



2016 IOWA YOUTH SURVEY

FINAL

WELCOME

Welcome to the 2016 Iowa Youth Survey! The Iowa Youth Survey is administered and sponsored by the Iowa Department of Public Health. Written permission to use all or any of the 2016 Iowa Youth Survey may be obtained from:

Iowa Consortium for Substance Abuse Research & Evaluation, University of Iowa
100 MTP4, Suite 114
Iowa City, Iowa, 52242-5000
(319) 335-4488

LOCATION INFORMATION

County, school district, and building codes are required for each survey. You will be given several numbers by your teacher to be entered for questions one through three:

1. County Number *(2 digits; for where you live, which may be different from where you go to school)*
2. School District Number (4 digits)
3. Building Number (4 digits)

Please DO NOT continue until your teacher has checked your numbers.

INSTRUCTIONS:

Thank you for taking the time to complete this survey. There are no “right” or “wrong” answers, but it is very important that you provide an honest answer to each question. It is important that every student has the opportunity to provide all the information contained in this survey. However, if you find questions in this survey that you would prefer not to answer or cannot answer truthfully, please leave them blank. In all other instances please select the one response that comes closest to your honest answer to each question. Your answers should be based on what you think is really true, not what you think is the way it should be or what you think is the most pleasing answer. Your teacher will not be able to answer questions about the survey once it has started. If you do not understand a question, you may skip it. Your answers are confidential. The confidentiality of your responses is assured because there is no way anyone will be able to connect your answers with your name. Your answers will be combined with the answers from all the other students, and this combination of answers will be used to help design and implement programs that will benefit the students in Iowa’s schools. Please relax, and answer the questions honestly without any concern regarding the confidentiality of your answers. If all of us do the best we can do, then all students in Iowa should benefit from your participation in this survey.

DO NOT CONTINUE UNTIL YOUR TEACHER TELLS YOU TO.

Section A: DEMOGRAPHICS:

4. In what grade of school are you?

- 6th
- 8th
- 11th

5. What is your current age?

- 9 or under
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18+

6. Are you male or female?

- Male
- Female

7. Would you describe yourself as?

- White
- Black or African American
- American Indian or Alaska Native
- Asian/Pacific Islander (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Asian, Other Pacific Islander)
- Ethnicity: Hispanic or Latino (Mexican-American, Cuban, Puerto Rican, Chicano, etc.)
- Mixed or Multiple races
- Some other race

8. Where are you now living?

- With 1 parent
- With 2 parents
- With grandparents or other relatives
- With foster parents
- In shelter care
- In a residential group or home
- Independent living
- Other

9. I have a parent/guardian in the military who:

- Is currently away from home because of military service and has been gone more than two weeks
- Returned home after being away for more than two weeks because of military service in the last year
- Is in the military but has not been away from home for more than two weeks because of military service in the last year
- I do not have a parent in the military

Section B: THINGS I HAVE TRIED OR DONE AND THINGS THAT HAVE HAPPENED

TO ME: This section of the survey asks you to describe your experiences. Please read each question carefully and pay attention to the time periods listed.

On the average during the school year, how many hours per week do you spend:

(Selections for these questions will be)

0 Hours 1-2 Hours 3-5 Hours 6-8 Hours 9-10 Hours 11 or more Hours

1. Working in a paid job?
2. Outside of school with no adult supervision?
3. Volunteering either by helping others or helping improve your school or community?
4. Participating in extra-curricular activities at school or outside of school (sports, music, clubs, 4-H, scouts, etc.)?
5. Reading just for fun?
6. At religious services, programs, or activities?
7. Doing school assignments or homework outside of school hours?
8. Playing electronic games on a computer, TV, phone, or other device
9. Watching TV

10. On how many days of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? (Add up all the time you spent in any kind of physical activity like running, walking fast, swimming, riding a bicycle)
 - 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

The next 2 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.

11. During the past 7 days, how many times did you eat fruit (do not count fruit juice)?

- I did not eat any fruit during the past 7 days
- Less than 1 time each day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times each day

12. During the past 7 days, how many times did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

- I did not eat any vegetables during the past 7 days
- Less than 1 time per day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times each day

13. During the last 30 days, how many times have you skipped or “cut” classes or school days?

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

14. About how often in the last 30 days have any of your classroom teachers had to stop teaching in order to deal with a major student disruption or behavior problem?

