

2025 Middle School Youth Health Survey

Summary		
Core question count: 82		
Module question count: 66		
Overall		
Updated	“past 12 months” to “past year”	Lower reading level
Updated	“past 30 days” to “past month”	Lower reading level
Updated	“past 7 days” to “past week”	Lower reading level
Student Characteristics		
Simplified	gender identity clarifying text	Lower reading level
Simplified	sexual orientation clarifying text	Lower reading level
Removed	“Are you Hispanic or Latino/a?”	Does not align with CDC YRBS
Updated	“What is your race?”	Added answer options “Hispanic or Latino” and “Middle Eastern or North African” to align with the CDC YRBS
Updated	“What is the primary language you speak at home” to “What language do you mainly speak at home”	Lower reading level
Assets and Protective Factors		
Updated	“Protective Factors” to “Assets and Protective Factors”	More inclusive
Simplified	Section description text	Lower reading level
Updated	“To what extent do you feel that you belong at your school?” to “How much do you feel you belong at your school”	Lower reading level
Updated	“To what extent do you feel safe when you are with your family/caregiver” to “How much do you feel safe when you are with your family/caregiver”	Lower reading level
Social Determinants of Health		
No changes		
Discrimination		
Simplified	Gender identity clarifying text	Lower reading level
Simplified	Sexual orientation clarifying text	Lower reading level
New question	“During the past year, how often have you felt that you were treated badly or unfairly in school because of a learning or physical disability?”	Capture an additional form of discrimination
Safety		
Updated	<p>“Have you ever met in person with an adult stranger (18 years or older) you met online?” to “Have you ever done any of these things with an adult (18 or older) you met online”</p> <ul style="list-style-type: none"> • Talked on the phone with them (Y/N) – new question • Texted them (Y/N) – new question • Messaged them on social media or a gaming platform (Y/N) – new question • Met them in person (Y/N) 	More inclusive of cybersecurity
Violence-Related Behaviors and Experiences		
Moved	“Have you ever carried a weapon such as a gun, knife, or club” from a	Moved from core to module
Removed	“During the past 30 days, did you carry a weapon such as a gun, knife, or club”	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Removed	“During the past 30 days, did you carry a weapon such as a gun, knife, or club on school property?”	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Removed	“During the past 12 months, has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?”	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data

Removed	"During the past 12 months, were you in a physical fight?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Removed	"During the past 12 months, were you in a physical fight on school property?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Simplified	"If someone has ever done sexual things to you or forced you to do sexual things that you did not want, did you tell anyone? If you have told someone, whom did you tell?" to "If yes, did you tell anyone? Who did you tell?"	Lower reading level
Simplified	"If someone you were dating or going out with sexually, physically, or emotionally hurt you, did you tell anyone? If you told someone, whom did you tell?" to "Did you tell someone about experiencing dating violence? If yes, who did you tell?"	Lower reading level
Removed	"During the past 12 months, have you had sexual contact with someone who told you "No", objected in some other way, was trying to talk you out of it, or was physically trying to get away from you or avoid your touch?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • Low 2023 response data
Removed	"During the past 12 months, did you have sex with someone who was passed out or asleep at the time, or with someone who was too drunk or too high to stop you?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • Low 2023 response data
Removed	"During the past 12 months, did you threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • Low 2023 response data
Bullying		
Simplified	Section description text	Lower reading level
Removed	"During the past 12 months, have you been bullied?"	Want students to answer in-person and electronic bullying questions
Updated	"What did you do the last time you were bullied in school"	Added answer option "I have never been bullied in school"
Simplified	"If you saw someone else bullied at school during the past 12 months, what did you do the last time you saw it happen?" to "What did you do the last time you someone else bullied at school?"	Lower reading level
Simplified	Electronic bullying descriptive text	Lower reading level
Simplified	"During the past 12 months, did you use texting, email, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation?" to "During the past year, did you use social media, text, or email to make fun of, threaten, insult, or hurt another kid's reputation?"	Lower reading level
Mental Health		
Updated	"During the past month, how often was your mental health not good?" descriptive text	Expanded to better describe poor mental health
Simplified	"How often do you worry about doing well in school to meet the expectations of your parents or other family members?" to "How often do you worry about doing well in school to meet your parents' or family's expectations?"	Lower reading level
Simplified	"During the past 12 months, did you make a plan about how you would attempt suicide?" to "During the past year, did you make a suicide plan?"	Lower reading level
Simplified	"During the past 12 months, did any suicide attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?" to "Did any suicide attempt cause you an injury, poisoning, or overdose that had to be treated by a doctor or nurse?"	Lower reading level

