

Ohio Healthy Youth Environments Survey (OHYES!)

Fall 2024 – Optional Version (Online only survey – This is an example)

Welcome to the Ohio Healthy Youth Environments Survey. The OHYES! is your opportunity to tell us about your life.

The survey asks about your life including health and wellness, as well as other important issues affecting youth today. Your responses will give you a voice in planning programs for youth in your school and community.

Please read the following statements and select the boxes to indicate you understand the survey process.

Taking this survey is up to you. No one will be upset if you do not participate. Your participation is voluntary. You can skip any question or stop at any time.

YES, I understand participating is not required, I choose to take this survey.

Your answers to these questions are anonymous. We do not ask for your name or an identification number. It is not possible for anyone, including school staff and survey administrators, to find out how you answered any questions.

YES, I understand you do not know who I am or how I answer the questions.

This is not a test, there are no right or wrong answers. Select the answer that fits the best or is closest, and then go to the next item. If you click too soon, you can go back. Students usually take 15-20 minutes to complete the survey. If you have any issues while taking the survey, ask your coordinator or teacher for help.

YES, I know I can skip any question or stop at any time.

By participating, you are making a positive difference in your school, community and in Ohio. Do you commit to thoughtfully providing the best answers to the questions in the survey?

YES, I will take this survey seriously.

Do you agree to participate in this survey?

YES, I agree to participate

NO, I will not participate. I want to stop and exit this survey. *(Students exit the survey)*

1. How old are you?

- 11 years old or younger (Ineligible)
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

2. In what grade are you?

- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

2. Are you Hispanic or Latino?

- Yes
- No

3. What is your race? (Select one or more responses)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

4. How tall are you without your shoes on?

Directions: Enter your height in feet and inches.

Feet: 3 4 5 6

Inches: 0 1 2 3 4 5 6
 7 8 9 10 11

6. How much do you weigh without your shoes on?

Directions: Use the field below to enter your weight in pounds.

7. What is your sex?

- Female
- Male
- Transgender
- Gender Nonconforming

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The next item asks about having a disability or a long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision, or attention problems.

8. Have you ever been told by a doctor, nurse or parent that you have a disability or long-term health problem?
- Yes
 - No
 - Not sure

The next questions ask about safety and violence-related behaviors and experiences.

9. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
- Yes
 - No
10. In the past year, how often did you feel safe and secure at school?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - All of the time
11. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
12. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
13. During the past 12 months, how many times were you in a physical fight?
- 0 times – **Skip to #15**
 - 1 time
 - 2 to 5 times
 - 6 or more times
14. During the past 12 months, how many times were you in a physical fight on school property?
- 0 times
 - 1 time
 - 2 to 5 times
 - 6 or more times

15. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
16. (Optional) During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse).
- I did not date or go out with anyone during the past 12 months
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
17. (Optional) Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
- Yes
 - No
18. (Optional) During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

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The next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

19. What types of bullying have you experienced in the past 12 months? Select all that apply.)

- Hit, kicked, punched, or people took your belongings
- Teased, taunted, or called harmful names
- Spread mean rumors about or kept out of a "group"
- Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods
- Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person
- None of the above – **Skip to #22**

20. During the past 12 months, have you ever been bullied on school property?

- Yes
- No

21. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- No

The next questions ask about vehicle safety.

22. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

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

23. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I did not drive a car or other vehicle during the past 30 days – **Skip to # 25**
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

24. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?

- 0 days (I drove a car or other vehicle, but did not text or e-mail while driving)
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

The next questions ask about mental health.

25. When you are stressed out, how do you manage it? Select all that apply.)

- Physical activity (exercise, sports, skateboarding, motocross, etc.)
- Meditate, pray, use relaxation techniques
- Participate in hobbies or community service
- Express myself through the arts and literature (dance, music, art, writing, etc.)
- Get support from others
- Avoid people who create "drama"
- Limit exposure to social media
- None of the above
- I do not have any stress

26. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?

- Not at all
- Several days
- More days than not
- Nearly every day

27. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?

- Not at all
- Several days
- More days than not
- Nearly every day

28. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- More days than not
- Nearly every day

29. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More days than not
- Nearly every day

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30. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?

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

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

- Yes
- No

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

- Yes
- No – **Skip to #35**

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

- 0 times – **Skip to #35**
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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

- Yes
- No

The next questions ask about experiences with parents or other adults in your home.

35. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

- Yes
- No

36. Have you ever lived with a parent or guardian who was depressed, mentally ill, or suicidal?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

47. (Optional) During your life, how often have you felt that you were treated badly or unfairly because you are or people think you are lesbian, gay, bisexual, transgender, or questioning? This could include being treated badly because of who you are sexually attracted to or because you express your gender in a way that is different than what people expect.

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

The next questions ask about tobacco use.

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

- Yes
- No – **Skip to #50**

49. During the past 30 days, on how many days did you smoke cigarettes?

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

50. 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
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

51. During the past 30 days, 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
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

52. Have you ever used an electronic vapor product?

- Yes
- No – **Skip to #56**

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

- 0 days – **Skip to #55**
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed them from someone else
- A person who can legally buy these products gave them to me
- I took them from a store or another person
- I got them some other way

55. What are the main reasons you have used electronic vapor products? Select all that apply.)

- Family member used them
- Friend used them
- I vape because I am bored
- I vape because my friends pressure me to
- To try to quit using other tobacco products
- They cost less than other tobacco products
- They are easier to get than other tobacco products
- They are less harmful than other forms of tobacco
- They are available in flavors, such as mint, candy, fruit, or chocolate
- I used them for some other reason

Ohio Healthy Youth Environments Survey (OHYES!)

