GRADES 6 THROUGH 12

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

Nowhere on this survey do we ask for your name. The answers you give will be kept private. No one will know how you answer. By asking these questions, we are not assuming that you do these things. Answer the questions based on what you really do.

Completing the survey is voluntary. You will not get in trouble because of how you answer the questions. If you are not comfortable answering a question, just leave it blank. The questions that ask about your background will be used only to describe the types of students completing this survey. The information will NOT be used to find out your name.

Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

I. DEMOGRAPHIC INFORMATION

1. What school do you attend?

- Clearwater Valley Junior High School
- Clearwater Valley High School
- Kamiah Middle School
- o Kamiah High School
- Lapwai Middle School
- Lapwai High School
- Orofino Elementary School
- Orofino Junior High School
- Orofino High School

2. How old are you?

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

3.	Wł	nat is your gender?
		Female Male Non-binary (neither male nor female) Transgender Other (please specify)
4.	Wł	nat grade are you in?
	0 0 0 0 0 0 0 0 0	6 th 7 th 8 th 9 th 10 th 11 th 12 th GED study Home school/independent study Not currently enrolled in school
5.	Wł	nat is your race or ethnic group? (Choose all that apply)
		American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other (please specify)
II.	BU	LLYING
spr wh	ead en	ext 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, I rumors about, hit, shove or hurt another student over and over again. It is not bullying 2 students of about the same strength or power argue, fight or tease each other in a ly way.
6.	Du	ring the past 12 months, have you ever been bullied on school property?
	0	Yes No

/.		llied through e-mail, chat rooms, instant messaging, websites, social media or texting)
		Yes No
III.	SA	DNESS AND HOPELESSNESS
		ecause these questions are on this survey, we are not assuming that you feel this way. answer these questions honestly.
dep	ores	ext 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so seed about the future that they may consider attempting suicide, that is, taking some to end their own life.
8.		ring the past 12 months, did you feel sad or hopeless almost every day for two weeks more in a row? So sad or hopeless that you stopped doing the things you normally do?
	0	Yes
	0	No
9.	Du	ring the past 12 months, did you ever seriously consider suicide?
	0	Yes
	0	No
10.		ring the past 12 months, did you make a plan about how you would you attempt cide?
	0	Yes
	0	No
11.	Du	ring the past 12 months, how many times did you actually, attempt suicide?
	0	0 times
	0	1 time
	0	2-3 times
	0	4-5 times
	0	6 or more times
		are feeling suicidal or are concerned about someone who is suicidal, call or text the nal Suicide Prevention Hotline at 988. The Hotline and text service are available 24-7.

IV. RESILIENCY

Please tell us how true each statement is for you.

Question	Not	Α	Pretty	Very
	at all	little	much	much
	true	true	true	true
12. When I need help I find someone to talk with				
13. I can work out my problems				
14. I can do most things if I try				
15. There are many things that I do well				
16. There is a purpose to my life				
17. I understand my moods and feelings				
18. I understand why I do what I do				
19. I try to work out problems by talking or writing about				
them				
20. Each day I look forward to having a lot of fun				
21. I usually expect to have a good day				
22. Overall, I expect more good things to happen to me than				
bad things				

- 23. How often do you eat dinner with your family? Family includes your immediate, extended, or foster family.
 - Once a week
 - o Two nights a week
 - o Three nights a week
 - o Four nights a week
 - o Five nights a week
 - Six nights a week
 - o Every night

For each sentence, think about how you are in most situations. Please check the box in the

column with the answer that	hast describes VOLL	There are no right or wrong answers.
coluilli with the answer that	nest describes 100.	incle are no right of wholig answers.

		None of			A lot of	Most of	All of
		the	A little of	Some of	the	the	the
		time	the time	the time	time	time	time
24.	I can think of many ways to get						
	the things in life that are most						
	important to me.						
25.	When I have a problem, I can						
	come up with lots of ways to						
	solve it.						
26.	I am doing just as well as other						
	kids my age.						
27.	I think the things I have done in						
	the past will help me in the						
	future.						

V. FUTURE PLANS

Please tell us how true each statement is for you.

Question	Not at all	A little true	Pretty much true	Very much true
20 The constraint described to	true	true	tiue	liue
28. I have goals and plans for the future				
29. I plan to graduate from high school				
30. I plan to go to college or trade school, or enter a job /				
career apprenticeship, or join the armed forces (military)				
after high school				

VI. CARING SCHOOL

Please mark on how TRUE you feel each of the following statements is about your SCHOOL. There is a teacher or some other adult at my school who:

Question	Not	Α	Pretty	Very
	at all	little	much	much
	true	true	true	true
31. really cares about me				
32. tells me when I do a good job				
33. provides me with interesting activities to do				
34. notices when I'm not there				
35. always wants me to do my best				
36. checks on how I am doing				
37. listens to me when I have something to say				
38. believes that I will be a success				

VII. CARING COMMUNITY

Please mark on how TRUE you feel each of the following statements is about your COMMUNITY. There is an adult (family member/relative, coach, program staff, mentor) in my community who:

Question	Not	Α	Pretty	Very
	at all	little	much	much
	true	true	true	true
39. really cares about me				
40. tells me when I do a good job				
41. provides me with interesting activities to do				
42. notices when I'm not there				
43. always wants me to do my best				
44. checks on how I am doing				
45. listens to me when I have something to say				
46. believes that I will be a success				

VIII. COMMERCIAL TOBACCO USE

The next question is about cigarettes.