Updated	Having thoughts of suicide is not unusual or shameful. Most people who have even intense suicidal moments recover and live happy, fulfilling lives. You can too. Getting professional help is important, and connecting to support makes a difference in getting through these difficult times. If you are currently having suicidal thoughts or urges, please call or text the Suicide & Crisis Lifeline at 9-8-8.	Added Lifeline details
Removed	"Did you talk with a caregiver, teacher, counselor, or other trusted adult about your suicide attempt?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Alcohol Use		
Removed	"If you use alcohol, where do you use it?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Updated	"Which of the following are ways that you get alcohol?" to "How do you get alcohol?"	Lower reading level
Simplified	"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?" to "During the past month, did you ride in a car or other vehicle driven by someone who had been drinking alcohol?"	Reduce question complexity
Electronic Vapor Product Use		
Simplified	"Which of the following best describes the types of vape products you have used in the past 30 days?" to "What types of vape products have you used in the past month?"	Lower reading level
Simplified	"During the past 30 days, have you used any of the following substances in a vape product?" to "During the past month, what substances did you vape?"	Lower reading level
Updated	"How do you usually get your vape products?" to "During the past month, how did you usually get your vape products?"	Align with MYHS
Marijuana Use		
Removed	"During the past 30 days, what types of edibles have you eaten?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Removed	"If you use marijuana, where do you use it?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Simplified	"During the past 30 days, how many times did you ride in a car or other vehicle when the driver had been using marijuana?" to "During the past month, did you ride in a car or other vehicle when the driver had been using marijuana?"	Reduce question complexity
Tobacco Use		
Simplified	"During the past 30 days, what flavor did the tobacco product (including vape products, cigarettes, cigars, smokeless tobacco) you used contain?" to "During the past month, what flavors were your tobacco products? Include vape products, cigarettes, cigars, and smokeless tobacco."	Lower reading level
Updated	Removed answer option "I bought them from a smoking bar" from question "During the past month, how did you get your tobacco products?"	Align with MYHS
Prescription Drug Use		
Simplified	Section description text	Lower reading level
Removed	"How do you get the prescription drugs you take?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Other Drug Use		
New question	"During your life, have you used hallucinogenic drugs? Examples include LSD, acid, PCP, Special K, angel dust, mescaline, or mushrooms."	Expand other drug options

Removed	"How did you usually get the other illegal drugs you used?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Perception of Substance Use		
Updated	"How much do you think people risk harming themselves if they smoke one or more cigarettes per day?" to "How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?"	Align with Healthy Communities questions
Updated	"How wrong do your parents/caregivers/guardians feel it would be for you to drink alcohol?" to "How wrong do your parents/caregivers/guardians feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?"	Align with Healthy Communities questions
Updated	"How wrong do your friends feel it would be for you to drink alcohol?" to "How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?"	Align with Healthy Communities questions
Sexual Behaviors		
Removed	"The last time you had sexual contact, what was the other person's gender identity?"	Shorten survey and reduce respondent burden
Removed	"Did you drink alcohol or use drugs before you had sexual intercourse the last time?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Updated	"The last time you had sexual intercourse, what methods did you or the other person use to prevent pregnancy?" to "The last time you had sexual intercourse, did you or your partner wear a condom?"	<ul style="list-style-type: none"> • Simplify question • Align with the CDC YRBS
Removed	"Have you ever been pregnant or gotten someone pregnant?"	<ul style="list-style-type: none"> • Shorten survey and reduce respondent burden • No state comparison data
Nutrition		
No changes		
Physical Activity		
No changes		
Body Weight		
Removed	"During the past 30 days, in order to lose weight or to keep from gaining weight have you done or used any of the following?"	Question too complex
Removed	"During the past 30 days, did you engage in binge eating by:"	Question too complex
New question	<p>"During the last month, did you any of the following happen to you?</p> <ul style="list-style-type: none"> • Being terrified about gaining weight (Y/N) • Being occupied with the urge to be thinner (Y/N) • Thinking about burning calories every time you exercise (Y/N) • Feeling uncomfortable eating foods containing sugar, fat, and/or carbohydrates (Y/N) 	<p>Expanded question</p>
New question	<p>During the last month, have you done anything to change your weight?</p> <ul style="list-style-type: none"> • Avoid eating when hungry, even when there is food available to eat (Y/N) • Count calories of all foods eaten (Y/N) • Vomit or have urge to vomit after eating (Y/N) • Have gone on eating binges feeling unable to stop (Y/N) • Exercising for more than 60 minutes per day (Y/N) • Use laxatives, water pills, or diet pills (Y/N) 	Expanded question
Gambling		
No changes		

Organized Activities		
Simplified	"During this school year, which of the following barriers kept you from accessing or participating in an afterschool program, team, or activity?" to "During this school year, what stopped you from doing an afterschool program, team, or activity?"	Lower reading level
Other Topics		
New question	How often do you use social media?	<ul style="list-style-type: none"> • CDC YRBS question • Important to capture social media use
Simplified	"Please tell us about any health issues that you think really concern students in your school." to "Please tell us about any health issues that you think are important to students in your school"	Lower reading level

Student Characteristics

The next questions ask about your background. The information being collected is used to describe the types of students taking the survey. Information will not be collected to find out your name or identify individual students.

1. **What grade are you in now?**

- 6th
- 7th
- 8th

2. **How old are you?**

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

[updated] [Student Characteristics Module #1] The next question asks about your gender identity. Gender identity is how you see yourself. You can see yourself as a male, female, a mix or both, or neither. It can be the same or different from the sex you were assigned at birth. Here are some helpful terms:

“**Nonbinary**” describes people whose gender doesn’t fit into just “male” or “female.”

“**Genderfluid**” describes people whose gender changes.