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

*****ALCOHOL SECTION*****

15. How old were you (if ever) when you first drank (more than a few sips) of alcohol (beer, wine, or liquor)?

- Never (**Skip to question B26**)
- 8 or younger
- 9 or 10
- 11 or 12
- 13 or 14
- 15 or 16
- 17 or older

16. In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

- Yes
- No (**Skip to question B26**)

17. During the last 30 days, on how many days did you have 5 or more drinks of alcohol (glasses, bottles, or cans of beer, glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

If you drank alcohol in the past 30 days, did you drink: Yes/ No

18. Beer

19. Any other alcohol

During the past 30 days did you get alcohol from the following sources: Yes/ No

20. I bought it

21. I gave someone money to buy it

22. I got it from a parent/guardian

23. I got it at a party

24. A friend who is under 21 gave to me

25. A friend who is over 21 gave it to me

26. Have you ever driven a car or other motor vehicle after using any amount of alcohol or other drugs?

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

***** TOBACCO SECTION *****

27. Have you ever smoked tobacco or used any tobacco products (not including electronic cigarettes)?

- Yes
- No (**Skip to question B38.**)

28. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 per day
- 6 to 10 per day
- 11 to 20 per day
- More than 20 per day

29. How many times in the past 12 months have you stopped smoking cigarettes for one day or longer because you were trying to quit?

- I have not smoked cigarettes in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 or more times

How old were you when you first:

(selections for these questions will be)

Never, 8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

30. Smoked a whole cigarette for the first time

31. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus, Orbs)

In the past 30 days, on how many days have you:

(selections for these questions will be)

0 days, 1-2 days, 3-5 days, 6-9 days, 10-19 days, 20-29 days, 30 days

32. Smoked cigarettes

33. Smoked cigars

34. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)

35. Smoked tobacco using a water pipe or hookah

36. Smoked tobacco in a regular pipe

37. Smoked menthol cigarettes (menthol cigarettes taste like mint)

38. How old were you when you first used an e-cigarette, vape-pen, e-hookah, mod-box, or other electronic cigarette for the first time?

Never, 8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

39. In the past 30 days, on how many days have you used e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

0 days, 1-2 days, 3-5 days, 6-9 days, 10-19 days, 20-29 days, 30 days

******* MARIJUANA and OTHER SECTION *******

40. Have you ever used marijuana (pot, grass, hash, bud, weed)?

- Yes
- No **(Skip to question B43.)**

41. In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

- Yes
- No

42. How old were you when you first tried marijuana (pot, grass, hash, weed)?

8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

In the past 30 days, on how many days have you:

(selections for these questions will be)

0 days, 1-2 days, 3-5 days, 6-9 days, 10-19 days, 20-29 days, 30 days

43. Sniffed glue, breathed the contents of gases or sprays in order to get high?

44. Used over the counter medications different from the directions?

45. Used prescription medications that were not prescribed for you by your doctor?

46. Used prescription medications (that were prescribed to you by your doctor) different from the directions?

- 47. Taken steroid pills or shots without a doctor's prescription?
- 48. Used cocaine (crack, rock, coke [not Coca Cola])?
- 49. Used methamphetamines (crank)?
- 50. Used amphetamines other than methamphetamines (like stimulants, uppers, speed)?
- 51. Used Synthetic Drugs (this may include Spice, K2, herbal incense, fake weed, Yucatan Fire, Skunk, Moon Rocks, etc.)?

52. How old were you when you first tried sniffing glue, breathing the contents of aerosol spray cans, inhaling any other gases or spray in order to get high?

Never, 8 or younger, 9 or 10, 11 or 12, 13 or 14, 15 or 16, 17 or older

***** **GAMBLING SECTION** *****

53. Have you ever bet or gambled for money or possessions?
- Yes
 - No (**Skip to question B63**).

During the past 12 months how many times have you bet or gambled for money or possessions in any of the following ways:

(selections for these questions will be)

0 times, 1-3 times, 4-9 times, 10 or more times

- 54. Sports (including season-long and daily fantasy sports)?
 - 55. Card games with friends or family?
 - 56. Internet (including computers, tablets, phones, and other mobile electronic devices)?
 - 57. Personal skill games such as pool, bowling, or dominoes?
 - 58. Video or arcade games?
 - 59. Dice games?
 - 60. Lottery scratch off tickets or numbers?
61. In the past 12 months, what is the largest amount of money you have won or lost in a single day while gambling (betting)?
- I did not gamble in the past 12 months
 - Under \$10
 - \$11-\$25
 - \$26-\$50
 - \$51-\$100
 - More than \$100

