

2025 Wilmington Middle School Survey

Student Characteristics

The following questions ask about your background. The information being collected is used to describe the types of students taking the survey. Information **will not be** collected to find out your name or identify individual students.

1. **What grade are you in now?**

- 6th
- 7th
- 8th

2. **How old are you?**

- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old or older

The next question asks about your gender identity. Gender identity is how you see yourself. You can see yourself as a male, female, a mix or both, or neither. It can be the same or different from the sex you were assigned at birth. Here are some helpful terms:

“**Cisgender**” describes a person who feels their gender identity matches the sex that a doctor assigned them at birth.

“**Transgender**” describes a person who feels their gender identity is different from the sex that a doctor assigned them at birth.

“**Nonbinary**” describes people whose gender doesn’t fit into just “male” or “female.”

“**Genderqueer**” describes people whose gender doesn’t match traditional roles. Many genderqueer people use pronouns like “they/them.”

3. **Which of the following terms best describes your current gender identity?** We understand that there are many different ways you may identify, please pick the one that best describes you.

- Cisgender girl or woman
- Cisgender boy or man
- Transgender girl or woman
- Transgender boy or man
- Nonbinary or genderqueer
- Questioning
- I don't know what this question means
- I prefer not to answer

4. **What sex were you assigned at birth, on your original birth certificate?**

- Male
- Female
- I prefer not to answer

The next question asks about your sexual orientation. This is who you are emotionally, romantically, and/or sexually attracted to. Your sexual orientation is separate from your gender identity.

5. **Which of the following best describes your sexual orientation?** We understand that there are many different ways you may identify, please pick the one that best describes you.
- Straight or heterosexual
 - Lesbian or gay
 - Asexual
 - Bisexual
 - Pansexual
 - Queer
 - Questioning
 - I don't know what this question means
 - I prefer not to answer
6. **What is your race?** You can choose more than one answer.
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Other Pacific Islander
 - White
 - Another race, please specify: _____
7. **How tall are you without your shoes on?**
- Feet
 - Inches
8. **How much do you weigh without your shoes on?**
- Pounds
9. **Are you currently receiving assistance as part of an Individual Education Plan (IEP) or 504 plan?**
- No
 - Yes
 - Not sure

Assets and Protective Factors

The next questions ask about tools or supports that help people handle stress.

10. **Is there at least one teacher or other adult in your school that you can talk to if you have a problem?**
- Yes
 - No
 - I don't know
11. **Is there at least one adult outside of school who is not in your family that you can talk to if you have a problem?**
- Yes
 - No
 - I don't know
12. **Is there at least one adult in your family that you can talk to if you have a problem?**
- Yes

- No
- I don't know

13. **Is there at least one friend similar in age to you that you can talk to if you have a problem?**

- Yes
- No
- I don't know

Discrimination

The following questions ask about discrimination you have experienced in school.

14. **During your life, how often have you felt you were treated badly or unfairly in school because of your race or ethnicity?**

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

15. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?**

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

16. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your gender identity?** Gender identity is how you see yourself. You can see yourself as a male, female, a mix or both, or neither. It can be the same or different from the sex you were assigned at birth.

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

17. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your sexual orientation?** Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. A person's sexual orientation is different than their gender identity.

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

18. **During the past year, how often have you felt that you were treated badly or unfairly in school because of your religion?**

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

19. **During the past year, how often have you felt that you were treated badly or unfairly in school because of a learning or physical disability?**
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

Safety

The following questions ask about your safety.

20. **How often do you wear a seatbelt when riding in a car driven by someone else?**
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
21. **During the past month, 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
22. **How safe from crime do you consider your neighborhood to be?**
- Extremely safe
 - Safe
 - Unsafe
 - Extremely unsafe

Violence-Related Behaviors and Experiences

The following questions ask about violence-related behaviors and experiences.

23. **Have you ever carried a weapon such as a gun, knife, or club?**
- Yes
 - No
24. **Have you ever been in a physical fight?**
- Yes
 - No

The next questions ask about sexual violence and dating violence.