“**Genderqueer**” describes people whose gender doesn’t match traditional roles. Many genderqueer people use pronouns like “they/them.”

[updated] [Student Characteristics Module #1] The next question asks about your gender identity. Gender identity is how you see yourself. You can see yourself as a male, female, a mix or both, or neither. It can be the same or different from the sex you were assigned at birth.

3. **Which term best describes your current gender identity?** You may identify with more than one gender. Please pick the one that best describes you.

- Girl or woman
- Boy or man
- Nonbinary, genderfluid, or genderqueer
- I’m not sure or questioning
- I don’t know what this question means
- I prefer not to answer

4. **What sex were you assigned at birth, on your original birth certificate?**

- Male
- Female
- I prefer not to answer

[updated] The next question asks about your sexual orientation. This is who you are emotionally, romantically, and/or sexually attracted to. Your sexual orientation is separate from your gender identity.

5. **Which of the following best describes your sexual orientation?** You may identify with more than one sexual orientation. Please pick the one that best describes you.
 - Straight or heterosexual
 - Lesbian or gay
 - Asexual
 - Bisexual, pansexual, or queer
 - I am not sure
 - I don't know what this question means
 - I prefer not to answer
6. **What is your race and/or ethnicity?** You can choose more than one answer. [updated]
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Other Pacific Islander
 - White
 - Another race, please specify: _____
7. **What language do you mainly speak at home?** [updated] [Student Characteristics Module #2]
 - English
 - Spanish
 - Amharic
 - Arabic
 - Bengali
 - Haitian Creole
 - Hindi
 - Italian
 - Japanese
 - Korean
 - Mandarin or Cantonese
 - Nepali
 - Portuguese
 - Russian
 - Vietnamese
 - Another language
8. **How tall are you without your shoes on?**
Feet: _____
Inches: _____
9. **How much do you weigh without your shoes on?** _____
10. **Are you currently receiving assistance as part of an Individual Education Plan (IEP) or 504 plan?**
 - Yes
 - No
 - Not sure

Assets and Protective Factors [updated]

The next questions ask about tools or supports that help people handle stress. [updated]

11. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?

- Yes
- No
- I don't know

12. Is there at least one adult outside of school who is not in your family that you can talk to if you have a problem?

- Yes
- No
- I don't know

13. Is there at least one adult in your family that you can talk to if you have a problem?

- Yes
- No
- I don't know

14. Is there at least one friend similar in age to you that you can talk to if you have a problem?

- Yes
- No
- I don't know

15. How much do you agree or disagree that you feel close to people at this school? [Protective Factors #1]

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

16. How much do you agree or disagree that you are happy to be at this school? [Protective Factors #1]

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

17. How much do you feel like you belong at your school? [updated] [Protective Factors #1]

- Not at all
- A little
- Somewhat
- Quite a bit
- A lot

18. How much do you feel safe when you are with your family/caregiver? [updated] [Protective Factors Module #2]

- Not at all
- A little
- Somewhat
- Quite a bit
- A lot

19. **In the past week, on how many days did you sit down to dinner with the people you live with?** [updated] [Protective Factors Module #2]

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

20. **How often does your family give you love and support?** [Protective Factors Module #2]

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

Social Determinants of Health

The next questions ask about how your environment may affect your health.

21. **Have your caregivers ever gotten divorced or separated?** [SDOH Module #1]

- Yes
- No

22. **Has your caregiver died?** [SDOH Module #1]

- Yes
- No

23. **Has your caregiver ever been in jail or prison?** [SDOH Module #1]

- Yes
- No

24. **Have you ever lived with a caregiver who had severe depression, anxiety, or another mental illness, or was suicidal?** [SDOH Module #1]

- Yes
- No

25. **During your life, how often have your caregivers or other adults in your home slapped, hit, kicked, punched, or beat each other up?** [SDOH Module #2]

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

26. **During your life, how often has a caregiver or other adult in your home hit, beat, kicked, or physically hurt you in any way?** [SDOH Module #2]

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

27. **During your life, how often has a caregiver or other adult in your home insulted you or put you down?** [SDOH Module #2]

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

Discrimination

The next questions ask about discrimination in school.

28. **During your life, how often have you felt you were treated badly or unfairly in school because of your race or ethnicity?**

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

29. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?** [updated]

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

30. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your gender identity?** Gender identity is how you see yourself. You can see yourself as a male, female, a mix or both, or neither. It can be the same or different from the sex you were assigned at birth. [updated]

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

31. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your sexual orientation?** Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. A person's sexual orientation is different than their gender identity. [updated]

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

32. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your religion?** [updated]

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

33. **During the past year, how often have you felt that you were treated badly or unfairly in school because of a learning or physical disability?** [new question]

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

Safety

The following questions ask about your safety.

34. **How often do you wear a seatbelt when riding in a car driven by someone else?**

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

35. **During the past month, 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?** [updated]

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

36. **How safe from crime do you consider your neighborhood to be?**

- Extremely safe
- Safe
- Unsafe
- Extremely Unsafe

37. **Have you ever done any of these things with an adult (18 or older) you met online?** [updated]
[Safety Module #1]

	Yes	No
Talked on the phone with them [new question]		
Texted them [new question]		
Messaged them on social media or a gaming platform [new question]		
Met them in person		

Violence-Related Behaviors and Experiences

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

38. **Have you ever carried a weapon such as a gun, knife, or club?** [VRBE Module #1]

- Yes
- No

39. **Have you ever been in a physical fight?**

- Yes
- No

The next questions ask about sexual violence and dating violence.

