dese MASSACHUSETTS
Department of Elementary
and Secondary Education
Russell D. Johnston | Acting Commissioner

January 8, 2025

Dear Principal:

We are writing to inform you that your school is among the 79 schools randomly selected across the Commonwealth to participate in the 2025 Massachusetts Youth Risk Behavior Survey (MYRBS) and the 2025 Massachusetts Youth Health Survey (MYHS). MYRBS and MYHS administration is a collaborative effort of the Departments of Elementary & Secondary Education and Public Health. This school's participation will benefit the Commonwealth by ensuring there is valid state-wide information about trends in adolescent health risks. As only a small number of schools are scientifically selected for the 2025 MYRBS and MYHS, the participation of every selected school is extremely important.

MYRBS and MYHS are the primary sources of information in the Commonwealth on behaviors and risk factors of high school students that continue to require increased education and prevention efforts at the school, community, and state levels. We have added questions to measure and increase understanding of mental health challenges faced by youth, adolescent experiences with racial and social inequity, prevalence of adverse childhood experiences and factors that promote resilience in youth. We understand that healthier students are better able to learn and rely on the results from these surveys to support the design, implementation, and evaluation of effective education, prevention and intervention programs for schools and communities. As we continue to navigate the lasting impact of public health crises, the surveys provide invaluable insight into current and emerging trends that engender the health, safety, and wellbeing of youth.

Data collection will occur between Mid-January and May 2025. Questionnaires are electronic and will be administered during one normal class period. We will randomly select as few classes as possible in your school to participate. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. School districts, schools and students will not be identified in any published reports. Please see our fact sheet for more details on what to expect when participating. We have contracted with ICF, Inc. to administer both surveys. ICF will contact you to discuss the particulars of your school's participation

We recognize that some schools are participating in local or regional youth surveys, but we are unable to use locally collected survey data to create the statewide estimates needed. If

your school or district has plans to participate in a local survey, we can collaborate in a manner that supports both surveys. Please have your survey administrator contact us.

Finally, for schools that are interested in obtaining local data that solely represents their students, we can help you collect this through the Elective MYRBS. The Elective MYRBS is an opportunity for local schools/districts to use the state's online MYRBS system at no cost to obtain local level YRBS data. This offer is in direct response to requests from districts and schools to remove barriers to, and provide equitable and consistent opportunities for, local-level data collection. In addition to receiving school-level data, participating schools will automatically be enrolled in a Professional Learning Community (PLC) designed to provide a forum for ongoing professional development and technical assistance around MYRBS data analysis, dissemination, and utilization.

Your district's superintendent has been informed of your school's selection to participate. Again, an ICF staff member will contact you to coordinate your school's participation. In the meantime, if you have any questions or concerns regarding the surveys, please contact:

MYRBS: Chiniqua N. Milligan (DESE) via email at osfs.schoolbasedsurveys@mass.gov.

MYHS: Maria McKenna (DPH) via email at maria.mckenna@mass.gov.

We recognize the many demands on instructional time and have protocols and procedures to work with you to minimally impact students' time on learning. We are committed to working with every school to administer the surveys in the timeliest and most convenient manner possible. Please help us continue to provide your students with an opportunity to share their voice through the successful gathering of these important state-level data of their risk behaviors and experiences.

Thank you in advance for your cooperation with this important effort.

Sincerely,

Russell D. Johnston
Acting Commissioner
Department of Elementary and Secondary Education

2025 Massachusetts High School Youth Health Survey

Before you begin, there are a few important things you need to know.

- Your answers are completely **anonymous**. There are no markings anywhere on the questionnaire that allows you to be identified. Please do not place your name or any other personal information on the questionnaire. Your answers will be combined with other answers for statistical analysis.

- The purpose of the survey is to gather information from school students in Massachusetts about health topics such as the use of tobacco, alcohol and drugs, in and out of school activities, diet and exercise and coping with stress. This information will be used to better understand the concerns and health practices of current students.

- It is important that you answer each question as honestly and accurately as you can.

- If there is any question that you would prefer not to answer, please just skip that question and go on to the next question.

- Your participation is, of course, voluntary. If you find the survey upsetting, you may stop answering the questions.

