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.

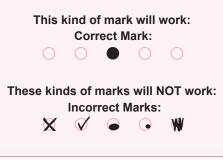
2022 ILLINOIS YOUTH SURVEY HIGH SCHOOL FORM

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



CENTER PERF

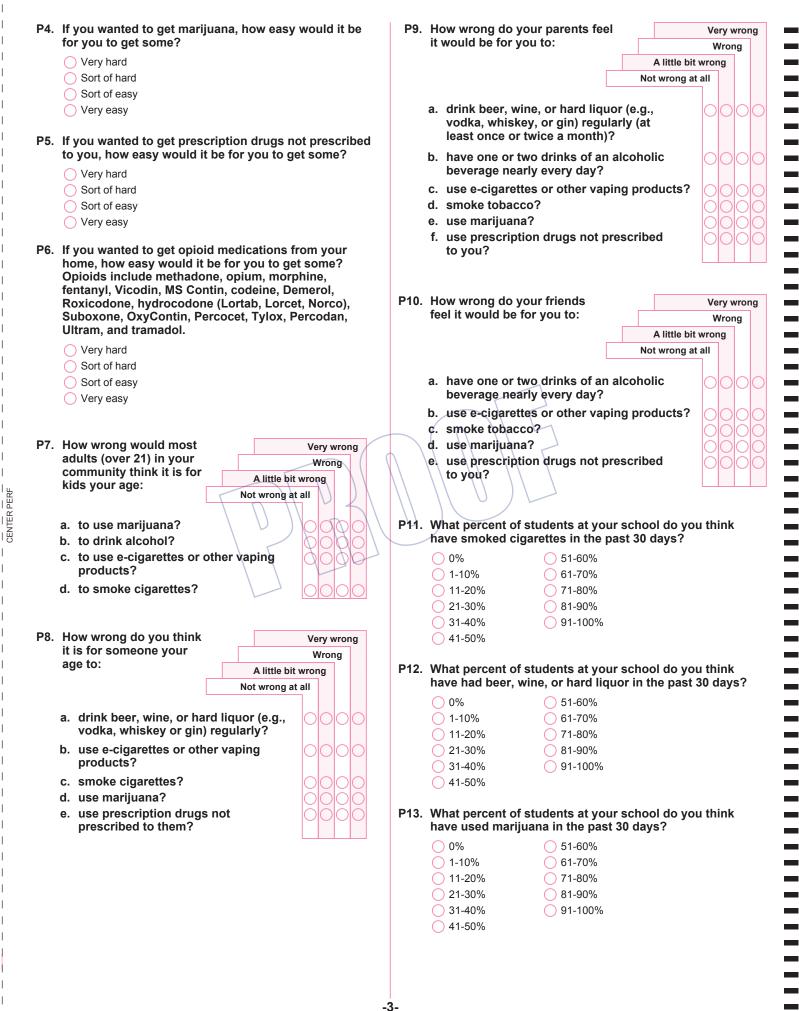


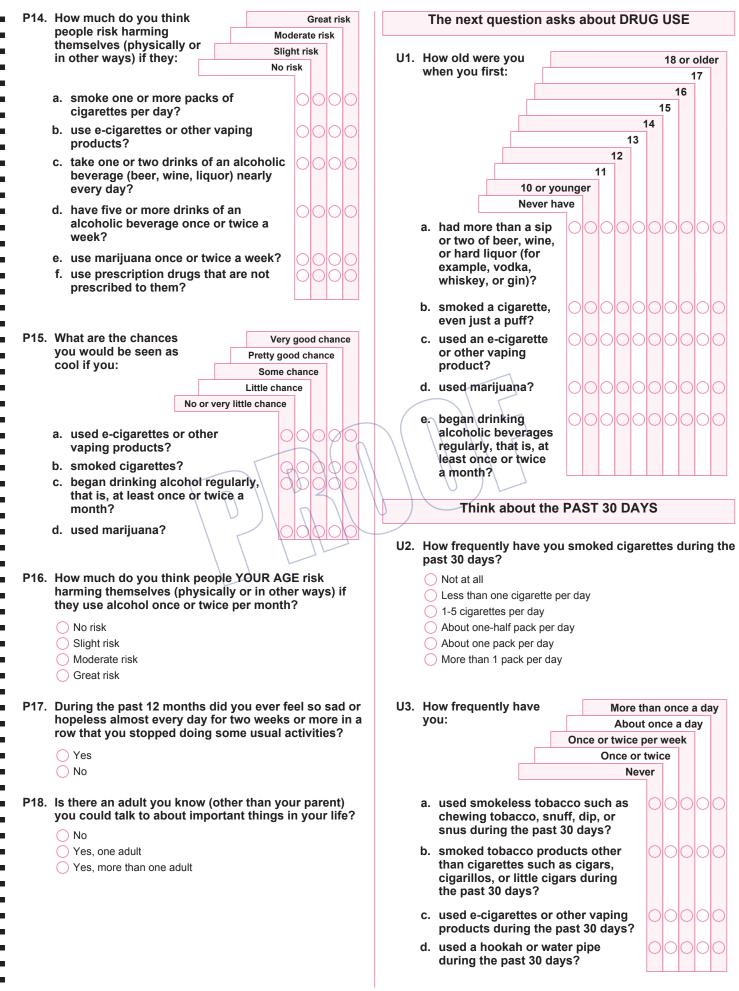


D1. How old are you?	D9. At school, are you eligible to receive: (select one)
■ ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○ 19+	Free lunch
	Reduced price lunch
D2. What grade are you in?	O Neither
■ ● 9th ● 10th ● 11th ● 12th	
	D10. About how many days are you absent from school
D3. Are you:	during an entire year?
	O-9 days
	○ 10-19 days
	O 20-30 days
Do not identify as Female, Male or Transgender	More than 30 days
D4. Which of the following best describes you?	The following questions ask about your ACTIVITIES
Heterosexual (straight)	
Gay or lesbian	
Bisexual	A1. In which of the following activities do you participate?
I describe my sexual identity some other way	Yes No
I am not sure about my sexual identity (questioning)	School sports team
I do not know what this question is asking	Other sports
	School clubs
D5. What is your race?	Service clubs or volunteer projects (e.g., Scouting, 4H)
White	Other activity clubs (e.g., Boys & Girls, YMCA, etc.)
Black/African American	Church or other faith-based youth group
	A2 On the survey structure about the second structure have menty have
Asian American	A2. On the average over the school year, how many hours per week do you work in a paid or unpaid job?
Native American/American Indian	
Multi-racial	O None
Other	5 or less hours
D6. Who do you live with MOST OF THE TIME? (select one)	6 to 10 hours
	11 to 15 hours
Both parents	21 to 25 hours
 Parent and step parent Mother only 	26 to 30 hours
Father only	More than 30 hours
Split time between parents	
 Legal guardian Eoster parent (including relatives if they are your foster parent) 	The following questions ask about what you
