

You are being asked to participate in the Illinois Youth Survey, a study of middle and high school students conducted in Illinois every two years. The questions ask you about a number of different things, including health and social indicators such as substance use and perceptions, bullying, violence, and other information about your school and your family. This is a way for state and community leaders to learn about what young people are concerned about and how each of the topics affects them.

If this study is to be helpful, it is important that you answer each question as thoughtfully and honestly as possible. Your answers will be kept strictly confidential, which means that no one will know how you answered the questions, and no one at school will see your answers.

Your participation is completely voluntary. If you choose to begin the survey, you don't have to answer any questions you don't want to, and you can stop the survey at any time. It will take 40-45 minutes to complete.

Other students have said that the survey is interesting and they enjoy filling it out. We hope you will, too. Please be patient if some questions don't apply to you: we need to ask everyone the same questions. Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

## 2020 ILLINOIS YOUTH SURVEY 8TH GRADE FORM

### INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers. We would like you to work fairly quickly, so you can finish.
2. Answer each question by marking one of the answer spaces. If you don't find an answer that fits exactly, use the one that comes closest. If a question does not apply to you, or you are not sure what it means, just leave it blank.
3. Your answers will be read automatically by a machine called an optical mark reader. Please follow these instructions carefully:

- Use only the black lead pencil you have been given.
- Make heavy black marks inside the circles.
- Erase evenly any answer you wish to change.
- Make no other markings or comments on the answer pages.

This kind of mark will work:  
Correct Mark:



These kinds of marks will NOT work:  
Incorrect Marks:



4. Do not write your name anywhere on the survey.
5. Respect the privacy of others by looking only at your own survey.

**D1. How old are you?**

- 9  10  11  12  13  14 or older

**D2. What grade are you in?**

- 6th  7th  8th

**D3. Are you:**

- Female  
 Male  
 Transgender  
 Do not identify as Female, Male or Transgender

**D4. What is your race?**

- White  
 Black/African American  
 Latino/Latina  
 Asian American  
 Native American/American Indian  
 Multi-racial  
 Other

**D5. Who do you live with MOST OF THE TIME? (select one)**

- Both parents  
 Parent and step parent  
 Mother only  
 Father only  
 Split time between parents  
 Legal guardian  
 Foster parent (including relatives if they are your foster parent)  
 Group home or residential care  
 Grandparents only

**D6. What is your zip code?**

6	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

**D7. At school, are you eligible to receive: (select one)**

- Free lunch  
 Reduced price lunch  
 Neither

**D8. About how many days are you absent from school during an entire year?**

- 0-9 days  20-30 days  
 10-19 days  More than 30 days

**The following questions ask about your ACTIVITIES**

**A1. In which of the following activities do you participate?**

- | Yes                   | No                    |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | School sports team                                       |
| <input type="radio"/> | <input type="radio"/> | Other sports   |
| <input type="radio"/> | <input type="radio"/> | School clubs   |
| <input type="radio"/> | <input type="radio"/> | Service clubs or volunteer projects (e.g., Scouting, 4H) |
| <input type="radio"/> | <input type="radio"/> | Other activity clubs (e.g., Boys & Girls, YMCA, etc.)    |
| <input type="radio"/> | <input type="radio"/> | Church or other faith-based youth group                  |

**The following questions ask about what you THINK or FEEL**

**P1. If you wanted to get beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) how easy would it be for you to get some?**

- Very hard  Sort of easy  
 Sort of hard  Very easy

**P2. If you wanted to get e-cigarettes or other vaping products, how easy would it be for you to get some?**

- Very hard  Sort of easy  
 Sort of hard  Very easy

**P3. If you wanted to get cigarettes, how easy would it be for you to get some?**

- Very hard  Sort of easy  
 Sort of hard  Very easy

**P4. If you wanted to get marijuana, how easy would it be for you to get some?**

- Very hard  Sort of easy  
 Sort of hard  Very easy

**P5. If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?**

- Very hard  Sort of easy  
 Sort of hard  Very easy

**P6. If you wanted to get opioid medications from your home, how easy would it be for you to get some? Opioids include methadone, opium, morphine, fentanyl, Vicodin, MS Contin, codeine, Demerol, Roxycodone, hydrocodone (Lortab, Lorcet, Norco), Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and tramadol.**

