

# 2021 Healthy Kids Colorado Survey: Middle School

*This document includes all questions on the middle school version of the Healthy Kids Colorado Survey. When administered online, skip logic is used to streamline the survey experience.*

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## STUDENT INSTRUCTIONS

You are about to take the Healthy Kids Colorado Survey. This survey is about your health and things that affect your health. Your answers are very important and will help your school, community, and state policy-makers improve health programs for people your age right here in Colorado.

This survey is completely anonymous, meaning the answers you give will be kept private. No one will know what you answer and your responses cannot be tied to your student login or device in any way.

Completing the survey is voluntary. You may choose not to answer some or all of the questions. If you are not comfortable answering a question, just leave it blank. Whether or not you answer the questions will not affect your grade in this class.

When you have completed your survey, please read or sit quietly to allow everyone to finish in silence. Thank you for your participation!

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1. How old are you?

- A. 10 years old or younger
- B. 11 years old
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old or older

2. In what grade are you?

- A. 6th grade
- B. 7th grade
- C. 8th grade
- D. Ungraded or other grade

3. What is your gender identity?

- A. Female
- B. Male
- C. Genderqueer/Nonbinary
- D. I do not know my gender identity (questioning)
- E. I have a different identity

4. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- A. No, I am not transgender
- B. Yes, I am transgender
- C. I am not sure if I am transgender
- D. I do not know what this question is asking

5. Which of the following best describes you?

- A. Heterosexual (straight)
- B. Gay or lesbian
- C. Bisexual
- D. Asexual
- E. I describe my sexual identity some other way
- F. I am not sure about my sexual identity (questioning)
- G. I do not know what this question is asking

6. What racial or ethnic identity do you most identify with? (Select all that apply.)

- A. American Indian or Alaska Native
- B. Black or African American
- C. East or Southeast Asian
- D. Hispanic or Latinx
- E. Middle Eastern, North African, or Arab
- F. Native Hawaiian or Pacific Islander
- G. South Asian
- H. White
- I. Other

7. What is the highest level of schooling your mother completed?

- A. Completed grade school or less
- B. Some high school
- C. Completed high school
- D. Some college
- E. Completed college
- F. Graduate or professional school
- G. Not sure

8. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)

- A. Yes
- B. No
- C. Not sure

9. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)

- A. Yes
- B. No
- C. Not sure

**The next section asks about safety.**

10. **When you ride a bicycle**, how often do you wear a helmet?

- A. I do not ride a bicycle
- B. Never wear a helmet
- C. Rarely wear a helmet
- D. Sometimes wear a helmet
- E. Most of the time wear a helmet
- F. Always wear a helmet

11. How often do you wear a seat belt when **riding** in a car?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

12. Have you ever ridden in a car driven by someone who had been drinking alcohol?

- A. Yes
- B. No
- C. Not sure

**The next section asks about violence-related behaviors.**

13. Have you ever carried a **weapon**, such as a gun, knife, or club?
- A. Yes
  - B. No
14. Have you ever been in a physical fight?
- A. Yes
  - B. No
15. 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?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
16. 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.)
- A. I did not date or go out with anyone during the past 12 months
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
17. During the past 12 months, did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
- A. I did not date or go out with anyone during the past 12 months
  - B. Yes
  - C. No

**The next section asks about consent. Consent means that you freely and actively agree to be with someone sexually and know what you are agreeing to. Consent can be saying “yes” or any other action that gives permission to engage in sexual activity. Consent cannot be given when someone is under the influence of drugs or alcohol. Consent can be withdrawn at any time.**

18. Have you ever had a sexual experience where you were unsure if you **gave** your fully-granted consent to the other person?
- A. Yes
  - B. No
  - C. I don't know
19. Have you ever had a sexual experience where you were unsure if you **received** fully-granted consent from the other person?
- A. Yes
  - B. No
  - C. I don't know
20. During the past 12 months, has a revealing or sexual photo or video of you been texted, e-mailed, or posted electronically without your permission?
- A. Yes
  - B. No
  - C. I don't know

21. Have you ever made sexual comments, jokes, gestures, or looks at someone when they did not want you to?

- D. Yes
- E. No

22. Have you ever touched, grabbed, or pinched someone in a sexual way when they did not want you to?

- A. Yes
- B. No

23. Have you ever been physically forced to have sexual intercourse when you did not want to?

- A. Yes
- B. No

24. Have you ever forced someone to have sex with you when you knew they did not want to?

- A. Yes
- B. No

**The next section asks about bullying. Bullying is when one or more 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, fight, or tease each other in a friendly way.**