40. **Has anyone ever done sexual things to you or made you to do sexual things that you did not want to?** This includes being pressured to kiss, touch, or do other sexual things you didn't want.

- Yes
- No
- I don't know

Logic: Hidden unless: (Question "Has anyone ever done sexual things to you or forced you to do sexual things that you did not want to?" is one of the following answers ("Yes")

41. **If yes, did you tell anyone? Who did you tell?** You can choose more than one answer. [updated] [VRBE Module #2]

- I never told anyone
- A caregiver
- Sibling or other relative
- Teacher, principal, school nurse, coach, school counselor, or religious leader
- Friend, girlfriend, or boyfriend
- Mental health counselor or therapist
- Police
- Some other person

42. **Has someone you were dating or going out with ever done sexual things to you or forced you to do sexual things that you did not want to?**

- I have never been on a date or gone out with someone
- Yes
- No

43. **Has someone you were dating or going out with physically hurt you?**

- I have never been on a date or gone out with someone
- Yes
- No

44. **Has someone you were dating or going out with tried to control you or emotionally hurt you?**

- I have never been on a date or gone out with someone
- Yes
- No

Logic: Hidden unless: Student has experienced any form of dating violence.

45. **Did you tell someone about experiencing dating violence? If yes, who did you tell?** You can choose more than one answer. [updated] [VRBE Module #1]

- I never told anyone
- A caregiver
- Sibling or other relative
- Teacher, principal, school nurse, coach, school counselor, or religious leader
- Friend, girlfriend, or boyfriend
- Mental health counselor or therapist
- Police
- Some other person

Bullying

The following questions ask about bullying. Bullying is repeated teasing, threats, rumors, hitting, shoving, or harm by one or more students. It does not include friendly teasing or conflicts between students of similar strength. Bullying can happen in person or electronically (cyberbullying). [updated]

46. How often are you bullied in person? [Bullying Module #1]

- Never
- Rarely
- Sometimes
- Often
- Always

47. During the past year, have you been bullied on school property? [updated]

- Yes
- No

48. What did you do the last time you were bullied at school? You can choose more than one answer.

- I have never been bullied at school
- I didn't do anything
- I tried to get the person/people doing it to stop
- I told a teacher, counselor, or another adult at school
- I told my caregiver(s)
- I told an adult outside of school that is not my caregiver
- I talked to a friend or another student about it

49. What did you do the last time you someone else bullied at school? You can choose more than one answer. [updated] [Bullying Module #2]

- I didn't see someone else get bullied at school during the past year
- I took part in the bullying
- I didn't do anything - just saw it happen
- I tried to get the person to stop
- I offered support to the person being bullied
- I told a teacher, counselor, or other adult at school
- I told an adult outside of school

50. During the past year, did you bully or push someone around? [updated] [Bullying Module #3]

- Yes
- No

Electronic bullying is done over digital devices like cell phones, computers, and tablets. It can be done by text or in online spaces like social media. Examples of social media apps are TikTok, Instagram, Twitter or "X", Facebook, Twitch, Snapchat, and others. [updated]

51. How often are you bullied electronically? [Bullying Module #1]

- Never
- Rarely
- Sometimes
- Often
- Always

52. During the past year, have you been bullied electronically? [updated]

- Yes
- No

53. **What did you do the last time you were bullied electronically?** You can choose more than one answer. [Bullying Module #2]

- I have never been bullied electronically
- I didn't do anything
- I tried to get the person/people doing it to stop
- I told a teacher, counselor, or another adult at school
- I told a caregiver
- I told an adult outside of school that is not my caregiver
- I talked to a friend or another student about it

54. **During the past year, how many times has someone posted something about you on social media that made you upset or uncomfortable?** [updated] [Bullying Module #4]

- Never
- A few times
- Once or twice a month
- Once or twice a week
- Almost every day

55. **During the past year, did you use social media, text, or email to make fun of, threaten, insult, or hurt another kid's reputation?** [updated] [Bullying Module #3]

- Yes
- No

Mental Health

The next questions ask about how you feel.

56. **During the past year, have you felt you needed to talk to someone about how you were feeling, how things were going in your life, or problems you might have had?** [Mental Health Module #5]

- Yes
- No

57. **During the past month, how often was your mental health not good?** Struggling with your mental health might mean things like staying away from friends and activities, feeling overwhelmed by emotions like anger, worry, or sadness, or having trouble focusing. It can also include feeling stressed, anxious, or depressed. [updated]

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

58. **During the past month, did you ever feel tense, nervous, or worried every day for two or more weeks in a row that you stopped doing some usual activities?** [updated] [Mental Health Module #1]

- Yes
- No

59. **During the past month, how often did you worry about:** [updated] [Mental Health Module #1]

	Never	Almost never	Sometimes	Fairly often	Very often
school issues?					
social issues?					
appearance issues?					
health issues?					
family issues?					
social justice issues?					
future issues?					
feeling unsafe due to violence in my community?					

