

# Ohio Healthy Youth Environments Survey (For Fall 2022) – Standard Version

(Online only survey – 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. In what grade are you?  
 7th grade  
 8th grade  
 9th grade  
 10th grade  
 11th grade  
 12th grade  
 Ungraded or other grade
3. Are you Hispanic or Latino?  
 Yes  
 No
4. 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
5. 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
6. How much do you weigh without your shoes on?  
\_\_\_\_\_ Pounds
7. What is your sex?  
 Female  
 Male  
 Transgender  
 Gender Nonconforming

**The next item 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.**

8. 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
9. 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. (YRBS 2019)**

10. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?  
 Yes  
 No
11. 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
12. 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

13. 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

14. During the past 12 months, how many times were you in a physical fight?
- 0 times – **SKIP TO #16**
  - 1 time
  - 2 to 5 times
  - 6 or more times

15. 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

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

**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.**

17. 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 #20**

18. During the past 12 months, have you ever been bullied on school property?
- Yes
  - No

19. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
  - No

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

20. 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

21. 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 #23**
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

22. 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.**

23. 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.)

24. 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

25. 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

26. 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

27. 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

28. 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

29. 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

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

- Yes
- No – **SKIP TO #33**

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

- 0 times – **SKIP TO #33**
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

32. 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 experiences with parents or other adults in your home.**

33. Have you ever lived with someone who was having a problem with alcohol or drug use?

- Yes
- No

34. Have you ever lived with someone who was depressed, mentally ill, or suicidal?

- Yes
- No

35. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No

36. Have your parents become separated, divorced, or were never married?

- Yes
- No

37. During your life, how often has a parent or other adult in your home insulted you, or put you down?

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

38. During the past 12 months, how many times has a parent or other adult in your home insulted you, or put you down?

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

39. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

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

40. During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

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

41. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

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

42. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

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

43. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?

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

**The next items ask about times that you felt you were treated badly or unfairly.**

44. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?

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

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

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

- Yes
- No – **SKIP TO #47**

46. 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

47. 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

48. 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.**

49. Have you ever used an electronic vapor product?

- Yes
- No – **SKIP TO #53**

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

- 0 days – **SKIP TO 52**
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

51. 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

52. 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, flavored alcoholic beverages, 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.**

53. 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 #59**
- 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

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

- Yes
- No – **SKIP TO #58**

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

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

56. 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 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 29 days
- 20 or more days

57. 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 at 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

58. When do you usually drink alcohol? (CHECK ALL THAT APPLY)

- Before school
- During school
- After school
- Week nights
- Weekends

**The next questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.**

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

- I have never tried marijuana – **SKIP TO #64**
- 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

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

- Yes
- No – **SKIP TO #63**

61. 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

62. 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 dabbled it using waxes or concentrates
- I used it some other way

63. When do you usually use marijuana? (CHECK ALL THAT APPLY)

- Before school
- During school
- After school
- Week nights
- Weekends

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

64. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times – **SKIP TO #69**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

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

- Yes
- No

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
68. When do you usually use prescription drugs not prescribed to you? (CHECK ALL THAT APPLY)
- Before school
  - During school
  - After school
  - Week nights
  - Weekends
69. 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

The next questions ask about other drugs.

70. 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)
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

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

89. During the past 7 days, on how many days were you physically active for a total **of at least 60 minutes per day?** (add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

**The next questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

90. 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

91. 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

92. 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.**

93. 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

94. When was the last time you saw a doctor or a nurse for a physical exam when you were not sick or injured?

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

95. **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

96. 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.**

97. I enjoy coming to school.

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

98. I feel like I belong at my school.

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

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

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

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

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

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

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

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

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

103. 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.**

104. 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 #109**
- Less than once a month
- About once a month
- About once a week
- Daily

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

- Yes
- No

106. 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

107. 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

108. Have you ever lied to people important to you about how much you gamble?

- Yes
- No

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

109. On how many of the past 7 days did you take part in organized activities such as sports teams, school clubs, community center groups, music, art, or dance lessons, drama, church, or other activities?

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

110. 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