The next questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

56. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips – **Skip to #62**
 - 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
57. During the past 30 days did you drink one or more drinks of an alcoholic beverage?
- Yes
 - No – **Skip to #61**
58. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days – **Skip to #61**
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
59. During the past 30 days, on how many days did you have 4 or more drinks (for females) or 5 or more drinks (for males) of alcohol in a row, within a couple of hours?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days
60. During the past 30 days, how did you usually get your alcohol? Select all that apply.)
- I bought it in a store such as liquor store, convenience store, supermarket, discount store, or gas station
 - I bought it at a public event such as a concert or sporting event
 - I gave someone else money to buy it for me
 - Someone gave it to me
 - I took it from a store or family member
 - My parent gave it to me
 - My friend's parent gave it to me
 - I got it some other way

61. When do you usually drink alcohol? Select all that apply.)

- Before school
- During school
- After school
- Weeknights
- Weekends

The next questions ask 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.

62. How old were you when you tried marijuana for the first time?
- I have never tried marijuana – **Skip to #67**
 - 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
63. During the past 30 days, have you used marijuana or hashish?
- Yes
 - No – **Skip to 66**
64. During the past 30 days, how many times did you use marijuana?
- 0 times – **Skip to #66**
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
65. During the past 30 days, how did you usually use marijuana?
- I smoked it in a joint, bong, pipe, or blunt
 - I ate it in food such as brownies, cakes, cookies, or candy
 - I drank it in tea, cola, alcohol, or other drinks
 - I vaporized it
 - I dabbed it using waxes or concentrates
 - I used it some other way
66. When do you usually use marijuana? Select all that apply.)
- Before school
 - During school
 - After school
 - Weeknights
 - Weekends

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The next questions ask about prescription drugs.

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

- 0 times – **Skip to #72**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

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

- Yes
- No

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

69. During your life, how many times have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times – **Skip to #71**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

70. During the past 30 days, have you used prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

- Yes
- No

71. When do you usually use prescription drugs not prescribed to you? Select all that apply.)

- Before school
- During school
- After school
- Weeknights
- Weekends

The next questions ask about other drugs.

72. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?

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

73. During the past year, have you used any of the following? Select all that apply.):

- ** I have not used any of these substances in the past year **
- Any form of cocaine, including powder, crack or freebase
- Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
- Heroin (also called smack, junk, or China White)
- Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
- Ecstasy (also called MDMA or Molly)
- Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms
- Steroid pills or shots without a doctor's prescription
- Synthetic marijuana use (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)

74. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? Select all that apply.)

- On school property
- On the school bus
- At a friend's house
- In my neighborhood
- None of the above

75. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

- Yes
- No

76. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?

- Yes
- No

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The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

77. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

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

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

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

79. How much do you think people risk harming themselves physically or in other ways if they use electronic vapor products every day?

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

80. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

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

81. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?

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

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

82. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

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

83. How wrong do your parents feel it would be for you to smoke tobacco?

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

84. How wrong do your parents feel it would be for you to use electronic vapor products?

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

85. How wrong do your parents feel it would be for you to smoke marijuana?

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

86. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

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

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

87. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

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

88. How wrong do your friends feel it would be for you to smoke tobacco?

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

89. How wrong do your friends feel it would be for you to use electronic vapor products?

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

90. How wrong do your friends feel it would be for you to smoke marijuana?

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

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91. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

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

The next questions ask about sexual behavior.

92. (Optional) Have you ever had sexual intercourse?

- Yes
- No – **Skip to #97**

93. (Optional) During the past 3 months, with how many people did you have sexual intercourse?

- I have had sexual intercourse, but not during the past three months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

94. (Optional) Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- Yes
- No

95. (Optional) The last time you had sexual intercourse, did you or your partner use a condom?

- Yes
- No

96. (Optional) The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?

- No method was used to prevent pregnancy
- Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
- Condoms
- An IUD (such as Mirena or Paraguard) or Implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)
- Withdrawal or some other method
- Not sure
- Not applicable

97. (Optional) Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bi-sexual
- I describe my sexual identity some other way
- I am not sure about my sexual identity (questioning)
- I do not know what this question is asking

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

98. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)

- 1 to 4 servings per day
- 5 or more servings per day
- 0 – I do not like fruits or vegetables
- 0 – I cannot afford fruits or vegetables
- 0 – I do not have access to fruits or vegetables

99. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

100. During the past 7 days, on how many days did you eat breakfast?

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

The next questions ask about other health-related topics.

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

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

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102. On an average school night, how many hours of sleep do you get?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

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

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

104. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?

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

105. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

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

The next questions ask about school.

106. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

107. I enjoy coming to school.

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

108. I feel like I belong at my school.

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

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

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

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

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

The next questions ask about gambling.

111. During the past 12 months, how often did you gamble money or things while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming including skins or loot boxes?

- I did not gamble money or personal items during the past 12 months – **Skip to #116**
- Less than once a month
- About once a month
- About once a week
- Daily

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

- Yes
- No

113. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money or things?

- Yes
- No

114. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money or things that you've won, or other signs of gambling?

- Yes
- No

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

- Yes
- No

Ohio Healthy Youth Environments Survey (OHYES!)

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

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

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

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

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

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

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

119. During the past 12 months, how often did your parents check on whether you had done your homework?

- Never or almost never
- Sometimes
- Often
- All the time

120. How often, if ever, do your parents limit the times of day or length of time when you can use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media?

- Never
- Rarely
- Sometimes
- Often