60. **How often do you worry about doing well in school to meet your parents' or family's expectations?** [updated] [Mental Health Module #1]

- Never
- Almost never
- Sometimes
- Fairly
- Very often

61. **During the past year, how often did your stress feel overwhelming?** [updated] [Mental Health Module #2]

- Not at all
- Hardly ever
- Sometimes
- Most of the time
- Always

62. **Do you have a ~~health(y)~~ activity or behavior (coping strategy) that helps you relieve stress?** [Mental Health Module #5]

- Yes
- No
- I don't know

The next questions ask about feeling sad and suicide. [updated]

63. **During the past year, 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?** [updated]

- Yes
- No

64. **During the past year, did you hurt or injure yourself on purpose without wanting to die?** For example, by cutting, burning, or bruising yourself on purpose [updated]

- Yes
- No

65. **During the past year, did you ever seriously consider attempting suicide?** [updated]

- Yes
- No

66. **During the past year, did you make a suicide plan?** [updated]

- Yes
- No

67. **During the past year, did you attempt suicide?** [updated]

- Yes
- No

Logic: Show/hide trigger exists. Hidden unless: Question "During the past year, did you attempt suicide" is one of the following answers ("Yes")

68. **Did any suicide attempt cause you an injury, poisoning, or overdose that had to be treated by a doctor or nurse?** [updated] [Mental Health Module #3]

- Yes
- No

Having thoughts of suicide is not unusual or shameful. Most people who have even intense suicidal moments recover and live happy, fulfilling lives. You can too. Getting professional help is important, and connecting to support makes a difference in getting through these difficult times. **If you are currently having suicidal thoughts or urges, please call or text the Suicide & Crisis Lifeline at 9-8-8.** [updated]

The next questions ask about your access to support.

69. **Are you receiving counseling from a doctor or other health professional for a behavioral health, mental health condition, or emotional problem?** [Mental Health Module #4]

- Yes
- No
- I don't know

70. **Are you taking medicine prescribed by a doctor or other health professional for a behavioral health, mental health condition, or emotional problem?** [Mental Health Module #4]

- Yes
- No
- I don't know

Alcohol Use

The next questions ask about drinking alcohol. Alcohol includes beer, hard seltzers, wine, wine coolers, and liquor such as vodka, rum, whiskey, or tequila. For these questions, drinking alcohol does not include only drinking a few sips of wine for religious purposes.

71. **How old were you when you had your first drink of alcohol (more than a few sips)?**

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Show/hide trigger exists. Hidden unless: Question "How old were you when you had your first drink of alcohol (more than a few sips)?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

72. **During the past month, did you have at least one drink of alcohol (more than a few sips)?**

[updated]

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you have at least one drink of alcohol (more than a few sips)?" is one of the following answers ("Yes")

73. **During the past month, did you have 5 or more drinks of alcohol within a couple of hours?**

[updated]

- Yes
- No

Logic: Hidden unless: Question "How old were you when you had your first drink of alcohol (more than a few sips)?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

74. There are many different ways to get beer, wine, liquor, or spiked seltzers. **How do you get alcohol?**

[updated]

	Yes	No
I buy it from a supermarket or a convenience store		
I buy it from a liquor store or package store		
I buy it from bars or clubs or restaurants		
I have someone else buy it for me		
I get it through my friends		
I get it at home		
I get it at parties		

75. **During the past month, did you ride in a car or other vehicle driven by someone who had been drinking alcohol?** [updated]

- Yes
- No

Electronic Vapor Product Use

The next questions ask about electronic vapor products. Vape products include JUUL Puff Bars, Fruyt Stik, e-cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookah, hookah pens, and others.

76. **How old were you when you used an electronic vapor product (vape) for the first time, even one or two puffs?**

- I have never used an electronic vapor product (vape)
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Show/hide trigger exists. Hidden unless: Question "How old were you when you used an electronic vapor product (vape) for the first time, even one or two puffs?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

77. **During the past month, did you vape?** [updated]

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you vape?" is one of the following answers ("Yes")

78. **During the past month, did you vape on school property?** [updated]

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you vape?" is one of the following answers ("Yes")

79. **What types of vape products have you used in the past month?** You can choose more than one answer. [updated] [Substance Use Module #1]

- Disposable vape product (e.g., Puff Bar, Fruyt Stik, Blu)
- Vape product that uses pre-filled pods or cartridges (e.g., JUUL, Suorin Drop)
- Vape product with a tank that you refill with liquids
- Other type of vape product
- I don't know the type(s) of vape products I've used

Logic: Hidden unless: Question "During the past month, did you vape?" is one of the following answers ("Yes")

80. **During the past month, what substances did you vape?** You can choose more than one answer. [updated] [Substance Use Module #1]

- Nicotine
- Marijuana, marijuana concentrates, marijuana waxes, THC, delta-8 THC, or hash oils
- CBD
- Essential Oils
- Caffeine
- Other substance
- I'm not sure

Logic: Hidden unless: Question "During the past month, did you vape?" is one of the following answers ("Yes")