- Arrows will direct you to answer follow-up questions or to skip over certain questions.

- Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you.

Thank you for your time and cooperation.

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9. Which of the following best describes you?
   A. Heterosexual (straight)
   B. Gay or lesbian
   C. Bisexual
   D. Questioning/Not sure
   E. Other
   F. I do not know what this question is asking

10. During the past 12 months, how would you describe your grades in school?
   A. Mostly A's
   B. Mostly B's
   C. Mostly C's
   D. Mostly D's
   E. Mostly F's
   F. None of these grades
   G. Not sure

WORK AND LIFESTYLE QUESTIONS

11. In the past 12 months, did you work at a job for pay? Do NOT count chores, babysitting, or yard work (such as raking leaves, shoveling snow, or mowing grass).
   A. Yes
   B. No → **If NO, go to Question 13**

12. Where did you most recently work? (Choose ONE. If you work in more than one place, choose the place you work the most hours.)
   A. Restaurant (such as fast food, pizza place, coffee shop, or ice cream shop)
   B. Grocery store or supermarket
   C. Other retail store or places where things are sold (such as a clothing store, gas station, pharmacy or pet store)
   D. Health care facility (such as a nursing home, hospital, clinic, or doctor's office)
   E. Recreation or entertainment place (such as a golf course, camp, sports center, amusement park, or movie theater)
   F. Construction site
   G. Landscaping company
   H. Other (Please specify: _____)

13. 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 increases your heart rate and makes you breathe hard some of the time.)
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

14. During the past 7 days, on how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

15. Yesterday, how many times did you eat vegetables?

DEFINITION:
Count all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes. Do NOT count French fries, potato chips, or lettuce that is on a sandwich or sub.

   A. I did not eat vegetables yesterday
   B. 1 time
   C. 2 times
   D. 3 or more times

16. Yesterday, how many times did you eat fruit or drink 100% fruit juice?
   A. I did not eat fruit or drink 100% fruit juice yesterday
   B. 1 time
   C. 2 times
   D. 3 or more times

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H. 12 or more times

28. Has someone you were dating or going out with done any of the following: monitored your cell phone use, called or texted you multiple times a day to monitor your whereabouts, prevented you from doing things with friends, got angry if you were talking to someone else, or prevented you from going to school?
   A. I have never been on a date or gone out with anyone
   B. Yes, this has happened to me in the past 12 months
   C. Yes, this has happened to me, but longer ago than the past 12 months
   D. Yes, this has happened to me in the past 12 months and longer ago than that
   E. No, this has not happened to me

29. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, kicked, or forced into sexual activity.)
   A. I have never been on a date or gone out with anyone
   B. Yes, this has happened to me in the past 12 months
   C. Yes, this has happened to me, but longer ago than the past 12 months
   D. Yes, this has happened to me in the past 12 months and longer ago than that
   E. No, this has not happened to me

30. Has anyone ever had sexual contact with you against your will?
   A. Yes
   B. No → **If NO, go to Question 32**

31. Who has had sexual contact with you against your will?	Yes	No
a. One or more dating partners or people I was going out with	O	O
b. One or more family members	O	O
c. One or more friends	O	O
d. One or more acquaintances	O	O
e. One or more strangers	O	O

32. Did you do any of the following in the past 12 months?	Yes	No
a. Bully or push someone around	O	O
b. Use texting, e-mail, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation	O	O
c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with	O	O
d. Have sexual contact with someone who told you "No", objected in some other way, was trying to talk you out of it, or was physically trying to get away from you or avoid your touch	O	O
e. Have sex with someone who was passed out or asleep at the time, or with someone who was too drunk or too high to stop you	O	O

QUESTIONS ABOUT YOUR FAMILY AND PEERS

33. How would your parent(s) react if they found out you regularly drank alcohol? Would they be:
   A. Extremely upset
   B. Fairly upset
   C. A little upset
   D. Not upset at all

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DRUG QUESTIONS

The next questions are about marijuana use. Marijuana is also called dope, grass, hashish, herb, joint, pot, weed or reefer. It includes blunts and cigars filled with marijuana.

