parent that you have a disability or long-term health problem?  
 Yes  
 No  
 Not sure
11. How many times have you ever moved to a new address?  
 0 times  
 1 time  
 2 times  
 3 times  
 4 or more times
12. During the past 12 months, how would you describe your grades in school?  
 Mostly A's  
 Mostly B's  
 Mostly C's  
 Mostly D's  
 Mostly F's  
 None of these grades  
 Not sure

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

13. In the past year, how often did you feel safe and secure at school?  
 Never  
 Rarely  
 Sometimes  
 Most of the time  
 All of the time

14. During the past 30 days, on how many days did you not go school because you felt you would be unsafe at school or on your way to or from school?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
15. 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
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
16. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
17. **(Optional)** Have you ever been forced to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- Yes
  - No
18. **(Optional)** During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)?
- I did not date or go out with anyone during the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**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.**

19. What types of bullying have you experienced in the past 12 months? (CHECK ALL THAT APPLY)
- You were hit, kicked, punched, or people took your belongings
  - Teased, taunted, or called harmful names
  - Spread mean rumors about or kept out of a "group"
  - Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods
  - Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person
  - None of the above. – **SKIP TO #22**
20. During the past 12 months, have you ever been bullied on school property?
- Yes
  - No
21. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
  - No
22. During the past 12 months, how many times were you in a physical fight?
- 0 times – **SKIP TO #24**
  - 1 time
  - 2 to 5 times
  - 6 or more times
23. During the past 12 months, how many times were you in a physical fight on school property?
- 0 times
  - 1 time
  - 2 to 5 times
  - 6 or more times
24. I feel safe in my neighborhood (town, community).
- Yes
  - No

**The next questions ask about vehicle safety.**

25. 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
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
26. 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 – **SKIP TO #28**
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
27. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?
- 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

**The next questions ask about behavioral health.**

28. On an average school night, how many hours of sleep do you get?
- 4 hours or less
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours
  - 9 hours
  - 10 or more hours
29. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
- Not at all
  - Several days
  - More days than not
  - Nearly every day

30. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
- Not at all
  - Several days
  - More days than not
  - Nearly every day
31. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
- Not at all
  - Several days
  - More days than not
  - Nearly every day
32. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
- Not at all
  - Several days
  - More days than not
  - Nearly every day
33. When you are stressed out, how do you manage it? (CHECK ALL THAT APPLY)
- I do not have any stress
  - Physical activity (exercise, sports, skateboarding, motocross, etc.)
  - Meditate, pray, use relaxation techniques
  - Participate in hobbies or community service
  - Express myself through the arts and literature (dance, music, art, writing, etc.)
  - Get support from others
  - Avoid people who create “drama”
  - Limit exposure to social media (Facebook, Twitter, Instagram, etc.)
34. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
- During the past 12 months
  - Between 12 and 24 months
  - More than 24 months
  - Never
  - Not sure

35. Have you ever experienced any of the following?  
(CHECK ALL THAT APPLY)

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

36. **(Optional)** Have you ever experienced any of the following? (CHECK ALL THAT APPLY)

- Someone at least 5 years older than you or an adult touched you sexually
- Someone at least 5 years older than you or an adult tried to make you touch them sexually
- Someone at least 5 years older than you or an adult, forced you to have sex
- None of the above has happened to me

37. Have you ever experienced any of the following?  
(CHECK ALL THAT APPLY)

- Your parents became separated or were divorced
- Your parents were not married
- Your parents or adults in your home slapped, hit, kicked, punched or beat each other up
- A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)
- A parent or adult in your home swore at you, insulted you, or put you down
- None of the above has happened to me

38. 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

39. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No – **SKIP TO #42**

40. During the past 12 months, how many times did you actually attempt suicide?

- 0 times – **SKIP TO #42**
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

41. If you attempted suicide during the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- Yes
- No

**The next questions ask about tobacco use.**

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

- Yes
- No – **SKIP TO #45**

43. 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

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

- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I got them on the Internet
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years or older gave them to me
- I took them from a store
- I took them from a family member
- I got them some other way

45. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, snus or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal or Camel Snus? (Do not count any electronic vapor products.)