81. **During the past month, how did you usually get your vape products?** You can choose more than one answer. [updated]

- I **get** them from a friend, family member, or someone else
- I **buy** them from a friend, family member, or someone else
- I buy them myself in a vape shop or tobacco shop
- I buy them myself in a convenience store, supermarket, discount store, or gas station
- I buy them myself at a mall or shopping center kiosk or stand
- I buy them myself online
- I take them from a store or another person
- I get them in some other way

Marijuana Use

The next questions ask about the use of marijuana. Marijuana is also called pot, weed, grass, hashish, dope, herb, or reefer. [updated]

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

- I have never tried marijuana
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Show/hide trigger exists. Hidden unless: Question "How old were you when you tried marijuana for the first time?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

83. During the past month, did you use marijuana? [updated]

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you use marijuana?" is one of the following answers ("Yes")

84. During the past month, how did you use marijuana? You can choose more than one answer.

[updated] [Substance Use Module #1]

- Smoked it in a joint, bong, or pipe
- Smoked it in a cigar or blunt wrap
- Ate it in a food such as gummies, brownies, cakes, cookies, or candy (e.g., edibles)
- Drank it in tea, cola, alcohol, or other drinks
- Vaped it (e.g., e-cigarette, vape pen, vaporizer)
- I'm not sure

Logic: Hidden unless: Question "During the past month, did you use marijuana?" is one of the following answers ("Yes")

85. During the past month, how did you get marijuana that you used? You can choose more than one answer. [updated]

- I bought it myself from a store
- I bought it myself from someone else
- I got it at home with permission from a parent or family member over the age of 21
- I took it at home without permission from a parent or family member over the age of 21
- I took it at some other place without permission
- I got it from friends
- I got it from parties
- I got it some other way

86. During the past month, did you ride in a car or other vehicle when the driver had been using marijuana? [updated]

- Yes
- No

Tobacco Use

The next questions ask about tobacco and nicotine use.

87. **How old were you when you first tried cigarette smoking, even one or two puffs?**

- I have never tried cigarette smoking, not even one or two puffs
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Hidden unless: Question "How old were you when you first tried cigarette smoking, even one or two puffs?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

88. **During the past month, did you smoke cigarettes?** [updated]

- Yes
- No

89. **How old were you when you first tried nicotine pouches, chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?** Examples are Zyn, On!, Velo, Skoal, Copenhagen, Camel Snus, and Marlboro Snus. [Substance Use Module #2]

- I have never tried chewing tobacco, snuff, dip, snus, or dissolvable tobacco products
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Hidden unless: Question "How old were you when you first tried nicotine pouches, chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

90. **During the past month, did you use nicotine pouches, chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?** [updated] [Substance Use Module #2]

- Yes
- No

91. **During the past month, did you smoke cigars, cigarillos, or little cigars?** Examples are Black & Mild, Swisher Sweets, Backwoods, Garcia y Vega Game. [updated] [Substance Use Module #2]

- Yes
- No

92. **During the past month, what flavors were your tobacco products?** Include vape products, cigarettes, cigars, and smokeless tobacco. You can choose more than one answer. [updated]

[Substance Use Module #1]

- I have not used a tobacco product in the past month
- Fruit, alcohol, or candy flavors
- Mint, menthol, or wintergreen flavors
- Clove or spice
- Other flavor not listed here
- I'm not sure
- No flavors

93. **During the past month, how did you get your tobacco products?** Include vape products, cigarettes, cigars, and smokeless tobacco. You can choose more than one answer. [updated]

- I have not used a tobacco product in the past month
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vape shop or vapor store
- I bought them from another state
- I gave someone else money to buy them for me
- I got them from friend(s)/ I used a friend's
- I got them from a family member
- I got them online
- I got them some other way

94. **Are you seriously thinking about quitting tobacco products?** [updated] [Substance Use Module #2]

- I do not use tobacco products
- Yes, during the next month
- Yes, during the next 6 months
- Yes, during the next year
- Yes, but not during the next year
- No

Prescription Drug Use

The next questions are about prescription drugs. A prescription drug is a medicine you can only get with a doctor's note. This is different from over-the-counter drugs which can be bought without a prescription. [updated]

95. **Have you ever taken prescription drugs that weren't your own?**

- Yes
- No

Logic: Hidden unless: Question "Have you ever taken prescription drugs that weren't your own?" is one of the following answers ("Yes")

96. **During the past month, have you taken prescription drugs that weren't your own?** [updated]

- Yes
- No

Other Drug Use

The next questions ask about other drug use.

