



Idaho Healthy Youth Survey

** Thank you for agreeing to participate in this survey. The purpose of this survey is to learn about Idaho students' thoughts, feelings, and actions in relation to substance use, mental health issues, and other health behavior.

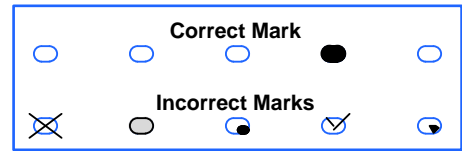
** The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.

** This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.

** All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.

** Your answers will be read by a computer. Please follow these instructions carefully.

- Use a #2 pencil only.
- Make heavy marks inside the circles.
- Completely erase any answer you want to change.
- Make no other markings or comments on the answer pages.



Please fill in the following information with the help of your teacher/survey assistant.

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District Number:

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1. How old are you?

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

2. What is your gender?

- Male
- Female
- Other

3. What grade are you in?

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- ungraded or other grade

4. Which one of these groups best describes you? (Select all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a
- Native Hawaiian or Other Pacific Islander
- White
- Other

The following questions ask about prescription drugs.

Prescription drug misuse is taking a prescription medication such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, Xanax or other opioids, stimulants, or depressants, in a manner or dose other than prescribed, taking someone else's prescription, or taking a medication to get high.

5. How wrong do your parents/caregivers feel it would be for you to misuse prescription drugs?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

6. How wrong do your friends feel it would be for you to misuse prescription drugs?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

7. How wrong do you feel it would be for someone your age to misuse prescription drugs?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

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8. How much do you think people risk harming themselves physically or in other ways when they misuse prescription drugs?

- No risk
 Slight risk
 Moderate risk
 Great risk

9. If you wanted to get some prescription drugs to misuse, how easy would it be for you to get some?

- Don't know
 Can't get
 Very difficult
 Fairly difficult
 Fairly easy
 Very easy

10. Where did you get the prescription drugs you misused during the past year? (Select all that apply.)

- I did not misuse prescription drugs in the past year.
 I bought it from a dealer or stranger.
 I bought it from a friend or family member.
 I bought it on the internet.
 A friend or family member gave it to me for free.
 I took it from a family member or friend.
 From a prescription I had
 I got it some other way.

11. How many of your closest friends misuse prescription drugs?

- None
 A few
 Most
 All

12. During the past 30 days, on how many days did you misuse prescription drugs?

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

13. During your life, how many times have you misused prescription drugs?

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

14. How old were you when you misused prescription drugs for the first time?

- I have never misused prescription drugs.
 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

15. What types of prescription drugs have you ever misused? (Select all that apply.)

- Pain relievers (examples: hydrocodone, oxycodone, Vicodin, methadone, tramadol, codeine, fentanyl)
 Depressants (examples: Xanax, klonopin, valium)
 Stimulants (examples: Adderall, Ritalin, vyvanse, Dexedrine, dextrostat)
 I have never misused these types of prescription drugs.

16. During the past 6 months, where did you misuse prescription drugs? (Select all that apply.)

- I did not misuse prescription drugs during the past 6 months.
 At my home
 At another person's home
 When riding in or driving a car or other vehicle
 At a restaurant, bar, or club
 At an open area such as a park, campground, field, or parking lot
 At a public event such as a concert or sporting event
 On school property
 Some other place

The following questions ask about alcohol. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

17. How wrong do your parents/caregivers feel it would be for you to have one or two alcoholic beverages nearly every day?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

18. How wrong do your parents/caregivers feel it would be for you to have five or more alcoholic beverages once or twice a week?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

19. How wrong do your friends feel it would be for you to have one or two alcoholic beverages nearly every day?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

20. How wrong do your friends feel it would be for you to have five or more alcoholic beverages once or twice per week?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

21. How wrong do you feel it would be for someone your age to have one or two alcoholic beverages nearly every day?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

22. How wrong do you feel it would be for someone your age to have five or more alcoholic beverages once or twice per week?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

23. How wrong do your parents/caregivers feel it would be for you to attend a party in a private home where alcoholic beverages were available to you?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong

24. How wrong do you feel it would be for someone your age to attend a party in a home where alcoholic drinks were available to them?

- Very wrong
 Wrong
 A little bit wrong
 Not at all wrong



25. How much do you think people risk harming themselves physically or in other ways when they have one or two alcoholic beverages nearly every day?

- No risk Moderate risk
 Slight risk Great risk

26. How much do you think people risk harming themselves physically or in other ways when they have five or more alcoholic beverages once or twice a week?