- Very hard  Sort of easy  
 Sort of hard  Very easy

**P7. How wrong would most adults (over 21) in your community think it is for kids your age:**

										Very wrong
										Wrong
										A little bit wrong
										Not wrong at all
a. to use marijuana?	<input type="radio"/>									
b. to drink alcohol?	<input type="radio"/>									
c. to use e-cigarettes or other vaping products?	<input type="radio"/>									
d. to smoke cigarettes?	<input type="radio"/>									

**P8. How wrong do you think it is for someone your age to:**

										Very wrong
										Wrong
										A little bit wrong
										Not wrong at all
a. drink beer, wine, or hard liquor (e.g., vodka, whiskey or gin) regularly?	<input type="radio"/>									
b. use e-cigarettes or other vaping products?	<input type="radio"/>									
c. smoke cigarettes?	<input type="radio"/>									
d. use marijuana?	<input type="radio"/>									
e. use prescription drugs not prescribed to them?	<input type="radio"/>									

P9. How wrong do your parents feel it would be for you to:

Very wrong				
Wrong				
A little bit wrong				
Not wrong at all				

- a. drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?
- b. have one or two drinks of an alcoholic beverage nearly every day?
- c. use e-cigarettes or other vaping products?
- d. smoke tobacco?
- e. use marijuana?
- f. use prescription drugs not prescribed to you?

P10. How wrong do your friends feel it would be for you to:

Very wrong				
Wrong				
A little bit wrong				
Not wrong at all				

- a. have one or two drinks of an alcoholic beverage nearly every day?
- b. use e-cigarettes or other vaping products?
- c. smoke tobacco?
- d. use marijuana?
- e. use prescription drugs not prescribed to you?

P11. How much do you think people risk harming themselves (physically or in other ways) if they:

Great risk				
Moderate risk				
Slight risk				
No risk				

- a. smoke one or more packs of cigarettes per day?
- b. use e-cigarettes or other vaping products?
- c. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- d. have five or more drinks of an alcoholic beverage once or twice a week?
- e. use marijuana once or twice a week?
- f. use prescription drugs that are not prescribed to them?

P12. What are the chances you would be seen as cool if you:

Very good chance				
Pretty good chance				
Some chance				
Little chance				
No or very little chance				

- a. used e-cigarettes or other vaping products?
- b. smoked cigarettes?
- c. began drinking alcohol regularly, that is, at least once or twice a month?
- d. used marijuana?

P13. How much do you think people YOUR AGE risk harming themselves (physically or in other ways) if they use alcohol once or twice per month?

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

P14. 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

P15. Is there an adult you know (other than your parent) you could talk to about important things in your life?

- No
- Yes, one adult
- Yes, more than one adult

The next question asks about DRUG USE

U1. When, if ever, did you FIRST:

During the past 12 months				
More than 12 months ago				
Never have				

- a. drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)?
- b. smoke a cigarette, even just a puff?
- c. use an e-cigarette or other vaping product?
- d. use marijuana?

Think about the PAST 30 DAYS

U2. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- 1-5 cigarettes per day
- About one-half pack per day
- About one pack per day
- More than 1 pack per day

U3. How frequently have you:

More than once a day				
About once a day				
Once or twice per week				
Once or twice				
Never				

- a. used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?
- b. smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?
- c. used e-cigarettes or other vaping products during the past 30 days?
- d. used a hookah or water pipe during the past 30 days?

U4. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10-19 occasions
- 20 or more occasions

U5. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- None
- 3-5 times
- Once
- 6-9 times
- Twice
- 10 or more times

U6. On how many occasions (if any) have you used marijuana during the past 30 days?