- 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

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

- 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

**The next questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.**

47. Have you ever used an electronic vapor product?

- Yes
- No – **SKIP TO #51**

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

- 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

49. During the past 30 days, how did you usually get your electronic vapor products? (CHECK ALL THAT APPLY)

- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed them from someone else
- A person who can legally buy these products gave them to me
- I took them from a store or another person
- I got them some other way

50. What are the main reasons you have used electronic vapor products? (CHECK ALL THAT APPLY)

- Family member used them
- Friend used them
- I vape because I am bored
- I vape because my friends pressure me to
- To try to quit using other tobacco products
- They cost less than other tobacco products
- They are easier to get than other tobacco products
- They are less harmful than other forms of tobacco
- They are available in flavors, such as mint, candy, fruit, or chocolate
- I used them for some other reason

**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.**

51. 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– **SKIP TO #57**
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

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

- Yes
- No – **SKIP TO #57**

53. During the past 30 days, on how many days did you have as 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

54. During the past 30 days, on how many days did you have 4 or more drinks (for females) or 5 or more drinks (for males) of alcohol in a row, 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

55. During the past 30 days, how did you usually get your alcohol? (CHECK ALL THAT APPLY)
- I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station
  - I bought it a public event such as a concert or sporting event
  - I gave someone else money to buy it for me
  - Someone gave it to me
  - I took it from a store or family member
  - My parent gave it to me
  - My friend's parent gave it to me
  - I got it some other way

56. When do you usually drink alcohol?
- Before school
  - During school
  - After school
  - Week nights
  - Weekends

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

57. How old were you tried marijuana for the first time?
- I have never tried marijuana – **SKIP TO #62**
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
58. During the past 30 days, have you used marijuana or hashish?
- Yes
  - No – **SKIP TO #62**

59. 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

60. During the past 30 days, how did you usually use marijuana?
- I smoked it in a joint, bong, pipe, or blunt
  - I ate it in food such as brownies, cakes, cookies, or candy
  - I drank it in tea, cola, alcohol, or other drinks
  - I vaporized it
  - I used it some other way

61. When do you usually use marijuana?
- Before school
  - During school
  - After school
  - Week nights
  - Weekends

**The next questions ask about prescription drugs.**

62. During your life, how many times have you taken any other prescription drug that was not a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Adderall, Ritalin, Valium, or Xanax.)
- 0 times – **SKIP TO #66**
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

63. During the past 30 days, have you used prescription drugs not prescribed to you?
- Yes
  - No

64. What type of prescription drug do you take most often without a doctor's prescription or differently than how a doctor told you to use it?
- Pain relievers or painkillers, such as OxyContin, Percocet, Vicodin, Lortab, or codeine
  - Tranquilizers or anti-anxiety drugs such as Xanax, or Valium
  - Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital
  - Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug)
  - Not sure
65. When do you usually use prescription drugs not prescribed to you?
- Before school
  - During school
  - After school
  - Week nights
  - Weekends

**The next questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

66. During your life, how many times have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
- 0 times— **SKIP TO #68**
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
67. During the past 30 days, have you used prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
- Yes
  - No

**The next questions ask about other drugs.**

68. During your life, have you ever used any of the following? (CHECK ALL THAT APPLY):
- I have never used any of these – **SKIP TO #70**
  - Any form of cocaine, including powder, crack or freebase
  - Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
  - Heroin (also called smack, junk, or China White)
  - Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
  - Ecstasy (also called MDMA, Molly)
  - Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms
  - Steroid pills or shots without a doctor's prescription
  - Synthetic marijuana use (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)
69. During the past year, have you used any of the following? (CHECK ALL THAT APPLY):
- I have not used any of these substances in the past year
  - Any form of cocaine, including powder, crack or freebase
  - Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
  - Heroin (also called smack, junk, or China White)
  - Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
  - Ecstasy (also called MDMA, Molly)
  - Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms
  - Steroid pills or shots without a doctor's prescription
  - Synthetic marijuana use (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)
70. 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
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

71. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? (CHECK ALL THAT APPLY)
- On school property
  - On the school bus
  - At a friend's house
  - In my neighborhood
  - None of the above

72. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
- Yes
  - No

73. 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?
- Yes
  - No

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

74. 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 risk
  - Slight risk
  - Moderate risk
  - Great risk
75. 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 risk
  - Slight risk
  - Moderate risk
  - Great risk
76. How much do you think people risk harming themselves physically or in other ways if the use electronic vapor products every day?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

77. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

78. 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 risk
  - Slight risk
  - Moderate risk
  - Great risk

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

79. 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 wrong
  - A little bit wrong
  - Wrong
  - Very wrong
80. How wrong do your parents feel it would be for you to smoke tobacco?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
81. How wrong do your parents feel it would be for you to use electronic vapor products?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
82. How wrong do your parents feel it would be for you to smoke marijuana?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
83. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong



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

84. 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 wrong
  - A little bit wrong
  - Wrong
  - Very wrong
85. How wrong do your friends feel it would be for you to smoke tobacco?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
86. How wrong do your friends feel it would be for you to use electronic vapor products?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
87. How wrong do your friends feel it would be for you to smoke marijuana?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
88. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
- Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong
89. How do you feel about someone your age trying marijuana or hashish once or twice?
- Neither approve nor disapprove
  - Somewhat disapprove
  - Strongly disapprove
90. How do you feel about someone your age using marijuana once a month or more?
- Neither approve nor disapprove
  - Somewhat disapprove
  - Strongly disapprove

91. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove

**The next questions ask about sexual behavior.**

92. **(Optional)** Have you ever had sexual intercourse?
- Yes
  - No – **SKIP TO #97**
93. **(Optional)** During the past 3 months, with how many people did you have sexual intercourse?
- I have had sexual intercourse, but not during the past three months
  - 1 person
  - 2 people
  - 3 people
  - 4 people
  - 5 people
  - 6 or more people
94. **(Optional)** Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- Yes
  - No
95. **(Optional)** The last time you had sexual intercourse, did you or your partner use a condom?
- Yes
  - No
96. **(Optional)** The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
- No method was used to prevent pregnancy
  - Birth control pills
  - Condoms
  - An IUD (such as Mirena or Paraguard) or Implant (such as Implanon or Nexplanon)
  - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)
  - Withdrawal
  - Not sure
  - Not applicable

**The next question asks about physical activity.**

97. 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 what you ate or drank during the past 7 days.**

98. 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 day
- 5 or more servings per day
- 0 – I do not like fruits or vegetables
- 0 – I cannot afford fruits or vegetables
- 0 – I do not have access to fruits or vegetables

99. 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 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

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

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

**The next questions ask about other health-related topics.**

101. 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 months
- Between 12 and 24 months
- More than 24 months
- Never
- Not sure

102. **The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

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

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

- During the past 12 months
- Between 12 and 24 months
- More than 24 months
- Never
- Not sure

**The next questions ask about school.**

104. I enjoy coming to school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

105. I feel like I belong at my school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

106. I can go to adults at my school for help if I needed it.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

107. My school provides various opportunities to learn about and appreciate different cultures and ways of life.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

108. My parents talk to me about what I do in school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

109. My parents push me to work hard at school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

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

- Never or almost never
- Sometimes
- Often
- All the time

**The next questions ask about gambling.**

111. During the past 12 months, how often did you gamble money or things while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming including skins or loot boxes?

- I did not gamble money or personal items during the past 12 months – **SKIP TO #116**
- Less than once a month
- About once a month
- About once a week
- Daily

112. During the last 12 months, have you ever gambled more than you planned to?

- Yes
- No

113. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money or things?

- Yes
- No

114. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money or things that you've won, or other signs of gambling?

- Yes
- No

115. Have you ever not been honest with people important to you about how much you gamble?

- Yes
- No

**The next questions ask about other home or school related topics.**

116. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

117. I do not participate in organized after-school activities because (Check all that apply):

- Does not apply - I am able to participate in all after-school activities I want to
- No activities interest me
- I do not like the group of students who are participating
- I'm afraid other kids would make fun of me
- I have no time because of school work
- I have no time because of a job
- I have no time because I have to do things for my family
- My parents won't let me
- It costs too much
- I have no way to get to or home from activities
- I do not think I am good enough
- I was not chosen for the team
- I have health conditions that make it difficult
- I am concerned about my weight

118. How often, if ever, do your parents limit the times of day or length of time when you can use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media?

- Never
- Rarely
- Sometimes
- Often

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

- Yes
- No