- No risk Moderate risk
 Slight risk Great risk

27. If you wanted to get some alcohol, how easy would it be for you to get some?

- Don't know Fairly difficult
 Can't get Fairly easy
 Very difficult Very easy

28. During the past 30 days, how did you get the alcohol you drank?
 (Select all that apply.)

- I did not drink alcohol during the past 30 days.
 I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station.
 I bought it at a restaurant, bar, or club.
 I bought it at a public event such as a concert or sporting event.
 I gave someone I know money to buy it for me.
 I gave someone I didn't know money to buy it for me.
 A friend gave it to me for free.
 A family member gave it to me for free.
 I took it from a store or family member.
 I got it some other way.
 I bought it online.

29. How many of your closest friends drink alcohol?

- None Most
 A few All

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

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

31. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

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

32. During your life, how many times have you had at least one drink of alcohol?

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

33. How old were you when you had your first drink of alcohol?

- I have never had a drink of alcohol.
 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

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34. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- I did not drink alcohol during the past 30 days.
 1 or 2 drinks 6 or 7 drinks
 3 drinks 8 or 9 drinks
 4 drinks 10 or more drinks
 5 drinks

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35. Have your parents/caregivers ever hosted parties with alcohol for you and your friends?

- Yes
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36. Have your parents/caregivers ever allowed you to have parties with alcohol when they are away?

- Yes
 No

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37. Have you ever drunk alcohol with your parent's knowledge?

- Yes
 No

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38. 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 4 or 5 times
 1 time 6 or more times
 2 or 3 times

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39. 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.
 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

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40. During the past 6 months, where did you drink alcohol?
 (Select all that apply.)

- I did not drink alcohol during the past 6 months.
 At my home
 At another person's home
 When riding in or driving a car or other vehicle
 At a restaurant, bar, or club
 At an open area such as a park, campground, field, or parking lot
 At a public event such as a concert or sporting event
 On school property
 Some other place

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The following questions ask about electronic vapor products. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, e-hookahs, vape pipes, vape pens, hookah-pens, personal vaporizers, or mods. Some brand examples include JUUL, eGO, Halo, NJOY, blu, and Vuse.

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41. How much do you think people risk harming themselves physically or in other ways when they use a vape pen or e-cigarette?

- No risk Moderate risk
 Slight risk Great risk

42. During the past 30 days, on how many days did you use a vape pen or e-cigarette?

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

43. During your life, how many times have you used a vape pen or e-cigarette?

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

44. How wrong do your parents/caregivers feel it would be for you to use e-cigarettes?

- Very wrong A little bit wrong
 Wrong Not at all wrong

45. How wrong do your friends feel it would be for you to use e-cigarettes?

- Very wrong A little bit wrong
 Wrong Not at all wrong

46. How wrong do you feel it would be for someone your age to use e-cigarettes?

- Very wrong A little bit wrong
 Wrong Not at all wrong

47. During the past 30 days, what type of substances did you use in an electronic cigarette, also called e-cigs, or vape pens? (Select all that apply.)

- I did not use an electronic cigarette.
 Liquid with nicotine in it
 Liquid with THC (marijuana) in it
 Liquid with flavor only (no nicotine or THC)
 Don't know

48. During the past 30 days, how did you get your own electronic vapor products? (Select all that apply.)

- I did not use electronic vapor products during the past 30 days.
 I bought them in a store such as a convenience store, supermarket, discount store or gas station.
 I bought them on the Internet.
 I gave someone I know money to buy them for me.
 I gave someone I didn't know money to buy them for me.
 I borrowed (or bummed) them from someone else.
 A friend gave them to me for free.
 A family member gave them to me for free.
 I took them from a store or family member.
 I got them some other way.

49. What are the reasons you have used e-cigarettes? (Select all that apply.)

- I have never tried an e-cigarette.
 Friend or family member used them.
 To try to quit using other tobacco products, such as cigarettes.
 They cost less than other tobacco products, such as cigarettes.
 They are easier to get than other tobacco products, such as cigarettes.
 Famous people on TV or in movies use them.
 They are less harmful than other forms of tobacco, such as cigarettes.
 They are available in flavors, such as mint, candy, fruit, or chocolate.
 I used them for some other reason.

The following questions ask about tobacco which includes cigarettes, chewing tobacco, cigars, cigarillos, snus, whole leaf tobacco, and hookah. Do NOT consider electronic vapor products for questions 50 to 61 below.