- 0 occasions
- 6-9 occasions
- 1-2 occasions
- 10-19 occasions
- 3-5 occasions
- 20 or more occasions

U7. In the past 30 days, have you used marijuana in any of the following ways?

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a. Smoked it (in a joint, bong, pipe, blunt) | <input type="radio"/> | <input type="radio"/> |
| b. Vaporized it (e.g., vapor pen)            | <input type="radio"/> | <input type="radio"/> |
| c. Ate it (in brownies, cakes, candy, etc.)  | <input type="radio"/> | <input type="radio"/> |
| d. Dabbed it                                 | <input type="radio"/> | <input type="radio"/> |

U8. During the past 30 days have you used prescription drugs not prescribed to you?

- Yes
- No

**Now think about the PAST YEAR or 12 MONTHS**

U9. In the past year, on how many occasions (if any) have you:

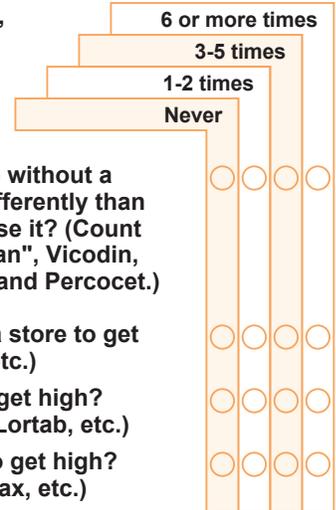


- |  | 0 occasions           | 1-2 occasions         | 3-5 occasions         | 6-9 occasions         | 10-19 occasions       | 20 or more occasions  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. had beer, wine, or liquor?  | <input type="radio"/> |
| b. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?                                   | <input type="radio"/> |
| c. used any tobacco product including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe? | <input type="radio"/> |
| d. used marijuana?   | <input type="radio"/> |
| e. used MDMA ("ecstasy")?  | <input type="radio"/> |
| f. used LSD or other psychedelics?   | <input type="radio"/> |
| g. used cocaine or crack?  | <input type="radio"/> |
| h. used nazuphan ("narz", "fan", "zee")?   | <input type="radio"/> |
| i. used meth (methamphetamine)?  | <input type="radio"/> |
| j. used heroin?  | <input type="radio"/> |
| k. used e-cigarettes or other vaping products?   | <input type="radio"/> |
| l. used synthetic marijuana (K2, spice, or fake weed)?   | <input type="radio"/> |
| m. used marijuana and alcohol at the same time?  | <input type="radio"/> |
| n. used alcohol and energy drinks at the same time?  | <input type="radio"/> |

U10. During the past year have you used prescription drugs NOT PRESCRIBED TO YOU?

- Yes
- No

U11. During the past 12 months, how often have you used:



- |   | Never                 | 1-2 times             | 3-5 times             | 6 or more times       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine/"lean", Vicodin, OxyContin, hydrocodone, and Percocet.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. something you bought in a store to get high? (e.g., cough syrup, etc.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

U12. In the past year, did you get prescription drugs NOT PRESCRIBED TO YOU from any of the following sources?

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a. I bought them from someone (friend, relative, stranger, etc.)                           | <input type="radio"/> | <input type="radio"/> |
| b. I took them from home without the knowledge of my parents/guardians                     | <input type="radio"/> | <input type="radio"/> |
| c. I took them from someone else's home  | <input type="radio"/> | <input type="radio"/> |
| d. My parents gave them to me  | <input type="radio"/> | <input type="radio"/> |
| e. Someone other than my parents gave them to me (friend, relative, friends' parent, etc.) | <input type="radio"/> | <input type="radio"/> |

U13. How frequently have you smoked cigarettes during the past year?

- Not at all
- Less than one cigarette per day
- 1 to 5 cigarettes per day
- About one-half pack per day
- About one pack per day
- More than 1 pack per day

U14. During the past year, did you get any tobacco products from the following sources?