25. **Has anyone ever done sexual things to you or forced you to do sexual things that you did not want to?** This includes things like pressuring you to take part in unwanted kissing, touching, or other types of sexual contact.
- Yes
 - No
 - I don't know
26. **Has someone you were dating or going out with ever done sexual things to you or forced you**

to do sexual things that you did not want to? This includes things like pressuring you to take part in unwanted kissing, touching, or other types of sexual contact.

- I have never been on a date or gone out with someone
- Yes
- No

27. **Has someone you were dating or going out with physically hurt you?** This includes being hurt by being shoved, slapped, hit, kicked, or forced into sexual activity.

- I have never been on a date or gone out with someone
- Yes
- No

28. **Has someone you were dating or going out with tried to control you or emotionally hurt you?**

This includes checking your phone, calling or texting you many times a day to see where you are, stopping you from hanging out with friends, getting mad if you talk to someone else, or not letting you go to school.

- I have never been on a date or gone out with someone
- Yes
- No

Bullying

The following questions ask about bullying. Bullying is repeated teasing, threats, rumors, hitting, shoving, or harm by one or more students. It does not include friendly teasing or conflicts between students of similar strength. Bullying can happen in person or electronically (cyberbullying).

29. **During the past year, have you been bullied on school property?**

- Yes
- No

30. **What did you do the last time you were bullied at school?** You can choose more than one answer.

- I have never been bullied in school
- I did not do anything
- I tried to get the person/people doing it to stop
- I told a teacher, counselor, or another adult at school
- I told my caregiver(s)
- I told an adult outside of school that is not my caregiver
- I talked to a friend or another student about it

Electronic bullying is done over digital devices like cell phones, computers, and tablets. It can be done by text or in online spaces like social media. Examples of social media apps are TikTok, Instagram, X, Facebook, Twitch, Snapchat, Discord, and others.

31. **During the past year, have you been bullied electronically?**

- Yes
- No

Mental Health

The next questions ask about how you feel.

32. **During the past month, how often was your mental health not good?** Struggling with your mental health might mean things like staying away from friends and activities, feeling overwhelmed by emotions like anger, worry, or sadness, or having trouble focusing. It can also include feeling stressed, anxious, or depressed.
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next questions ask about feeling sad and suicide.

33. **During the past year, 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
34. **During the past year, did you hurt or injure yourself on purpose without wanting to die?** For example, by cutting, burning, or bruising yourself on purpose.
- Yes
 - No
35. **During the past year, did you ever seriously consider attempting suicide?**
- Yes
 - No
36. **During the past year, did you make a suicide plan?**
- Yes
 - No
37. **During the past year, did you attempt suicide?**
- Yes
 - No

Logic: Hidden unless: Question "During the past year, did you attempt suicide?" is one of the following answers ("Yes")

38. **Did you talk with a caregiver, teacher, counselor, or other trusted adult about your suicide attempt?**
- Yes
 - No

Having thoughts of suicide is not unusual or shameful. Most people who have even intense suicidal moments recover and live happy, fulfilling lives. You can too. Getting professional help is important, and connecting to support makes a difference in getting through these difficult times. **If you are currently having suicidal thoughts or urges, please call or text the Suicide & Crisis Lifeline at 9-8-8.**

Alcohol Use

The following questions ask about drinking alcohol. Alcohol includes beer, hard seltzers, wine, wine coolers, and liquor such as vodka, rum, whiskey, or tequila. For these questions, drinking alcohol does not include only drinking a few sips of wine for religious purposes.

39. How old were you when you had your first drink of alcohol (more than a few sips)?

- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Show/hide trigger exists. Hidden unless: Question "How old were you when you had your first drink of alcohol (more than a few sips)?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

40. During the past month, did you have at least one drink of alcohol (more than a few sips)?

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you have at least one drink of alcohol (more than a few sips)?" is one of the following answers ("Yes")

41. During the past month, did you have 5 or more drinks of alcohol within a couple of hours?

- Yes
- No

Logic: Hidden unless: Question "How old were you when you had your first drink of alcohol (more than a few sips)?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

42. There are many different ways to get beer, wine, liquor, or spiked seltzers. How do you get alcohol?

	Yes	No
I buy it from a supermarket or a convenience store		
I buy it from a liquor store or package store		
I buy it from bars or clubs or restaurants		
I have someone else buy it for me		
I get it through my friends		
I get it at home		
I get it at parties		

43. During the past month, did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- Yes
- No

Electronic Vapor Product Use

The following questions ask about electronic vapor products. Vape products include JUUL Puff Bars, Fruyt Stik, e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookah, hookah pens, and others.

