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**

**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.

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. Which of the following best describes you?

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

D5. What is your race?

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

D6. 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

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
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

D8. 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 0

D9. At school, are you eligible to receive: (select one)

- Free lunch
- Reduced price lunch
- Neither

D10. About how many days are you absent from school during an entire year?

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

The following questions ask about your ACTIVITIES

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

Yes  No
- School sports team
- Other sports
- School clubs
- Service clubs or volunteer projects (e.g., Scouting, 4H)
- Other activity clubs (e.g., Boys & Girls, YMCA, etc.)
- 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 hard
- Sort of easy
- 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 hard
- Sort of easy
- Very easy

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

- Very hard
- Sort of hard
- Sort of easy
- Very easy

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

- Very hard
- Sort of hard
- Sort of easy
- 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 hard
- Sort of easy
- 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, Roxicodone, hydrocodone (Lortab, Loracet, Norco), Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and tramadol.

- Very hard
- Sort of hard
- Sort of easy
- Very easy
P7. How wrong would most adults (over 21) in your community think it is for kids your age:

- to use marijuana?
- to drink alcohol?
- to use e-cigarettes or other vaping products?
- to smoke cigarettes?

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

- drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly?
- use e-cigarettes or other vaping products?
- smoke cigarettes?
- use marijuana?
- use prescription drugs not prescribed to them?

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

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

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

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

P11. 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?
- use e-cigarettes or other vaping products?
- take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- have five or more drinks of an alcoholic beverage once or twice a week?
- use marijuana once or twice a week?
- use prescription drugs that are not prescribed to them?

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

- used e-cigarettes or other vaping products?
- smoked cigarettes?
- began drinking alcohol regularly, that is, at least once or twice a month?
- 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
U1. How old were you when you first:

- had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- smoked a cigarette, even just a puff?
- used an e-cigarette or other vaping product?
- used marijuana?
- began drinking alcoholic beverages regularly, that is, at least once or twice a month?

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:

- used smokeless tobacco such as chewing tobacco, snuff, dip, or snus during the past 30 days?
- smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars during the past 30 days?
- used e-cigarettes or other vaping products during the past 30 days?
- 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
- Once
- About one-half pack per day
- About one pack per day
- More than 1 pack per day

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

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

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

- Smoked it (in a joint, bong, pipe, blunt)
- Vaporized it (e.g., vapor pen)
- Ate it (in brownies, cakes, candy, etc.)
- Dabbed it

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

- Yes
- No

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

- had beer, wine, or liquor?
- sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high?
- used any tobacco product including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe?
- used marijuana?
- used MDMA ("ecstasy")?
- used LSD or other psychedelics?
- used cocaine or crack?
- used nazuphan ("narz", "fan", "zee")?
- used meth (methamphetamine)?
- used heroin?
- used e-cigarettes or other vaping products?
- used synthetic marijuana (K2, spice, or fake weed)?
- used marijuana and alcohol at the same time?
- used alcohol and energy drinks at the same time?
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:

- 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.)
- something you bought in a store to get high? (e.g., cough syrup, etc.)
- prescription painkillers to get high? (e.g., OxyContin, Vicodin, Lortab, etc.)
- other prescription drugs to get high? (e.g., Ritalin, Adderall, Xanax, etc.)

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

- I bought them from someone (friend, relative, stranger, etc.)
- I took them from home without the knowledge of my parents/guardians
- I took them from someone else's home
- My parents gave them to me
- Someone other than my parents gave them to me (friend, relative, friends’ parent, etc.)

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?

- I bought them at a gas station, store, or mall
- A friend gave them to me
- My older brother or sister gave them to me
- Bought online
- My parents WITH their permission
- My parents WITHOUT their permission

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

- I bought them at a gas station, store, or mall
- A friend gave them to me
- My older brother or sister gave them to me
- Bought online
- My parents WITH their permission
- My parents WITHOUT their permission

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

- A friend gave it to me
- My parents WITH their permission
- My parents WITHOUT their permission
- My older brother or sister gave it to me
- I bought it from someone who sells drugs
- An adult (other than my parents) WITH that adult’s permission
- Someone else’s medical marijuana prescription
- My own medical marijuana prescription
- I gave a stranger money to buy it at a marijuana dispensary

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

- I bought it at a gas station or store
- I bought it at a bar or restaurant
- I gave a stranger money to buy it for me
- A friend gave it to me
- My older brother or sister gave it to me
- My parents WITH their permission
- My parents WITHOUT their permission
- An adult (other than my parents) WITH that adult’s permission
- My parents gave it to me
- An adult (other than my parents) WITHOUT that adult’s permission
- I got it at a party
- Curbside/Home delivery

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:

- Tobacco
- Yes  No  Don’t remember
- Alcohol
- Yes  No  Don’t remember
- Marijuana
- Yes  No  Don’t remember
- Opioids for non-medical reasons
- Yes  No  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
V3. During the past 12 months, has another student at school:

a. bullied you by calling you names?  
   Yes  No

b. threatened to hurt you?

  

c. bullied you by hitting, punching, kicking, or pushing you?

  

d. bullied, harassed, or spread rumors about you on the Internet, social media, or through text messages?

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

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

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:

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?

a. At school, I do interesting activities.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

b. At school, I help decide things like class activities or rules.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

c. At school, I do things that make a difference.
   - Not at all true
   - A little true
   - Pretty much true
   - Very much true

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

a. I feel close to people at this school.
   - Neither agree nor disagree
   - Disagree
   - Agree
   - Strongly agree

b. I am happy to be at this school.
   - Neither agree nor disagree
   - Disagree
   - Agree
   - Strongly agree

c. I feel safe in my school.
   - Neither agree nor disagree
   - Disagree
   - Agree
   - Strongly agree

d. The teachers at this school treat students fairly.
   - Neither agree nor disagree
   - Disagree
   - Agree
   - Strongly agree

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

<table>
<thead>
<tr>
<th>Feet</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inches</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 5 2</td>
</tr>
</tbody>
</table>

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
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

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

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.