42. How old were you when you tried marijuana for the first time?
   - A. I have never tried marijuana → **If you have NEVER tried marijuana, go to Question 47**
   - B. 8 years old or younger
   - C. 9 or 10 years old
   - D. 11 or 12 years old
   - E. 13 or 14 years old
   - F. 15 or 16 years old
   - G. 17 years old or older

43. During the past 30 days, how many times did you use marijuana?
   - A. 0 times
   - B. 1 or 2 times
   - C. 3 to 9 times
   - D. 10 to 19 times
   - E. 20 to 39 times
   - F. 40 or more times

44. During the past 30 days, how did you get the marijuana that you used? **(Choose all that apply)**
   - A. I did not use marijuana in the past 30 days
   - B. I bought it from a store
   - C. I bought it from someone else
   - D. I got it at home with permission from a parent or family member over the age of 21
   - E. I took it from home without permission from a parent or family member over the age of 21
   - F. I took it from some other place without permission
   - G. I got it from friends
   - H. I got it at parties
   - I. I got it some other way

45. During the past 30 days, how did you use marijuana? **(Choose all that apply)**
   - A. I did not use marijuana in the past 30 days
   - B. Smoked it in a cigar or blunt wrap
   - C. Smoked it in a joint, pipe, bong, or dab
   - D. Ate it (in brownies, cakes, cookies, candy, gummies, edibles)
   - E. Drank it (tea, soda, alcohol)
   - F. Vaped it (in an e-cigarette, vape pen, vaporizer)
   - G. Used it some other way

46. During the past 30 days, did you ever drive a car or other vehicle when you had been using marijuana?
   - A. I do not drive
   - B. Yes
   - C. No

47. During the past year, have your parent(s) or guardian(s) talked to you about the potential negative consequences of using marijuana?
   - A. Yes, a number of times
   - B. Yes, once
   - C. No
   - D. I don't remember

48. Does anyone who lives with you now use marijuana?
   - A. Yes
   - B. No
   - C. I don't know

49. During your lifetime, have you used inhalants to get high? (Using inhalants includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays.)
   - A. Yes
   - B. No → **If NO, go to Question 51**

50. During the past 30 days, have you used inhalants?
   - A. Yes
   - B. No

51. During your lifetime, have you used heroin (also called smack, "H", horse, brown sugar, dragon, junk, or China White)?
   - A. Yes
   - B. No → **If NO, go to Question 53**

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63. How easy or difficult would it be for you to get each of the following?	Very Easy	Fairly Easy	Fairly Difficult	Very Difficult	Impossible	Don't Know
a. Beer, wine, or other alcohol	O	O	O	O	O	O
b. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	O	O	O	O	O	O

64. How much do you think people risk harming themselves if they occasionally use:	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
a. Tobacco (including cigarettes, nicotine pouches, cigars, chew, dip, snus, pipe tobacco, etc.)	O	O	O	O
b. Vape products (including JUUL, Puff Bars, Fruyt Stik, e-cigarettes, e-cigars, vape pipes, vaping pens, e-hookahs, hookah pens, etc.)	O	O	O	O
c. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed, or reefer)	O	O	O	O
d. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) from prescriptions that aren't their own	O	O	O	O
e. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) from prescriptions that aren't their own	O	O	O	O
f. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high)	O	O	O	O

65. During the past 12 months, have you felt you needed to talk to someone about your use of alcohol or other drugs?
   A. I didn't use alcohol or other drugs during the past 12 months
   B. Yes
   C. No

The next question asks about gambling activities.

66. During the past 12 months how many times have you done any of the following for money or anything of value?	0 times	1-5 times	6-10 times	More than 10 times
a. Played lottery or scratch tickets	O	O	O	O
b. Gambled at a casino	O	O	O	O
c. Participated in fantasy sports	O	O	O	O
d. Engaged in one of these other activities: Betting on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines; Playing cards or bingo for money or prizes; Gambling on the internet.	O	O	O	O

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75. Which of the following best describes the types of vape products you have used in the past 30 days? (Choose all that apply)
- A. Disposable vape product (e.g. Puff Bar, Fruyt Stik, Blu)
- B. Vape product that uses pre-filled pods or cartridges (e.g., JUUL, Suorin Drop)
- C. Vape product with a tank that you refill with liquids
- D. Other type of vape product
- E. I don't know the type(s) of vape products I've used