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

- A. Yes
- B. No

26. Where were you bullied on school property? (Select all that apply)

- A. I have not been bullied on school property
- B. In a classroom
- C. In a hallway or stairwell
- D. In a bathroom or locker room
- E. In a cafeteria or lunch room
- F. On a bus or at a bus stop
- G. Outside on school property before school
- H. Outside on school property after school
- I. Outside on school property during lunch or break
- J. Somewhere else on school property

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

- A. Yes
- B. No

28. During the past 12 months, how has someone bullied you? (Select all that apply.)

- A. I have not been bullied in the past 12 months
- B. Made fun of you, called you names, or insulted you in a hurtful way
- C. Spread rumors about you or tried to make others not like you
- D. Threatened you
- E. Pushed, shoved, tripped, or spit on you
- F. Tried to make you do something you did not want to do (for example, give them money or other things)
- G. Did not include you in activities on purpose
- H. Destroyed your property on purpose

29. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?

- A. Yes
- B. No

30. In the past 30 days, have you seen someone else being bullied on school property?

- A. Yes

B. No

**The next section asks about stress, sad feelings, and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

31. My stress level is manageable most days.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

32. After a stressful situation, how many days does it take you to feel fully recovered?

- A. Less than 1 day
- B. 1 to 2 days
- C. 3 to 4 days
- D. 5 to 6 days
- E. 7 or more days

33. 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?

- A. Yes
- B. No

34. Have you ever **seriously** thought about killing yourself?

- A. Yes
- B. No

35. Have you ever made a **plan** about how you would kill yourself?

- A. Yes
- B. No

36. Have you ever **tried** to kill yourself?

- A. Yes
- B. No

37. If you had a serious problem, do you know an adult in or out of school whom you could talk to or go to for help?

- A. Yes
- B. No
- C. Not sure

38. During your life, how often have you felt that you were able to talk to a friend about your feelings?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

**The next section asks about cigarette smoking.**

39. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

40. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- B. 8 years old or younger
- C. 9 years old

- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old or older

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

42. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- C. I got them on the Internet
- D. I gave someone else money to buy them for me
- E. I borrowed (or bummed) them from someone else
- F. A person who can legally buy cigarettes gave them to me
- G. I took them from a store or family member
- H. I got them some other way

43. If you wanted to get some cigarettes, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

44. 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? (Risk means the chance that something bad could happen.)

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

45. How wrong do your **parents or guardians** feel it would be for **you** to smoke cigarettes?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

**The next section asks about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. Do not include marijuana.**

46. Have you ever used an electronic vapor product?

- A. Yes
- B. No

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

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

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

49. How wrong do you think it is for someone your age to use electronic vapor products?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

**The next section asks about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, whiskey, etc. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

50. Have you ever had a drink of alcohol? (Do not count a few sips.)

- A. Yes
- B. No

51. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old or older

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

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

53. Out of every 10 students in your grade at school, how many do you think have drunk alcohol in the past 30 days?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8
- J. 9
- K. 10

54. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

55. How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly **every day**? (Risk means the chance that something bad could happen.)
- A. Great risk
  - B. Moderate risk
  - C. Slight risk
  - D. No risk
56. How wrong do **you** think it is for **someone your age** to drink alcohol regularly (at least once or twice a month)?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all
57. How wrong do **your parents or guardians** feel it would be for **you** to drink alcohol regularly (at least once or twice a month)?
- A. Very wrong
  - B. Wrong
  - C. A little bit wrong
  - D. Not wrong at all

**The next section asks about marijuana use. Marijuana also is called pot, weed, or cannabis.**

58. Have you ever used marijuana?
- A. Yes
  - B. No
59. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old or older
60. 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
61. During the past 30 days, how did you use marijuana? (Select all that apply.)
- A. I did not use marijuana during the past 30 days
  - B. I smoked it
  - C. I ate it (in an edible, candy, tincture, or other food)
  - D. I used a vaporizer
  - E. I dabbled it
  - F. I used it in some other way
62. Out of every 10 students in your grade at school, how many do you think have used marijuana in the past 30 days?
- A. 0
  - B. 1
  - C. 2
  - D. 3
  - E. 4
  - F. 5
  - G. 6



- H. 7
- I. 8
- J. 9
- K. 10

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

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

64. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana **regularly**? (Risk means the chance that something bad could happen.)