- 47. Have you ever smoked a cigarette, even one or two puffs?
 - o Yes
 - o No [skip pattern to question 50]
- 48. How old were you when you smoked a whole cigarette for the first time?
 - 8 years old or younger
 - o 9 or 10 years old
 - o 11 or 12 years old
 - o 13 or 14 years old
 - o 15 or 16 years old
 - o 17 years old or older
- 49. During the past 30 days, on how many days did you smoke cigarettes?
 - o 0 days
 - o 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - o 10 to 19 days
 - o 20 to 29 days
 - o All 30 days

The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

- 50. Have you ever used an electronic vapor product?
 - Yes
 - No (skip pattern to question 53.)
- 51. How old were you when you first used an electronic vapor product?
 - 8 years old or younger
 - o 9 or 10 years old
 - o 11 or 12 years old
 - o 13 or 14 years old
 - o 15 or 16 years old
 - 17 years old or older
- 52. During the past 30 days, on how many days did you use an electronic vapor product?
 - o 0 days
 - o 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - o 20 to 29 days
 - All 30 days

The next 2 questions ask about other tobacco products.

- 53. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products).
 - 0 days
 - o 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - o 10 to 19 days
 - o 20 to 29 days
 - o All 30 days

- 54. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
 - 0 days
 - o 1 or 2 days
 - 3 to 5 days
 - o 6 to 9 days
 - o 10 to 19 days
 - o 20 to 29 days
 - o All 30 days

IX. Alcohol Use

The next question is 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.

- 55. How old were you when you had your first drink of alcohol (other than a few sips)? For example, drinking a whole bottle or cup of beer.
 - o I have never had a drink of alcohol (other than a few sips) [skip pattern to q. 58]
 - 8 years old or younger
 - o 9 or 10 years old
 - o 11 or 12 years old
 - o 13 or 14 years old
 - o 15 or 16 years old
 - 17 years old or older
- 56. During the past 30 days, on how many days did you have at least one drink of alcohol? For example, a bottle or cup of beer.
 - o 0 days
 - o 1 or 2 days
 - o 3 to 5 days
 - 6 to 9 days
 - o 10 to 19 days
 - o 20 to 29 days
 - o All 30 days
 - I don't drink alcohol

- 57. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?
 - o 0 days
 - 1 day
 - o 2 days
 - 3 to 5 days
 - o 6 to 9 days
 - o 10 to 19 days
 - o 20 or more days
 - I don't drink alcohol

X. Marijuana Use

The next question is about marijuana use. Marijuana is also 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.

- 58. During your life, how many times have you used marijuana?
 - 0 times [skip pattern to q. 63]
 - o 1 or 2 times
 - o 3 to 9 times
 - o 10 to 19 times
 - o 20 to 39 times
 - o 40 to 99 times
 - o 100 or more times
- 59. How old were you when you first used marijuana?
 - 8 years old or younger
 - o 9 or 10 years old
 - o 11 or 12 years old
 - o 13 or 14 years old
 - o 15 or 16 years old
 - o 17 years old or older

60. During the past 30	days, how many times did	you use marijuana?
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- o 1 or 2 times
- o 3 to 9 times
- o 10 to 19 times
- o 20 to 39 times
- o 40 or more times

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

61. During your life, how many times have you used synthetic marijuana?

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

62. Have you ever used an e-cigarette or vaping device to smoke marijuana?

- o Yes
- o No

XI. Other Drug Use

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

- 63. During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
 - o 0 times
 - o 1 or 2 times
 - o 3 to 9 times
 - o 10 to 19 times
 - o 20 to 39 times
 - 40 to 99 times
 - o 100 or more times

By asking these questions, we are not assuming that you do these things. Please answer these questions honestly.

- 64. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
 - o 0 times
 - o 1 or 2 times
 - o 3 to 9 times
 - o 10 to 19 times
 - o 20 to 39 times
 - o 40 or more times

The next question is about the use of other drugs. Other drugs include cocaine (powder, crack, or freebase), heroin (also called smack, junk, or China White), methamphetamines (also called speed, crystal meth, crank, ice, or meth), and ecstasy (also called MDMA or Molly).

- 65. Have you ever used any other drugs?
 - Yes
 - o No

XII. COMMUNITY

66. I feel a strong connection to my community.

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

67. When I need to make an important decision, I look to my community for help.

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

XIII. FAMILY TRADITIONS AND CULTURE

Please think about your family's cultural background for questions 68 through 70.