62. In the past 12 months, have you argued with family, friends, or others because of your gambling (betting)?

- Yes
- No

******* GENERAL BEHAVIORS SECTION *******

63. About how often during the past 30 days did you feel nervous?

- All of the time
- Most of the time
- Some of the time
- A little
- None

64. During the past 30 days, about how often did you feel worthless?

- All of the time
- Most of the time
- Some of the time
- A little
- None

65. Has your doctor prescribed medicine for you because you feel angry, anxious, restless, nervous, or sad?

- Yes
- No
- I don't know or I am not sure

66. Do you currently take medicine as prescribed to help you not feel angry, anxious, restless, nervous, or sad?

- Yes
- No
- I don't know or I am not sure

67. During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

68. During the past 12 months, have you seriously thought about killing yourself?

- Yes
- No

69. During the past 12 months, have you made a plan about how you would kill yourself?

- Yes
- No

70. During the past 12 months, have you tried to kill yourself?

- Yes
- No **(Skip to question C1.)**

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

- Yes
- No

Section C. MY BELIEFS AND ATTITUDES:

This section of the survey asks you to describe your beliefs and attitudes. Your answers need to show your real beliefs and attitudes, not what you “think” is an acceptable answer to others.

How much do you agree or disagree that each of the following statements is true?

(selections for these questions will be)

Strongly Agree Agree Disagree Strongly Disagree

1. It is important to help others
2. I care about other peoples’ feelings
3. I feel sorry for people who have things stolen or damaged
4. I am accepting of those different than myself
5. It is wrong to discriminate against someone because of her/his race, appearance, culture, religion, etc.
6. I can say “no” when someone wants me to do things I know are wrong or dangerous
7. I feel I do not have much to be proud of
8. Violence is the worst way to solve problems

How much do you think you risk harming yourself (physically or otherwise) if you:

(selections for these questions will be)

Great Risk Moderate Risk Slight Risk No Risk Don’t Know

9. Drink 3 or more drinks of alcohol (glasses, cans, bottles of beer; glasses of wine, liquor, or mixed drinks) nearly every day
10. Smoke cigarettes every day
11. Smoke marijuana more than once a week
12. Take methamphetamines (crank) once a week
13. Take cocaine once a week
14. Take amphetamines other than methamphetamines (like stimulants, uppers, speed) once a week
15. Use any other illegal drug once a week
16. Use over the counter medications different from the directions
17. Use prescription medication (that were prescribed for you by your doctor) different from the directions
18. Use medication prescribed for someone else

Section D. PEER QUESTIONS:

The questions in this section of the survey refer to the students in your school. When you read and answer these questions keep in mind the attitudes and beliefs of other students.

Would you be more or less popular (respected or cool) with the other students in your school if you:

(selections for these questions will be)

A lot more popular More Popular Less Popular A lot less popular
Wouldn't change my popularity

1. Smoked cigarettes
2. Drank alcoholic beverages
3. Smoked marijuana
4. Used any other illegal drug

How wrong would most of the students in your school (not just your best friends) feel it would be for you to:

(selections for these questions will be)

Very Wrong Wrong A Little Wrong Not Wrong at All Don't Know

5. Drink beer, wine, or hard liquor (for example: vodka, whisky, gin)
6. Smoke cigarettes
7. Smoke marijuana
8. Use any illegal drug other than alcohol, cigarettes, or marijuana

9. Go to a party where kids under 21 were using alcohol
10. Go to a party where kids were using drugs
11. Use prescription drugs that were not prescribed for you
12. Used prescription drugs that were prescribed to you but in a way other than the directions

Section E. SCHOOL QUESTIONS:

The questions in this section of the survey refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators, or other things connected to the school.

In the past 12 months, how often have you:

(selections for these questions will be)

None, 1 or 2 times, 3-5 times, 6 or more times

1. Carried a gun, knife, club, or other weapon to school or to a school event
2. Used alcohol or other illegal drugs on school property or at a school event
3. Used cigarettes, smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus), or e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods) on school property or at a school event
4. Had your things (clothing, books, bike, car) stolen or deliberately damaged on school property or at a school event
5. Been disciplined for fighting, theft, or damaging property at school or a school event
6. Been threatened or injured by someone with a weapon (like a gun, knife or club) on school property or at a school event
7. Damaged property just for fun (like breaking windows, scratching a car, etc.)
8. Beaten up on or fought someone because they made you angry
9. Used a weapon, force, or threats to get money or things from someone
10. Verbally threatened to physically harm someone
11. Stolen something

Following are some questions about bullying. A student is being bullied when another student, or several other students:

- Say mean or hurtful things, or make fun of him or her, or call him or her mean and hurtful names;
- Completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose;
- Hit, kick, push, shove around, or lock him or her inside a room;

- Tell lies or spread false rumors about him or her or send mean notes and try to make other students dislike him or her;
- Do other hurtful things like that; or
- Bullying can occur in-person and through technology. Electronic aggression or cyber-bullying is bullying that happens through email, chat rooms, instant message, a website, text message, or social media.