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

65. How wrong do **you** think it is for **someone your age** to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

66. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

**The next section asks about other drugs.**

67. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- A. Yes
- B. No

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

- A. Yes
- B. No

69. If you wanted to get a drug like cocaine, LSD, amphetamines, or another illegal drug, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

**The next section asks about sexual health.**

70. Have you ever had sexual intercourse?

- A. Yes
- B. No

71. How old were you when you had sexual intercourse for the first time?

- A. I have never had sexual intercourse
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old

- E. 11 years old
- F. 12 years old
- G. 13 years old or older

72. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- A. I have never had sexual intercourse
- B. Yes
- C. No

73. The **last time** you had sexual intercourse, did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. Yes
- C. No

**The next section asks 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.**

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

- A. I did not eat fruit during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

75. During the past 7 days, how many times did you eat **vegetables** such as green salad, potatoes, carrots, and other vegetables? (Do **not** count french fries, fried potatoes, or potato chips.)

- A. I did not eat vegetables during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

76. 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.)

- A. I did not drink soda or pop during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

77. During the past 7 days, did you drink a **can, bottle, or glass** of any of the following beverages one or more times per day? (Please select all that apply)

- A. Sports drink, such as Gatorade or PowerAde (Do not count low-calorie sports drinks such as Propel or G2.)
- B. Energy drink, such as Red Bull or Jolt (Do not count diet energy drinks.)
- C. Other sugar-sweetened beverage, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or SunnyDelight
- D. Diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero
- E. Plain water, such as tap, bottled, or unflavored sparkling water
- F. Something else

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

- A. 0 days

- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

**The next section asks about physical activity and other health topics.**

79. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)

- A. Less than 1 hour per day
- B. 1 hour per day
- C. 2 hours per day
- D. 3 hours per day
- E. 4 hours per day
- F. 5 or more hours per day

80. 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.)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

81. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

82. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

83. Has a doctor or nurse ever told you that you have asthma?

- A. Yes
- B. No
- C. Not sure

84. How often do you feel safe and secure in your neighborhood?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

85. During the past 30 days, where did you usually sleep? (Select all that apply.)
- A. In my parent's or guardian's home
  - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
  - C. In a shelter or emergency housing
  - D. In a motel or hotel
  - E. In a car, park, campground, or other public place
  - F. I do not have a usual place to sleep
  - G. Somewhere else
86. If you wanted to get a handgun, how easy would it be for you to get one?
- A. Very hard
  - B. Sort of hard
  - C. Sort of easy
  - D. Very easy
87. How long would it take you to get and be ready to fire a loaded gun without a parent or other adult's permission? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.
- A. I could not get a loaded gun
  - B. Less than 10 minutes
  - C. 10 or more minutes, but less than 1 hour
  - D. 1 or more hours, but less than 4 hours
  - E. 4 or more hours, but less than 24 hours
  - F. 24 or more hours

**The next section asks about your school.**

88. Do you agree or disagree that you feel like you belong at your school?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
89. Are your school grades better than the grades of most students in your class?
- A. Definitely
  - B. Usually
  - C. Not often
  - D. Definitely not
90. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?
- A. Yes
  - B. No
91. How important do you think it is for you to finish high school?
- A. Very important
  - B. Important
  - C. Not very important
  - D. Not at all important

**The next section asks about experiences with racism. Racism is the disrespect, harm, and mistreatment of people based on their race or ethnicity.**

92. During the past 12 months, have you experienced any of the following forms of racism? (Select all that apply.)
- A. Treated badly or unfairly in school because of your race or ethnicity
  - B. Watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity
  - C. People assumed you are less intelligent because of your race or ethnicity

- D. Seen your parents or other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture
- E. I did not experience any of these forms of racism

**Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next section asks about your experiences during this time, whether in the past or continuing now.**

93. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

94. During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?

- A. My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
- B. Yes
- C. No

95. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

- F. Always
- G. Most of the time
- H. Sometimes
- I. Rarely
- J. Never

96. Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

97. During the COVID-19 pandemic, how often did a parent or other adult in your home swear at you, insult you, or put you down?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

98. During the COVID-19 pandemic, how often did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

Have you fully completed your survey? If so, select "Yes" and press "SUBMIT" to record your responses. You cannot edit your responses after submitting. If you are not finished, select "No" and use the back arrow to return to any incomplete section.

- A. Yes
- B. No