50. How wrong do your parents/caregivers feel it would be for you to use tobacco?

- Very wrong A little bit wrong
 Wrong Not at all wrong

51. How wrong do your friends feel it would be for you to use tobacco?

- Very wrong A little bit wrong
 Wrong Not at all wrong

52. How wrong do you feel it would be for someone your age to use tobacco?

- Very wrong A little bit wrong
 Wrong Not at all wrong

53. If you wanted to get some tobacco, how easy would it be for you to get some?

- Don't know Fairly difficult
 Can't get Fairly easy
 Very difficult Very easy

54. During the past 30 days, how did you get the tobacco products you used? (Select all that apply.)

- I did not use tobacco during the past 30 days.
 I bought them in a store such as a convenience store, supermarket, discount store or gas station.
 I bought them on the internet.
 I gave someone I know money to buy them for me.
 I gave someone I didn't know money to buy them for me.
 A friend gave them to me for free.
 A family member gave them to me for free.
 I took them from a store or family member.
 I got them some other way.

55. How many of your closest friends use tobacco?

- None Most
 A few All

56. During your life, how many times have you used tobacco?

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



57. How old were you when you used tobacco for the first time?

- I have never used tobacco.
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

58. How much do you think people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

59. During the past 30 days, on how many days did you smoke part or all of a cigarette?

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

60. How much do you think people risk harming themselves physically or in other ways when they use chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Bandits, or Copenhagen?

- No risk
- Slight risk
- Moderate risk
- Great risk

61. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Bandits, or Copenhagen?

- 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 following questions ask about marijuana, also called pot, grass, weed, cannabis, or ganja.

62. How wrong do your parents/caregivers feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

63. How wrong do your friends feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

64. How wrong do you feel it would be for someone your age to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong

65. How much do you think people risk harming themselves physically or in other ways when they use marijuana once or twice a week?

- No risk
- Slight risk
- Moderate risk
- Great risk

66. If you wanted to get some marijuana, how easy would it be for you to get some?

- Don't know
- Can't get
- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

67. During the past 30 days, how did you get the marijuana that you used? (Select all that apply.)

- I did not use marijuana during the past 30 days.
- I bought it from a dealer or stranger.
- I bought it from a friend or family member.
- I bought it on the internet.
- A friend or family member gave it to me for free.
- I took it from a friend or family member.
- I bought it from a marijuana dispensary.
- I grew it myself.
- I got it some other way.

68. During the past 30 days, on how many days did you use marijuana?

- 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

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

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

70. How old were you when you used marijuana for the first time?

- I have never used marijuana.
- 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

71. How many of your closest friends use marijuana?

- None
- A few
- Most
- All

72. On the days that you use marijuana, how many times do you typically use it in one day?

- I have never used marijuana.
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

73. Have you ever used marijuana with your parent's knowledge?

- Yes
- No

74. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been using marijuana?

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

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75. During the past 30 days, how many times did you **DRIVE** a car or other vehicle when you had been using any marijuana?

- I did not drive a car or other vehicle during the past 30 days.
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

76. During the past 30 days, how did you use marijuana? (Select all that apply.)

- I did not use marijuana during the past 30 days.
- I smoked it.
- I ate it (in an edible, candy, tincture, or other food).
- I used a vaporizer.
- I dabbed it.
- I used it in some other way.

77. During the past 6 months, where did you use marijuana? (Select all that apply.)

- I did not use marijuana during the past 6 months.
- At my home
- At another person's home
- When riding in or driving a car or other vehicle
- At an open area such as a park, campground, field or parking lot
- At a public event such as a concert or sporting event
- On school property
- Some other place

The following questions ask about other substances.

78. How much do you think people risk harming themselves physically or in other ways when they use other drugs such as heroin, cocaine, LSD, or methamphetamines?

- No risk
- Slight risk
- Moderate risk
- Great risk

79. If you wanted to get other drugs such as heroin, cocaine, LSD, or methamphetamines, how easy would it be for you to get some?

- Don't know
- Can't get
- Very difficult
- Fairly difficult
- Fairly easy
- Very easy

80. During the past 30 days, on how many days did you use other drugs such as heroin, cocaine, LSD, or methamphetamines?

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

81. 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?

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

82. During the past 30 days, how many times have you used synthetic drugs (also called K2, Pink, Bath Salts, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?

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

83. During your life, how many times have you used lorazepam?

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

84. During your life, how many times have you used ecstasy (also called MDMA)?

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

85. During your life, how many times have you used cocaine, including powder, crack, or freebase?

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

86. During your life, how many times have you used methamphetamine (also called speed, crystal, crank, or ice)?

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

87. During your life, how many times have you used heroin (also known as smack, junk, or China White)?

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

88. During your life, how many times have you used over-the-counter drugs 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 following questions ask about communication with your parents.