97. **During your lifetime, have you ever used any form of cocaine?** Cocaine is also called blow, "C", candy, rock, powder, crack or freebase. [Substance Use Module #3]

- Yes
- No

98. **During your lifetime, have you ever used methamphetamines?** Methamphetamines are also called speed, crystal meth, crank, ice. [Substance Use Module #3]

- Yes
- No

99. **During your lifetime, have you ever used ecstasy?** Ecstasy is also called MDMA, also called "E", or "X", "XTC", "Adam", "lover's speed", "happy pill", or "Molly". [Substance Use Module #3]

- Yes
- No

100. **During your lifetime, have you used heroin?** Heroin is also called smack, "H", horse, brown sugar, dragon, junk, or China White. [Substance Use Module #3]

- Yes
- No

101. **During your life, have you used hallucinogenic drugs?** Examples include LSD, acid, PCP, Special K, angel dust, mescaline, or mushrooms. [new question] [Substance Use Module #3]

- Yes
- No

102. **During your lifetime, have you used inhalants to get high?** Using inhalants includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays. [Substance Use Module #3]

- Yes
- No

103. **During your lifetime, have you taken over-the-counter medication to get high?** An example of this medication is dextromethorphan, also called DXM, DM, dres, robo, rojo, tussin, triple C. [Substance Use Module #3]

- Yes
- No

104. **During your lifetime, how many times have you used a needle to inject any illegal drug into your body?** [Substance Use Module #3]

- 0 times
- 1 time
- 2 or more times

Perceptions of Substance Use

The next questions ask about what you and other people think about alcohol and drug use.

105. **Do you think most people your age:**

	Yes	No
drink alcohol?		
use vape products?		
use marijuana?		
smoke cigarettes?		
use prescription drugs not prescribed to them?		
use other illegal drugs? [Substance Use Module #3]		

106. **How much do you think people risk harming themselves (physically or in other ways), if they:**

	No risk	Slight risk	Moderate risk	Great risk
have one or two drinks of alcohol (beer, wine, or liquor) nearly every day?				
have five or more drinks of alcohol (beer, wine, or liquor) once or twice each week?				
use a vape product every day?				
use marijuana once or twice a week?				
smoke one or more packs of cigarettes per day? [updated]				
use prescription drugs that are not prescribed to them?				
use other illegal drugs? [Substance Use Module #3]				

107. How wrong do your caregivers/parents/guardians feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
have one or two drinks of an alcoholic beverage nearly every day? [updated]				
use vape products?				
use marijuana?				
smoke cigarettes?				
use prescription medications not prescribed to you?				
use other illegal drugs? [Substance Use Module #3]				

108. How wrong do your friends feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
have one or two drinks of an alcoholic beverage nearly every day? [updated]				
use vape products?				
use marijuana?				
smoke cigarettes?				
use prescription medications not prescribed to you?				
use other illegal drugs? [Substance Use Module #3]				

109. Is there anyone (other than you) living in your house who: [Substance Use Module #4]

	Yes	No	I don't know
drinks too much alcohol?			
uses vape products?			
uses marijuana?			
smokes cigarettes?			
uses prescription medications not prescribed to them?			
uses other illegal drugs? [Substance Use Module #3]			

110. If you wanted to get the following substances, how easy would it be for you to get:

	Very hard	Sort of hard	Sort of easy	Very easy
alcohol?				
vape products?				
marijuana?				
cigarettes?				
prescription medications not prescribed to you?				
other illegal drugs? [Substance Use Module #3]				

111. During the past year, has anyone offered, sold, or given you alcohol or another illegal drug on school property? [updated]

- Yes
- No
- I'm not sure

112. **During the past year, have you felt you needed to talk to someone about your use of alcohol or other drugs? [updated] [Substance Use Module #5]**

- Yes
- No

Sexual Behaviors

The next questions ask about sexual behaviors.

113. **Have you ever had sexual contact with another person?** Sexual contact includes things such as kissing, touching, and sexual intercourse.

- Yes
- No
- I'm not sure

Logic: Hidden unless: Question "Have you ever had sexual contact with another person?" is one of the following answers ("Yes")

114. **The last time you had sexual contact, did you or the other person use any kind of condom, dental dam, or other barrier to protect yourself and your partner?** Sexual contact includes things such as kissing, touching, and sexual intercourse. [updated] [Sexual Behaviors Module #1]

- Yes
- No

The next question asks about sexual intercourse. Sexual intercourse includes vaginal sex which is when a penis goes inside of a vagina, oral sex which is contact between the mouth and genitals, and anal sex which is when a penis goes inside an anus (butt). [Sexual Behaviors Module #1]

115. **Have you ever had sexual intercourse?**

- Yes
- No

Logic: Hidden unless: Question "Have you ever had sexual intercourse?" is one of the following answers ("Yes")

116. **How old were you when you had sexual intercourse for the first time?**

- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Hidden unless: Question "Have you ever had sexual intercourse?" is one of the following answers ("Yes")

117. **The last time you had sexual intercourse, did you or your partner use a condom? [updated]**

- Yes
- No

118. **Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically?**

- Yes
- No

119. **During the past year, how often did you talk with your caregivers or other adults in your family about ways to prevent HIV infection, other sexually transmitted infections (STIs), or pregnancy? [updated] [Sexual Behaviors Module #2]**

- Never
- About once
- About once every few months
- About once a month
- More than once a month

120. **Is there an adult in your school who can help you find sexual health services such as HIV, STI and pregnancy testing, access to birth control, or support around your sexuality? [updated] [Sexual Behaviors Module #2]**

- Yes
- No
- I'm not sure

Nutrition

The next questions ask about nutrition and nutritional habits.