68. I participate in traditional or cultural activities.

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

69. I feel a strong connection to my ancestors (those who came before me).

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

- 70. During the past 7 days, how many times did you eat foods traditionally eaten by your ancestors?
 - I did not eat traditional food during the past 7 days.
 - 1-3 times during the past 7 days
 - 4-6 times during the past 7 days
 - 1 time per day
 - o 2 times per day
 - 3 times per day
 - 4 or more times per day

XIV. FOOD

- 71. During the past 7 days, how many times did you eat roots or vegetables? For example, kouse, camas, carrots, lettuce.
 - I did not eat roots or vegetables during the past 7 days.
 - 1-3 times during the past 7 days
 - 4-6 times during the past 7 days
 - o 1 time per day
 - o 2 times per day
 - 3 times per day
 - 4 or more times per day
- 72. During the past 7 days, how many times did you eat berries or fruit? For example, blackberries, chokecherries, bananas, apples. Do not count fruit juice.
 - o I did not eat berries or fruit during the past 7 days.
 - 1-3 times during the past 7 days
 - 4-6 times during the past 7 days
 - o 1 time per day
 - 2 times per day
 - 3 times per day
 - o 4 or more times per day

73. During the past 7 days, how many times did you eat meat? For example, elk, buffalo, beef, chicken.

- I did not eat meat during the past 7 days.
- 1-3 times during the past 7 days
- o 4-6 times during the past 7 days
- o 1 time per day
- o 2 times per day
- o 3 times per day
- 4 or more times per day

74. During the past 7 days, how many times did you eat fish? For example, salmon, trout, eel.

- I did not eat fish during the past 7 days.
- o 1-3 times during the past 7 days
- o 4-6 times during the past 7 days
- o 1 time per day
- o 2 times per day
- o 3 times per day
- o 4 or more times per day

XV. BEVERAGES

The next 4 questions ask about water and energy drinks.

75. During the past 7 days, how many times did you drink water?

- I did not drink water during the past 7 days
- o 1 time per day
- o 2 times per day
- o 3 times per day
- 4 or more times per day

	w many energy drinks (e.g., Monster, Red Bull, 5-Hour Energy) or energy-blended nks purchased from vendor (e.g., Dutch Bros) do you drink per day?
0	0 (I don't drink energy drinks) [SKIP PATTERN TO Q. 79]
0	0 (I don't drink energy drinks every day)
0	1 energy drink
0	2 energy drinks
0	3 energy drinks
0	4 energy drinks
0	5 or more energy drinks
77. Ho	w old were you when you had your first energy drink or energy-blended drink?
0	8 years old or younger
0	9 or 10 years old
0	11 or 12 years old
0	13 or 14 years old
0	15 or 16 years old
0	17 years old or older
78. WI	nen do you need an energy drink? Choose all that apply.
	I don't drink energy drinks
	When I wake up
	Mid-morning
	Lunch
	Mid-afternoon
	Dinner
	Early evening
XVI. H	IEALTH
79. On	an average school night, how many hours of sleep do you get?
0	4 or less hours
0	5 hours

- o 6 hours
- o 7 hours
- o 8 hours
- o 9 hours
- o 10 or more hours

80.	60	ring the past 7 days, on how many days were you physically active for a total of at least minutes per day? (Add up all the time you spent in any kind of physical activity that
	inc	reased your heart rate and made you breathe hard some of the time)
	0	0 days
	0	1 day
	0	2 days
	0	3 days
	0	4 days
	0	5 days
	0	6 days
	0	7 days
81.		an average school day, how many hours are you in front of a screen (e.g., video game, ll phone, computer, TV)? Do not include time spent in front of a screen for schoolwork.
	0	Less than 1 hour per day
	0	2 hours per day
	0	3 hours per day
	0	4 hours per day
	0	5 or more hours per day
ΧV	711 ·	GRADE YOUR SCHOOL AND COMMUNITY
		your school. Please give your school a letter grade in each of the following areas:
82.	Th	ere are healthy snack choices in school vending machines.
	0	A
		В
	0	
	0	D
	0	F
83.	lt's	s easy to refill a water bottle with clean water here at school.
	0	A
	0	В
	0	C
	0	D
	0	F

84. Our school lunch program offers healthy choices.		
	0	A
	0	В
	0	C
	0	D
	0	F
85. We get enough exercise when we are at school.		
	0	A
	0	В
	0	C
	0	D
	0	F
Grade your community. Please give your town a letter grade in each of the following areas:		
86. It is easy to find healthy food in my community.		
	0	A
	0	В
	0	C
	0	D
	0	F
87. There are lots of places to bike, hike, walk and run in my community.		
	0	Α
	0	В
	0	C
	0	D
	0	F
88. How honestly did you answer the questions on this survey?		
	0	Very honestly
	0	Sort of honestly
	0	Not very honestly