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. I bought them at a gas station, store, or mall | <input type="radio"/> | <input type="radio"/> |
| b. A friend gave them to me                       | <input type="radio"/> | <input type="radio"/> |
| c. My older brother or sister gave them to me     | <input type="radio"/> | <input type="radio"/> |
| d. Bought online                                  | <input type="radio"/> | <input type="radio"/> |
| e. My parents WITH their permission               | <input type="radio"/> | <input type="radio"/> |
| f. My parents WITHOUT their permission            | <input type="radio"/> | <input type="radio"/> |

U15. During the past year, did you get any e-cigarettes or other vaping products from the following sources?

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. I bought them at a gas station, store, or mall | <input type="radio"/> | <input type="radio"/> |
| b. A friend gave them to me                       | <input type="radio"/> | <input type="radio"/> |
| c. My older brother or sister gave them to me     | <input type="radio"/> | <input type="radio"/> |
| d. Bought online                                  | <input type="radio"/> | <input type="radio"/> |
| e. My parents WITH their permission               | <input type="radio"/> | <input type="radio"/> |
| f. My parents WITHOUT their permission            | <input type="radio"/> | <input type="radio"/> |

U16. In the past year, did you get your own marijuana from any of the following sources?

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a. A friend gave it to me  | <input type="radio"/> | <input type="radio"/> |
| b. My parents WITH their permission                              | <input type="radio"/> | <input type="radio"/> |
| c. My parents WITHOUT their permission                           | <input type="radio"/> | <input type="radio"/> |
| d. My older brother or sister gave it to me                      | <input type="radio"/> | <input type="radio"/> |
| e. I bought it from someone who sells drugs                      | <input type="radio"/> | <input type="radio"/> |
| f. An adult (other than my parents) WITH that adult's permission | <input type="radio"/> | <input type="radio"/> |
| g. Someone else's medical marijuana prescription                 | <input type="radio"/> | <input type="radio"/> |
| h. My own medical marijuana prescription                         | <input type="radio"/> | <input type="radio"/> |

U17. During the past year, how often did you usually get your own beer, wine, or liquor from the following sources?

- |   | Never                 | Sometimes             | Often                 |
|---|-----------------------|-----------------------|-----------------------|
| a. I bought it at a gas station or store                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I bought it at a bar or restaurant                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I gave a stranger money to buy it for me                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. A friend gave it to me   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. My older brother or sister gave it to me                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. My parents WITH their permission                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. My parents WITHOUT their permission                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. An adult (other than my parents) WITH that adult's permission    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. An adult (other than my parents) WITHOUT that adult's permission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. I got it at a party  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Next, a few questions about your EXPERIENCES WITH FAMILY**

H1. In the past year have your parents/guardians talked to you about not using the following:

- |                                    |                           |                          |                                      |
|------------------------------------|---------------------------|--------------------------|--------------------------------------|
| a. Tobacco                         | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't remember |
| b. Alcohol                         | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't remember |
| c. Marijuana                       | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't remember |
| d. Opioids for non-medical reasons | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't remember |

H2. My family has clear rules about alcohol and drug use.

- Yes  
 No

H3. How many days each week do you take care of yourself after school without an adult being there?

- None  
 1 day  
 2 days  
 3 days  
 4+ days

H4. Think of those days that you are home after school without an adult being there. How many hours a day do you usually take care of yourself after school?

- Does not apply to me  
 Less than one per day  
 1-2 hours  
 3-5 hours  
 5+ hours

H5. If you drank some beer, wine, or liquor (e.g., vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

H6. If you go to a party where alcohol is served, would you be caught by your parents?

H7. When I am not at home, one of my parents/guardians knows where I am and who I am with.

H8. My parents/guardians ask if I've gotten my homework done.

H9. Would your parents/guardians know if you did not come home on time?

	Never	Sometimes	Most of the time	Always
H5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions are about SAFETY**

V1. How many times in the past year (12 months) have you:

- |  | Never                 | 1-2 times             | 3-5 times             | 6 or more times       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. been in a physical fight?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. carried a weapon such as a handgun, knife, or club? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. sold illegal drugs?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. been drunk or high at school?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

V2. In the past 12 months at school, how often have you been bullied, harassed, or made fun of because of your appearance or a disability?