76. During the past 30 days, have you used any of the following substances in a vape product? Choose all that apply
- A. Nicotine
- B. Marijuana, marijuana concentrates, marijuana waxes, THC, delta-8 THC, or hash oils
- C. CBD
- D. Essential Oils
- E. Caffeine
- F. Other substance
- G. Not sure

77. During the past 30 days, what flavor(s) did the tobacco product(s) (including vape products, cigarettes, cigars, smokeless tobacco) you used contain? (Choose all that apply)
- A. I did not use any tobacco products during the past 30 days
- B. Fruit, alcohol, or candy flavors (e.g. cherry, vanilla, citrus, peach, piña colada, bubble gum, blue mist, fizzy pop, etc.)
- C. Mint, menthol, or wintergreen flavors
- D. Clove or spice
- E. Other flavor not listed here
- F. Not sure
- G. No flavors

78. During the past 30 days, how did you get your tobacco products (this includes cigarettes, cigars, smokeless, and electronic vapor products)? (Choose all that apply)
- A. I did not use any tobacco products during the past 30 days
- B. I bought them in a store in Massachusetts such as a convenience store, supermarket, discount store, or gas station
- C. I bought them from a vape shop or vapor store
- D. I bought them from a smoking bar
- E. I bought them from another state
- F. I gave someone else money to buy them for me
- G. I got them from friend(s) / I used a friend's
- H. I got them from a family member
- I. I got them online
- J. I got them some other way

79. How soon after you wake up do you want to use a tobacco product (including vape products, cigarettes, cigars, smokeless tobacco)?
- A. I do not want to use tobacco products
- B. Within 5 minutes
- C. From 6 to 30 minutes
- D. From more than 30 minutes to 1 hour
- E. After more than 1 hour but less than 24 hours
- F. I rarely want to use tobacco products

80. Are you seriously thinking about quitting tobacco products (including vape products, cigarettes, cigars, smokeless tobacco)?
- A. I do not use tobacco products
- B. Yes, during the next 30 days
- C. Yes, during the next 6 months
- D. Yes, during the next 12 months
- E. Yes, but not during the next 12 months
- F. No, I am not thinking about quitting tobacco products

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91. During the past 7 days, on how many days did you take part in organized activities (including sports teams, school clubs, music, art or dance lessons, religious groups, or other supervised activities)?
A. 0 days
B. 1 or 2 days
C. 3 or 4 days
D. 5 or more days

92. During the past 30 days, how often did you go to bed hungry because there was not enough food in your home?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always

93. How safe from crime do you consider your neighborhood to be?
A. Extremely safe
B. Safe
C. Unsafe
D. Extremely unsafe

94. During the past 12 months, where did you usually sleep at night? (Choose ONE. If more than one place, choose the one where you slept most often.)
A. In my parent's or guardian's home
B. With friends, family, or other people because we lost our home or cannot afford housing
C. In a shelter or emergency housing
D. In a hotel / motel, car, park, campground, or other public place
E. In a foster home or residential placement
F. I move from place to place
G. Somewhere else

To what extent do the following statements apply to you? There are no right or wrong answers.

95. I feel safe when I am with my family/caregiver(s)
A. Not at all
B. A little
C. Somewhat
D. Quite a bit
E. A lot

96. I feel that I belong at my school
A. Not at all
B. A little
C. Somewhat
D. Quite a bit
E. A lot

97. I feel that my family/caregiver(s) support my interests and things that I care about
A. Not at all
B. A little
C. Somewhat
D. Quite a bit
E. A lot

98. In the past 12 months, have any of the following happened to you?	Yes	No
a. A police officer or security guard stopped, questioned, or searched me when I was in my school building	○	○
b. A police officer or security guard stopped, questioned, or searched me when I was outside, on a bus or subway, in a car or other motor vehicle, in my home, or in a store	○	○
c. A police officer or security guard treated me disrespectfully	○	○
d. A police officer or security guard handcuffed, arrested, or restrained me	○	○
e. A police officer or security guard was helpful to me	○	○

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