 Foster parent (including relatives if they are your foster parent) 	The following questions ask about what you THINK or FEEL
 Foster parent (including relatives if they are your foster parent) Group home or residential care 	
 Foster parent (including relatives if they are your foster parent) 	
 Foster parent (including relatives if they are your foster parent) Group home or residential care Grandparents only 	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
 Foster parent (including relatives if they are your foster parent) Group home or residential care Grandparents only Living independently 	THINK or FEEL P1. If you wanted to get beer, wine, or hard liquor (e.g.,
 Foster parent (including relatives if they are your foster parent) Group home or residential care Grandparents only Living independently 	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
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 Foster parent (including relatives if they are your foster parent) Group home or residential care Grandparents only Living independently D7. During the past 30 days, where did you usually sleep? In my parent's or guardian's home 	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
 Foster parent (including relatives if they are your foster parent) Group home or residential care Grandparents only Living independently D7. During the past 30 days, where did you usually sleep? In my parent's or guardian's home In the home of a friend, family member, or other person 	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 hard
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 Foster parent (including relatives if they are your foster parent) Group home or residential care Grandparents only Living independently D7. During the past 30 days, where did you usually sleep? In my parent's or guardian's home 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 	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 hard Sort of easy Very easy
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- Sort of easy
- Very easy