44. **How old were you when you used an electronic vapor product (vape) for the first time, even one or two puffs?**

- I have never used an electronic vapor product (vape)
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Show/hide trigger exists. Hidden unless: Question "How old were you when you used an electronic vapor product (vape) for the first time, even one or two puffs?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

45. **During the past month, did you vape?**

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you vape?" is one of the following answers ("Yes")

46. **During the past month, did you vape on school property?**

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you vape?" is one of the following answers ("Yes"))

47. **How do you usually get your vape products?** You can choose more than one answer option.

- I get them from a friend, family member, or someone else
- I buy them from a friend, family member, or someone else
- I buy them myself in a vape shop or tobacco shop
- I buy them myself in a convenience store, supermarket, discount store, or gas station
- I buy them myself at a mall or shopping center kiosk or stand
- I buy them myself online
- I take them from a store or another person
- I get them in some other way

Marijuana Use

The next questions ask about the use of marijuana. Marijuana is also called pot, weed, grass, hashish, dope, herb, or reefer.

48. **How old were you when you tried marijuana for the first time?**

- I have never tried marijuana
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Show/hide trigger exists. Hidden unless: Question "How old were you when you tried marijuana for the first time?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

49. **During the past month, did you use marijuana?**

- Yes
- No

Logic: Hidden unless: Question "During the past month, did you use marijuana?" is one of the following answers ("Yes")

50. **During the past month, how did you get marijuana that you used?** You can choose more than one answer.

- I bought it myself from a store
- I bought it myself from someone else
- I got it at home with permission from a parent or family member over the age of 21
- I took it at home without permission from a parent or family member over the age of 21
- I took it at some other place without permission
- I got it from friends
- I got it from parties
- I got it some other way

51. **During the past month, did you ride in a car or other vehicle when the driver had been using marijuana?**

- Yes
- No

Tobacco Use

The following questions ask about tobacco and nicotine use.

52. **How old were you when you first tried cigarette smoking, even one or two puffs?**

- I have never tried cigarette smoking, not even one or two puffs
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older

Logic: Hidden unless: Question "How old were you when you first tried cigarette smoking, even one or two puffs?" is one of the following answers ("8 years old or younger", "9 years old", "10 years old", "11 years old", "12 years old", "13 years old or older")

53. **During the past month, did you smoke cigarettes?**

- Yes
- No

54. **During the past month, how did you get your tobacco products?** Include vape products, cigarettes, cigars, and smokeless tobacco. You can choose more than one answer.
- I have never used a tobacco product
 - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - I bought them from a vape shop or vapor store
 - I bought them from another state
 - I gave someone else money to buy them for me
 - I got them from friend(s)/ I used a friend's
 - I got them from a family member
 - I got them online
 - I got them some other way

Prescription Drug Use

The next questions are about prescription drugs. A prescription drug is a medicine you can only get with a doctor's note. This is different from over-the-counter drugs which can be bought without a prescription.

55. **Have you ever taken prescription drugs that weren't your own?**
- Yes
 - No

Logic: Hidden unless: Question "Have you ever taken prescription drugs that weren't your own?" is one of the following answers ("Yes")

56. **During the past month, have you taken prescription drugs that weren't your own?**
- Yes
 - No

Perceptions of Substance Use

The following questions ask about what you and other people think about alcohol and drug use.