When we talk about bullying, this happens more than just once and it is difficult for the person being bullied to defend himself or herself. We do not call it bullying when the teasing is done in a friendly and playful way. It is not bullying when two students of equal strength or power argue or fight.

In the last 30 days, how many times have you been bullied at school in the ways listed below:

(selections for these questions will be)

0 times, 1 time, 2 times, 3-5 times, 6-10 times, 11+ times

12. I was called names, was made fun of, or teased in a hurtful way
13. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me
14. I was hit, kicked, pushed, shoved around, or locked indoors
15. Other students told lies, spread false rumors about me, and tried to make others dislike me
16. I was made fun of because of my race or color
17. I was made fun of because of my religion
18. I was made fun of because of my sexual orientation or gender identity
19. Other students made sexual jokes, comments, or gestures that hurt my feelings
20. I have received a threatening or hurtful message from another student in an email, on a website, on a cell phone, from text messaging, in an internet chat room, or in instant messaging
21. Something hurtful has been shared about me on social media (Facebook, Twitter, Snapchat, etc.)
22. In the last 30 days, how many times have you bullied someone else at school?
0 times, 1 time, 2 times, 3-5 times, 6-10 times, 11+ times
23. In the last 30 days, how many times did you NOT go to school because you felt unsafe at school or on your way to and from school as a result of bullying?
 - 0 times
 - 1 time

- 2 times
- 3 or more times

How much do you agree or disagree that each of the following statements is true:

(selections for these questions will be)

Strongly Agree Agree Disagree Strongly Disagree

24. It is against my values to have sex as a teenager
25. It is important to tell the truth
26. It is against my values to use alcohol and drugs as a teenager
27. I accept responsibility for my actions when I make a mistake or get into trouble
28. I am good at making friends
29. When I have problems, I am good at finding a way to fix them
30. I think things through carefully before I make a decision
31. Even if it is dangerous, I like to do exciting things
32. I believe that working hard now will make my life successful in the future

How much do you agree or disagree that each of the following statements is true? In my school:

(selections for these questions will be)

Strongly Agree Agree Disagree Strongly Disagree

33. There are clear rules about what students can and cannot do
 34. The school principal and teachers consistently enforce school rules
 35. If I skipped school at least one of my parents/guardians would be notified
 36. Students caught drinking, smoking, or using an illegal drug are not allowed to participate in any extracurricular activity for some time period
 37. If I got in trouble at school for breaking a rule, at least one of my parents/guardians would support the school's disciplinary action
 38. Students in this school respect each other's differences (for example, gender, race, culture, learning differences, sexual orientation, etc.)
 39. Students in this school respect differences in adults (for example, gender, race, culture, learning differences, sexual orientation, etc.)
40. When a student is being bullied at school, how often do the teachers or other adults at school try to put a stop to it?
- Almost never
 - Once in a while
 - Sometimes
 - Often

- Almost always

How wrong would most of the students in your school (not just your best friends) feel it would be for you to:

(selections for these questions will be)

Very Wrong Wrong A Little Wrong Not Wrong at All Don't Know

- 41. Start a physical fight with someone
- 42. Carry a gun, knife, club, or other weapon to school or a school event

How much do you agree or disagree that each of the following statements is true:

(selections for these questions will be)

Strongly Agree Agree Disagree Strongly Disagree

- 43. My teachers care about me
- 44. My teachers are available to talk with students one-on-one
- 45. My teachers notice when I am doing a good job and let me know about it
- 46. Adults in this school respect differences in students (for example, gender, race, culture, learning differences, sexual orientation, etc.)
- 47. Adults in this school respect each other's differences (for example, gender, race, culture, learning differences, sexual orientation, etc.)
- 48. Adults who work in my school treat students with respect
- 49. Students in my school treat each other with respect
- 50. I feel safe at school
- 51. I care about my school
- 52. I try to do my best in school
- 53. I plan to finish high school
- 54. My school lets a parent/guardian know if I'm doing a good job
- 55. My school lets a parent/guardian know if I've done something wrong
- 56. There is at least one adult at school that I could go to for help with a problem
- 57. I do the homework that is assigned
- 58. Students have friends at school they can turn to if they have questions about homework
- 59. Students have friends at school they can trust and talk to if they have problems
- 60. Students generally work well with each other even if they're not in the same group of friends
- 61. Students have friends at school to eat lunch with
- 62. Students try to make new students feel welcome in the school
- 63. My school has up-to-date computers and other electronic equipment available to students
- 64. We have space and facilities for extra-curricular activities at my school
- 65. My school building is kept in good condition (clean, nicely decorated, well designed, etc.)