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-4-

U4.	On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?	Now think about the PAST YEAR or 12 MONTHS			
	O occasions	20			
	1-2 occasions	U9. In the past year, on how 20 or more occasion	าร		
(3-5 occasions	many occasions (if any) 10-19 occasions	10-19 occasions 6-9 occasions		
	6-9 occasions	have you: 6-9 occasions			
	10-19 occasions	3-5 occasions			
		1-2 occasions			
	20 or more occasions	0 occasions			
U5.	Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?	a. had beer, wine, or liquor? b. sniffed glue, breathed the			
	○ None	contents of an aerosol spray can,			
	Once	or inhaled other gases or sprays			
	Twice	in order to get high?			
	3-5 times	c. used any tobacco product including smokeless tobacco,	10		
	6-9 times	tobacco smoked through			
	10 or more times	cigarettes or cigars/cigarillos, or			
		tobacco used in a hookah water			
U6.	On how many occasions (if any) have you used marijuana during the past 30 days?	pipe?			
	O occasions	d. used marijuana?			
	1-2 occasions	e. used MDMA ("ecstasy")?			
	3-5 occasions	f. used LSD or other psychedelics?			
	6-9 occasions	g. used cocaine or crack?			
	0 10-19 occasions	h. used nazuphan ("narz", "fan",			
	20 or more occasions	"zee")?			
		i. used meth (methamphetamine)?	IC)		
17.	In the past 30 days, have you used marijuana in any of	j. used heroin?	C		
	the following ways?	k. used e-cigarettes or other vaping products?	C		
	a. Smoked it (in a joint, bong, pipe, blunt)	I. used synthetic marijuana (K2,	C		
	b. Vaporized it (e.g., vapor pen) c. Ate it (in brownies, cakes, candy, etc.)	spice, or fake weed)? m. used marijuana and alcohol at			
	d. Dabbed it	the same time? n. used alcohol and energy drinks			
J8.	During the past 30 days have you used prescription drugs not prescribed to you?	at the same time?			
	○ Yes○ No	U10. During the past year have you used prescription drug	js		
		Yes			
		No			
		U11. During the past 12 months, how often have you used: 1-2 times Never	es		
		 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.) b. something you bought in a store to get birth? (a group of the symmetry at a birth?) 	C		
		high? (e.g., cough syrup, etc.) c. prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)	C		
		d. other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)	0		
			L		

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I bought them from someone (friend, relative, stranger, etc.)	Yes	No
Literate the second s		C
I took them from home without the knowledge of my parents/guardians	0	С
I took them from someone else's home My parents gave them to me Someone other than my parents gave them	000	000
to me (friend, relative, friends' parent, etc.)		
ow frequently have you smoked cigarettes du ast year?) Not at all	iring t	ne
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		
uring the past year, did you get any tobacco p om the following sources?	orodu	cts
	Yes	No
I bought them at a gas station, store, or mall	0	C
A friend gave them to me	Ø	C
My older brother or sister gave them to me	Q	R
Bought online	18	Y
My parents WITH their permission My parents WITHOUT their permission	Ø	C
uring the past year, did you get any e-cigarett ther vaping products from the following source		
I bought them at a gas station, store, or mall	<u>Yes</u>	Nc C
A friend gave them to me My older brother or sister gave them to me	0	
Bought online	\tilde{O}	č
My parents WITH their permission	0000	č
My parents WITHOUT their permission	Õ	Õ
the past year, did you get your own marijuan ny of the following sources?	ia fror	n
	Yes	No
A friend gave it to me	0	C
My parents WITH their permission	Õ	Õ
My parents WITHOUT their permission	\bigcirc	C
My older brother or sister gave it to me I bought it from someone who sells drugs	\mathbf{O}	
An adult (other than my parents) WITH	0	000000
mai aunii 5 permission	\bigcirc	С
Someone else's medical marijuana prescription	\bigcirc	
Α	nat adult's permission	n adult (other than my parents) WITH on a dult's permission omeone else's medical marijuana one one else's medical marijuana

- U17. During the past year, how often did you usually get your own beer, wine, or liquor from the following sources?
 a. I bought it at a gas station or store
 - b. I bought it at a bar or restaurant
 - c. I gave a stranger money to buy it for me
 - d. A friend gave it to me
 - e. My older brother or sister gave it to me