121. **Yesterday, how many times did you eat vegetables?**

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

122. **Yesterday, how many times did you eat fruit or drink 100% fruit juice?**

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

123. **Yesterday, how many times did you drink a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage? Examples are Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D. Do not count diet soda, other diet drinks, or 100% fruit juice.**

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

124. **During the past week, on how many days did you eat breakfast? [updated]**

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

125. **During the past month, how often did you go to bed hungry because there was not enough food in your home? [updated]**

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

Physical Activity

The next questions ask about nutrition and nutritional habits.

126. **During the past week, on how many days were you physically active for a total of at least 60 minutes per day? [updated]**

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

127. **During the past week, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard? Examples are playing basketball or soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities. [updated]**

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

128. **During the past year, how many times 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, “pressure” in the head, or nausea or vomiting? [updated] [Physical Activity Module #1]**

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times
- I don't know

Body Weight

The next questions ask about your body weight.

129. **How do you describe your weight? [Body Weight Module #1]**

- About the right weight
- Very underweight
- Slightly underweight
- Slightly overweight
- Very overweight

130. **Which of the following are you trying to do about your weight?** [Body Weight Module #1]

- I am not trying to do anything about my weight
- Lose weight
- Gain weight
- Stay the same weight

131. **During the last month, did you any of the following happen to you?** (Choose one answer on each line) [new question] [Body Weight Module #1]

	Yes	No
Being terrified about gaining weight		
Being occupied with the urge to be thinner		
Thinking about burning calories every time you exercise		
Feeling uncomfortable eating foods containing sugar, fat, and/or carbohydrates		

132. **During the last month, have you done anything to change your weight?** (Choose one answer on each line) [new question] [Body Weight Module #1]

	Yes	No
Avoid eating when hungry, even when there is food available to eat		
Count calories of all foods eaten		
Vomit or have urge to vomit after eating		
Have gone on eating binges feeling unable to stop		
Exercising for more than 60 minutes per day		
Use laxatives, water pills, or diet pills		

Gambling

The next questions ask about gambling.

133. **During the past year, how many times have you played lottery or scratch tickets?** [updated] [Gambling Module #1]

- 0 times
- 1-5 times
- 6-10 times
- More than 10 times

134. **During the past year, how many times have you gambled at a casino?** [updated] [Gambling Module #1]

- 0 times
- 1-5 times
- 6-10 times
- More than 10 times

135. **During the past year, how many times have you participated in fantasy sports?** [updated] [Gambling Module #1]

- 0 times
- 1-5 times
- 6-10 times
- More than 10 times

136. **During the past year, how many times have you done one of these other activities:** [updated] [Gambling Module #1]

- (1) Bett on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines;
- (2) Playing cards or bingo for money or prizes;
- (3) Gambling on the internet?
 - 0 times
 - 1-5 times
 - 6-10 times
 - More than 10 times

Organized Activities

The next questions ask about your participation in organized activities.

137. **During this school year, did you take part in an organized activity?** Examples of activities include sports teams, school clubs, music, art or dance lessons, religious groups, or other supervised activities.

- Yes
- No

138. **During this school year, what stopped you from doing an afterschool program, team, or activity?** You can choose more than one answer. [updated] [Organized Activities Module #1]

- I did not have any barriers
- I did not know of or about them
- They were full
- They were too expensive
- They were hard to get to
- I didn't have transportation
- They were hard to sign up for
- I had too much homework
- I was needed at home
- My family was against me participating in them
- My friends did not participate in them
- The other students participating were not like me
- I was afraid to or felt feelings of anxiety around participating
- I was afraid of being teased or bullied
- Another reason (please specify): _____

139. **During this school year, did you take care of younger siblings or the health of someone in your home?** [updated] [Organized Activities Module #2]

- Yes
- No

140. **During this school year, did you take care of family responsibilities or chores?** [updated] [Organized Activities Module #2]

- Yes
- No

141. **In the past year, did you work at a job for pay?** [updated]

- Yes
- No

Other Topics

The next questions include other topics related to health.

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

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

143. **In the past month, what was the most common way you traveled to school?** [updated]

- Walk
- Bike, skateboard, or scooter
- School bus
- Rode in a vehicle with only members of my family
- Rode in a vehicle with children or adults from other families (carpool)
- Public Transit (city bus, subway, other public transportation)
- Other way

144. **On an average school day, how many hours do you spend in front of a TV, computer, phone, or other electronic device watching shows or videos, playing games, going online, or using social media (also called "screen time")? Do not count time spent doing schoolwork.**

- I have not spent any time in front of a screen other than to do schoolwork
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

145. **How often do you use social media?** [new question]

- I do not use social media
- A few times a month
- About once a week
- A few times a week
- About once a day
- Several times a day
- About once an hour
- More than once an hour

146. **During the past month, where did you usually sleep?** A caregiver is a parent, guardian, or other adult who is primarily responsible for your care. [updated]

- In my parent/caregiver's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent/caregiver cannot afford housing
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- In a foster home or residential placement
- Somewhere else
- I don't have a usual place to sleep
- I move from place to place

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

- During the past year
- Between 1 and 2 years ago
- More than 2 years ago
- Never
- Not sure

148. Please tell us about any health issues that you think are important to students in your school. [updated]