57. **What percentage of students at your school do you think ever used the following substances?**

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Alcohol											
Vape products											
Marijuana											
Cigarettes											
Prescription drugs not prescribed to them											

58. How much do you think people risk harming themselves (physically or in other ways), if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
have one or two drinks of alcohol (beer, wine, or liquor) nearly every day?				
have five or more drinks of alcohol (beer, wine, or liquor) once or twice each week?				
use a vape product (Juul, PHIX, vape pens) every day?				
use marijuana once or twice a week?				
smoke one or more packs of cigarettes per day?				
use prescription drugs that are not prescribed to them?				

59. How wrong do your caregivers/parents/guardians feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
have one or two drinks of an alcoholic beverage nearly every day?				
use vape products?				
use marijuana?				
smoke cigarettes?				
use prescription medications not prescribed to you?				

60. How wrong do your friends feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
have one or two drinks of an alcoholic beverage nearly every day?				
use vape products?				
use marijuana?				
smoke cigarettes?				
use prescription medications not prescribed to you?				

61. If you wanted to get the following substances, how easy would it be for you to get:

	Very hard	Sort of hard	Sort of easy	Very easy
alcohol?				
vape products?				
marijuana?				
cigarettes?				
prescription medications not prescribed to you?				

62. **During the past year**, has anyone offered, sold, or given you alcohol or another illegal drug such as marijuana or prescription drugs **on school property**?
- Yes
 - No
 - I'm not sure

Nutrition

The next questions ask about nutrition and nutritional habits.

63. **Yesterday**, how many times did you **eat vegetables**?
- 0 times
 - 1 time
 - 2 times
 - 3 or more times
64. **Yesterday**, how many times did you **eat fruit or drink 100% fruit juice**?
- 0 times
 - 1 time
 - 2 times
 - 3 or more times
65. **Yesterday**, how many times did you drink a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage? Examples are Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D. Do not count diet soda, other diet drinks, or 100% fruit juice.
- 0 times
 - 1 time
 - 2 times
 - 3 or more times
66. **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
 - All 7 days
67. **During the past month**, how often did you go to bed hungry because there was not enough food in your home?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

Physical Activity

The next questions ask about nutrition and nutritional habits.

68. **During the past week**, on how many days were you physically active for a total of at least **60 minutes per day**?

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

69. **During the past week**, on how many days did you exercise or participate in physical activity for at least **20 minutes** that made you sweat or breathe hard? Examples are playing basketball or soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

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

Organized Activities

The next questions ask about your participation in organized activities.

70. **During this school year**, did you take part in an organized activity? Examples of activities include sports teams, school clubs, music, art or dance lessons, religious groups, or other supervised activities.

- Yes
- No

71. **In the past year**, did you work at a job for pay?

- Yes
- No

Other Topics

The next questions include other topics related to health.

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

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

73. **In the past month, what was the most common way you traveled to school?**
- Walk
 - Bike, skateboard, or scooter
 - School bus
 - Rode in a vehicle with only members of my family
 - Rode in a vehicle with children or adults from other families (carpool)
 - Public Transit (city bus, subway, other public transportation)
 - Other way
74. **On an average school day, how many hours do you spend in front of a TV, computer, phone, or other electronic device watching shows or videos, playing games, going online, or using social media (also called "screen time")? Do not count time spent doing schoolwork.**
- I have not spent any time in front of a screen other than to do schoolwork
 - Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day
75. **How often do you use social media?**
- I do not use social media
 - A few times a month
 - About once a week
 - A few times a week
 - About once a day
 - Several times a day
 - About once an hour
 - More than once an hour
76. **During the past month, where did you usually sleep?** A caregiver is a parent, guardian, or other adult who is primarily responsible for your care.
- In my caregiver's home
 - In the home of a friend, family member, or other person because I had to leave my home or my caregiver cannot afford housing
 - In a shelter or emergency housing
 - In a motel or hotel
 - In a car, park, campground, or other public place
 - In a foster home or residential placement
 - Somewhere else
 - I don't have a usual place to sleep
 - I move from place to place
77. **When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?**
- During the past year
 - Between 1 year and 2 years ago
 - More than 2 years ago
 - Never
 - Not sure
78. **Please tell us about any health issues that you think are important to students in your school. (Write in)**