Often

Sometimes

Never

- f. My parents WITH their permission
- g. My parents WITHOUT their permission
 h. An adult (other than my parents) WITH that adult's permission
- i. An adult (other than my parents) WITHOUT that adult's permission
- j. I got it at a party
- k. Curbside/Home delivery
- U18. During the past 12 months, how often have you experienced the following WHILE or AFTER DRINKING ALCOHOL:
 - a. Performed poorly on a test or important project
 - b. Been in trouble with the police
 - c. Damaged property
 - d. Got into an argument or fight
 - e. Been hurt or injured
 - f. Been a victim of a violent crime
 - g. Been treated in a hospital Emergency Department
 - h. A friend who is about your age said they were worried about your alcohol use
- U19. During the past 12 months, did you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
 - O Yes
 - O No
- U20. During the past 12 months, did you ever use alcohol or drugs while you were by yourself, ALONE?
 - YesNo
- U21. During the past 12 months, did you ever FORGET things you did while using alcohol or drugs?
 - YesNo
- U22. During the past 12 months, did your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
 - O Yes
 - O No

Always

- U23. During the past 12 months, have you gotten into TROUBLE while you were using alcohol or drugs?
 - YesNo
- U24. During the past 12 months, have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
 - Yes
 - O No
- U25. During the past 12 months, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 - O Never
 - 1-2 times
 - 3-5 times
 - 6 or more times
- U26. During the past 12 months, how many times did you drive a car or other vehicle when you had been using marijuana?
 - O Never
 - 1-2 times
 - 3-5 times
 - 6 or more times
- U27. During the past 12 months, did you worry about any of your friends' substance use? (Only include concerns about alcohol and other drugs. Do not include tobacco, e-cigarettes, or other vaping products.)
 - O Yes
 - O No

The following questions are about RECOVERY FROM SUBSTANCE USE

- U28. Besides nicotine, did you used to have a problem with drugs or alcohol, but no longer do?
 - O Yes
 - 🔵 No
- U29. With which substance do you no longer have a problem? (select all that apply)
 - Does not apply
 - Alcohol
 - 🔵 Marijuana
 - Opioids
 - Other substance
- U30. Do you consider yourself to be in recovery?
 - 🔵 Yes
 - O No

H4. If you drank some beer, wine, or liquor (e.g., vodka, whiskey, or gin) without your

Next, a few questions about your

EXPERIENCES WITH FAMILY

H1. In the past year have your parents/guardians talked

🔵 Yes 🔵 No

No

No

O No

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

H3. In the past year, have your parents/guardians talked

with you about not drinking and driving or riding with

O Don't remember

O Don't remember

On't remember

O Don't remember

to you about not using the following:

) Yes

Yes

O Yes

a. Tobacco

b. Alcohol

c. Marijuana

d. Opioids for

a drunk driver?