- Never     1-2 times     3-5 times     6 or more times

V3. During the past 12 months, has another student at school:

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a. bullied you by calling you names?  | <input type="radio"/> | <input type="radio"/> |
| b. threatened to hurt you?  | <input type="radio"/> | <input type="radio"/> |
| c. bullied you by hitting, punching, kicking, or pushing you?   | <input type="radio"/> | <input type="radio"/> |
| d. bullied, harassed, or spread rumors about you on the Internet, social media, or through text messages? | <input type="radio"/> | <input type="radio"/> |

V4. During the past 30 days, how many days did you not go to school because you felt you would be unsafe?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

V5. In the past 12 months, have you been slapped, kicked, punched, hit, or threatened in a dating relationship?

- I have not begun to date
- Yes
- No
- Not sure

**Now, some questions about your SCHOOL EXPERIENCES**

S1. Putting them all together, what were your grades like for the last year?

- Mostly A
- Mostly A and B
- Mostly B
- Mostly B and C
- Mostly C
- Mostly C and D
- Mostly D
- Mostly F

S2. How true are the following statements?

At my school, there is a teacher or some other adult:

- |  |                  |  |
|--|------------------|--|
|  | Very much true   |  |
|  | Pretty much true |  |
|  | A little true    |  |
|  | Not at all true  |  |
- a. who really cares about me.
  - b. who notices when I'm not there.
  - c. who listens to me when I have something to say.
  - d. who notices if I have trouble learning something.
  - e. who tells me when I do a good job.
  - f. who always wants me to do my best.
  - g. who believes I will be a success.
  - h. who encourages me to work hard in school.

S3. How true are the following statements?

- |  |                  |  |
|--|------------------|--|
|  | Very much true   |  |
|  | Pretty much true |  |
|  | A little true    |  |
|  | Not at all true  |  |
- a. At school, I do interesting activities.
  - b. At school, I help decide things like class activities or rules.
  - c. At school, I do things that make a difference.

S4. How strongly do you agree or disagree with the following statements about your school?

- |  |                            |  |
|--|----------------------------|--|
|  | Strongly agree             |  |
|  | Agree                      |  |
|  | Neither agree nor disagree |  |
|  | Disagree                   |  |
|  | Strongly disagree          |  |
- a. I feel close to people at this school.
  - b. I am happy to be at this school.
  - c. I feel safe in my school.
  - d. The teachers at this school treat students fairly.

**The following questions are about WHAT YOU EAT and your PHYSICAL ACTIVITY**

N1. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle following each number.

Example

Feet	5	<input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Inches	7	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input checked="" type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

Feet		<input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Inches		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

**N2. How much do you weigh without your shoes on?**

Directions: Write your weight in the shaded blank boxes.  
Fill in the matching circle below each number.

Example

Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

**N3. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?**

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

**N4. During the past 7 days, how many times did you eat fruit?**

- I did not eat fruit 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

**N5. During the past 7 days, how many times did you eat vegetables?**

- I did not eat vegetables 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

**N6. During the past 30 days, how often did you go hungry because there was not enough food in your home?**

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

**N7. On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"? (e.g., TV, videos, streaming, gaming (Xbox, PlayStation, or internet-based games), smart phone use, texting, social media, or the Internet)**

- No screen time on an average school day
- Less than 2 hours per day
- 2-3 hours per day
- 4-6 hours per day
- 7 or more hours per day

**N8. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)**

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

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

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

Thank you for sharing your point of view. If any survey questions or your response to a survey question has caused you to feel uncomfortable or concerned and you would like to talk to someone about your feelings, you should talk to your school's counselor, talk to a teacher or talk to another adult you trust. If you would rather talk to someone who doesn't know you, go to the website on the pencil you were given to complete this survey ([iys.cprd.illinois.edu/resources/hotlines](http://iys.cprd.illinois.edu/resources/hotlines)). This website has phone numbers you can call to share your feelings with someone who can help.

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