Section F. FAMILY QUESTIONS:

The questions in this part of the survey refer to your parents/guardians and others who live with you. Parents/guardians are the adults (age 21 and over) who live with you and are responsible for taking care of you. Home refers to all the people who live with you.

How much do you agree or disagree that each of the following statements is true:

(selections for these questions will be)

Strongly Agree Agree Disagree Strongly Disagree

1. In my home there are clear rules about what I can and cannot do
2. I have a happy home
3. There are people living in my home who have a serious alcohol or drug problem
4. I feel very close to at least one of my parents/guardians
5. I can talk about the things that bother me or I don't understand with someone in my home
6. I can get help and support when I need it from someone in my home

How often do the following occur:

(selections for these questions will be)

Never Sometimes Often Always

7. A parent/guardian knows where I am and who I am with, especially in the evening and on weekends
8. A parent/guardian checks to make sure I have done the things I am supposed to do (school, homework, household chores, get home on time, etc.)
9. A parent/guardian generally finds out if I have done something wrong, and then punishes me
10. When I am doing a good job, someone in my home lets me know about it
11. Someone in my home helps me with my homework
12. At least one of my parents/guardians goes to school activities that I am involved in

How wrong would your parents/guardians feel it would be for you to:

(selections for these questions will be)

Very Wrong Wrong A Little Wrong Not Wrong at All Don't Know

13. Drink beer, wine or hard liquor (for example vodka, whiskey, gin) without their permission
14. Smoke cigarettes
15. Smoke marijuana
16. Use any illegal drug other than alcohol, cigarettes, or marijuana
17. Misuse prescription drugs, whether they are yours or someone else's

18. Start a physical fight with someone
19. Go to a party where kids under 21 were using alcohol
20. Go to a party where kids were using drugs

Section G. COMMUNITY QUESTIONS:

The questions regarding neighborhood in this part of the survey refer to the adults (age 21 and over) who currently live near you. If you live in the country, your neighborhood includes the adults who live closest to you. The questions regarding community refer to the adults (age 21 and over) who live in the city/town/suburb that you currently spend the most time in.

In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following:

(selections for these questions will be)

Very Hard Hard Easy Very Easy Don't Know

1. Cigarettes
2. Alcoholic beverages (beer, wine, or liquor)
3. Marijuana (pot, weed, bud, hash)
4. Methamphetamines (crank)
5. Amphetamines other than methamphetamines (like stimulants, uppers, speed)
6. Any other illegal drug (cocaine, etc.)
7. A handgun
8. Prescription medication that is not prescribed for you by a doctor or nurse

How wrong would most adults in your neighborhood and/or community feel it would be for you to:

(selections for these questions will be)

Very Wrong Wrong A Little Wrong Not Wrong At All Don't Know

9. Drink beer, wine, or hard liquor (for example vodka, whiskey, gin)
10. Smoke cigarettes
11. Smoke marijuana
12. Use any illegal drug other than alcohol, cigarettes, or marijuana
13. Start a physical fight with someone
14. Go to a party where kids under 21 were using alcohol
15. Go to a party where kids were using drugs
16. Use prescription drugs that were not prescribed for you, or in a way other than the directions
17. Use over the counter medications in a way other than the directions

How much do you agree or disagree that each of the following statements is true:

(selections for these questions will be)

Strongly Agree Agree Disagree Strongly Disagree

18. My neighborhood is a safe place to live
19. In my neighborhood there are lots of fights, crime, or illegal drugs
20. If someone in my neighborhood or community saw me do something wrong, they would tell one of my parents (or adults who live with me)
21. Adults in my community care about people my age
22. My neighbors get along well with each other
23. There are enough places for kids my age to go that are alcohol and drug free
24. Adults in my neighborhood or community let me know they are proud of me when I do something well
25. Adults in my neighborhood or community help me when I need help
26. Adults in my neighborhood or community spend time talking to me

You have completed the survey. Thank you.