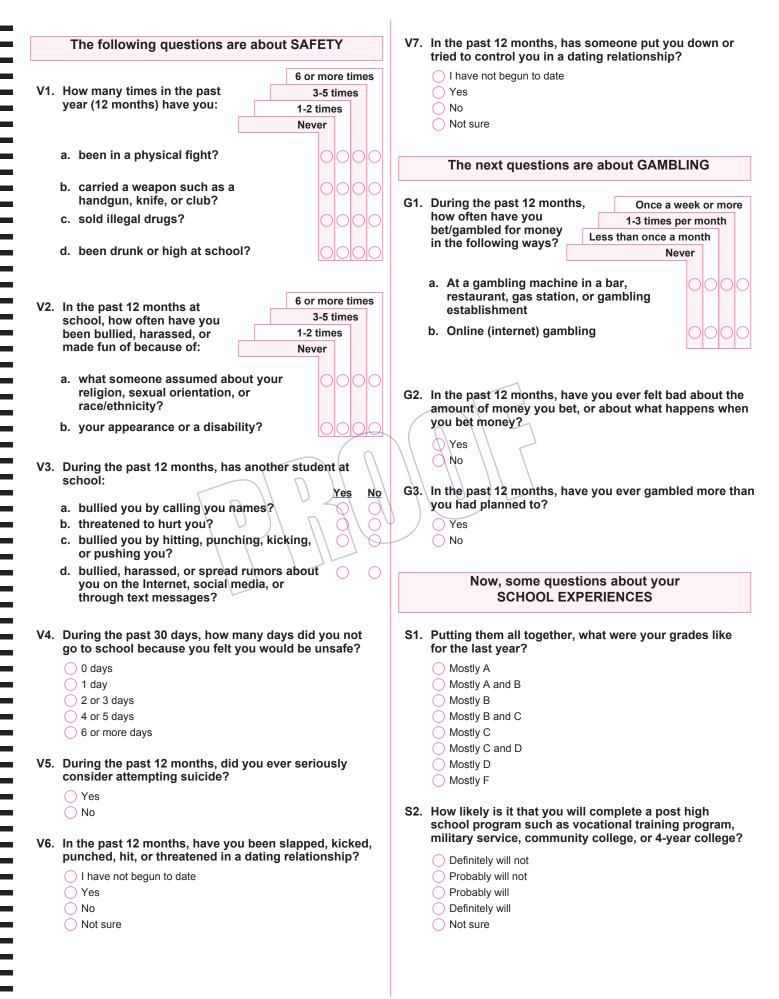
Yes
 No

Yes

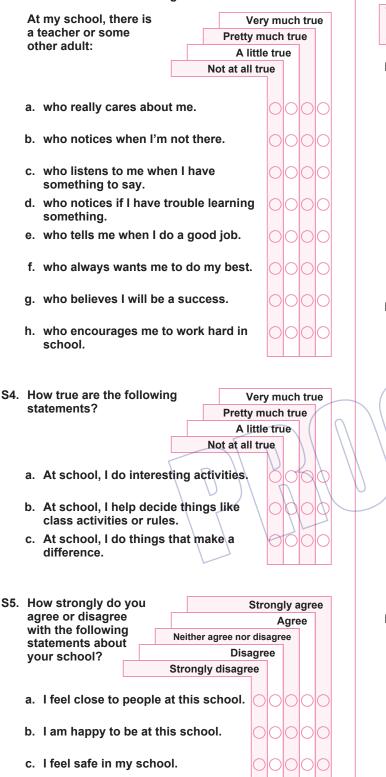
No

non-medical reasons

- (e.g., vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?
- H5. If you go to a party where alcohol is served, would you be caught by your parents?
- H6. If you drank and drove, would you be caught by your parents/guardians?
- H7. If you rode in a car driven by a teen driver who had been drinking, would you be caught by your parents/guardians?
- H8. When I am not at home, one of my parents/guardians knows where I am and who I am with.
- H9. My parents/guardians ask if I've gotten my homework done.
- H10. Would your parents/guardians know if you did not come home on time?



S3. How true are the following statements?



d. The teachers at this school treat students fairly.

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

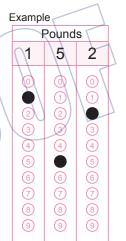
N1. How tall are you without your shoes on?

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



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.



Pounds			
		0123456789	

- 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
 - 4 days
 5 days
 - 6 days
 - 7 days
- N4. During the past 7 days, how many times did you eat fruit?
 - O 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 N8. During the past 7 days, on how many days were you vegetables? physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of I did not eat vegetables during the past 7 days physical activity that increases your heart rate and 1 to 3 times during the past 7 days makes you breathe hard some of the time.) 4 to 6 times during the past 7 days 🔿 0 days 1 time per day 2 times per day 1 day 3 times per day 2 days 4 or more times per day 3 days 4 days N6. During the past 30 days, how often did you go hungry 5 days because there was not enough food in your home?) 6 days 7 days Never Rarely Sometimes Most of the time Always How honest were you in filling out this survey? I was very honest N7. On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"? I was honest pretty much of the time (e.g., TV, videos, streaming, gaming (Xbox, I was honest some of the time PlayStation, or internet-based games), smart phone I was honest once in a while use, texting, social media, or the Internet) I was not honest at all 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

Thank you for sharing your point of view. If any survey questions or your responses have caused you to feel uncomfortable or concerned and you would like to talk to someone about your feelings, talk to your school's counselor, to a teacher, or 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. The website has phone numbers you can call to share your feelings with someone who can help.

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