89. When you are away from home, how often do your parents/caregivers know where you are?

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

90. When you are away from home, how often do your parents/caregivers know who you are with?

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

91. During the past 12 months, have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use?

- Yes
- No



92. **In the past 6 months**, have you and either of your parents/caregivers discussed specific things you could do to stay away from drugs?

- Yes
- No

93. **In the past 6 months**, have you and either of your parents/caregivers discussed family rules or expectations about using drugs?

- Yes
- No

94. **In the past 6 months**, have you and either of your parents/caregivers discussed drug use in movies, music, and on TV?

- Yes
- No

95. **Where do you currently live?**

- At home with my family
- In a foster home
- In a group home/residential facility
- In a shelter
- I live alone.
- I have no regular home.
- Some other place

96. **Have one or more of your parents/caregivers ever served time in jail or prison?**

- Yes
- No
- Don't know

97. **Have one or more of your parents/caregivers ever served time in the military?**

- Yes
- No
- Don't know

The following questions ask about your experiences at school.

98. **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

99. **During the past 30 days**, on how many days did you have an unexcused absence from school (skipped or cut school)?

- None
- 1 day
- 2 days
- 3 days
- 4-5 days
- 6-10 days
- 11 or more days

100. **How important is it for you to finish high school?**

- Very important
- Important
- Not very important
- Not at all important

101. **How likely are you to complete a post high school program such as vocational training program, military service, community college, or 4-year college?**

- Very likely
- Likely
- Not very likely
- Not at all likely

102. **I feel I belong at this school.**

- Always
- Most of the time
- Not often
- Never
- Not sure

103. **During the average week**, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, or club activities.

- 0 days
- 1 day
- 2 days
- 3 or more days

Bullying is when students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

104. **During the past 12 months**, have you been bullied?

- Yes
- No

105. **If you or someone else was bullied**, did you report it to the school?

- I have never been bullied or witnessed someone else being bullied.
- Yes
- No

A gang is a group of individuals that identify themselves under one name or symbol, and whose members engage in criminal activity. Gangs typically intimidate others and control particular areas by using violence.

106. **Do you personally know anyone that is in a gang?**

- Yes
- No
- Not sure

107. **Do gangs cause trouble at your school?**

- Yes
- No
- Not sure

108. **Have you ever belonged to a gang?**

- No, and I don't want to
- No, but I would like to
- Yes, in the past
- Yes, I belong now
- Yes, but I would like to get out

The following questions ask about mental health and suicide. If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7 by dialing 988.

109. **During the past 12 months**, have you seriously considered attempting suicide?

- Yes
- No

110. **During the past 12 months**, have you made a plan about how you would attempt suicide?

- Yes
- No

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111. **During the past 12 months, have you attempted suicide?**

- Yes
- No

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112. **During the past 30 days, about how often did you feel nervous?**

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

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113. **During the past 30 days, about how often did you feel hopeless?**

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

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114. **During the past 30 days, about how often did you feel restless or fidgety?**

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

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115. **During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?**

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

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116. **During the past 30 days, about how often did you feel that everything was an effort?**

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

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

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

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118. **I know how to say "no" when someone wants me to do things I know are wrong or dangerous.**

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

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119. **Many youth and families in Idaho were affected by the Coronavirus (also known as COVID-19). Did you experience any of the following due to the coronavirus or coronavirus symptoms? (Select one or more responses).**

- I was sick with the coronavirus or coronavirus symptoms.
- One or more people living in my home lost their job.
- I had to move or change homes.
- Skipped one or more meals because my family didn't have enough money to buy food.
- I felt anxious, sad, or hopeless.
- People in my home were fighting a lot.
- I had difficulty keeping up with school work because I didn't have access to a reliable computer or internet service.
- None of these

120. **How much do you agree or disagree with the following statements about LEARNING ONLINE:**

	I have not participated in online learning				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. I miss spending time at school, learning with other students in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I miss spending time at school, learning with my teachers in person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When I am learning online, I understand my teacher's instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I stay focused when doing online school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My learning improved when my classes were taught online due to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have access to a computer or the internet to complete my online school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have a quiet space that I am able to use when doing online school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. It is easy to use the online learning platform my school has chosen (e.g. Canvas, Google Classroom, or other online learning website).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

121. **How honest were you in filling out this survey?**

- I was very honest.
- I was honest pretty much all the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Thank you for completing the survey. If you should have any questions or concerns after taking this survey, please talk with your school counselor or a trusted adult.

This section contains extra questions you might be asked to complete. Instructions will be given to you by your teacher or survey administrator.

Responses

	a	b	c	d	e	f	g	h	i
201.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
220.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Extra Questions Start with 201

