

2025 SHS QUESTIONNAIRE – 11TH GRADE



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SURVEY VERSION – FROM SURVEY BEING ADMINISTERED/DO NOT ASK

Indicate survey version

- 1 6th
- 2 8th
- 3 11th

CONSENT

S1. Do you agree to participate in the Student Health Survey (SHS)?

- 1 Yes
- 2 No

OVERALL HEALTH

1. Would you say that in general your emotional and mental health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

2. Would you say that in general your physical health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

WELL-BEING – ODD YEARS

We want to understand what types of things you are experiencing so we can get a better idea of how to help students in Oregon.

Let's start by seeing how you're doing overall.

3. What things in your life help with your emotional and mental health? **You can choose more than one.**

- 01 Friends
- 02 Family
- 02 A boyfriend, girlfriend or partner
- 03 Talking to a counselor, therapist or other mental health professional
- 04 After school programs or activities (clubs, sports, etc.)
- 05 Exercising
- 06 Religion/Faith (praying, attending church, gatherings)
- 07 Journaling
- 08 Spending time outdoors/in nature
- 09 Pets/animals
- 95 Something else fits better **(Please tell us more)** _____
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

TRUST – 8TH AND 11TH – ODD YEARS

The experiences you have with different people can impact your health.

We want to know how much you trust groups of people, organizations or institutions. When we say “trust”, we mean that you believe they are truthful, reliable and that they try to do the right thing for you and your community.

How much trust do you have in ...	No trust at all	A little trust	Some trust	A lot of trust	I am not sure	I don't know what this question is asking	I prefer not to answer
4. Your family	1	2	3	4	7	8	9
5. Your neighbors	1	2	3	4	7	8	9
6. Schools	1	2	3	4	7	8	9
7. Health care	1	2	3	4	7	8	9
8. Police	1	2	3	4	7	8	9
9. Government	1	2	3	4	7	8	9

POSITIVE YOUTH DEVELOPMENT (PYD) – ODD YEARS

For these next statements, mark how true you feel each is for you.

10. I can do most things if I try.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

11. I can work out my problems.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

12. There are people in my life who encourage me to do my best.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

13. I believe that I can make a difference in my community.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

SCHOOL CLIMATE

Please tell us how strongly you agree or disagree with the next statements.

14. There is at least one teacher or other adult in my school that really cares about me.

- 1 Very much true
- 2 Pretty much true
- 3 A little true
- 4 Not at all true
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

15. I feel safe at my school.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

SCHOOL CLIMATE – ODD YEARS

16. It is easy to talk with teachers and other adults at this school.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

17. I am happy to be at this school.
- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

I think this school welcomes and respects students...	Strongly agree	Agree	Disagree	Strongly disagree	I am not sure	I don't know what this question is asking	I prefer not to answer
18. Of all races and ethnicities	1	2	3	4	7	8	9
19. From all cultures	1	2	3	4	7	8	9
20. From all religions	1	2	3	4	7	8	9
21. Of all gender identities	1	2	3	4	7	8	9
22. Of all sexual orientations	1	2	3	4	7	8	9
23. Who have disabilities	1	2	3	4	7	8	9

24. In the past 30 days, have you missed any days of school?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

GRADES – ODD YEARS

25. What kind of grades do you usually get in school?
- 1 Mostly A's
 - 2 Mostly B's
 - 3 Mostly C's
 - 4 Mostly D's
 - 5 Mostly F's
 - 6 None of these grades
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

BULLYING

The next questions are about bullying.

If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet that will be handed out when you're done with the survey for details.

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

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

27. During the past 12 months, have you ever been bullied when you were not on school property?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

28. During the past 12 months, have you ever been electronically bullied? Count being bullied through texting, Instagram, other social media, online gaming, or livestreaming?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

ACCESS TO CARE – ODD YEARS

We'd like to see if you're able to get the physical and mental health care you need.

29. During the past year, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

30. During the past year, did you have any **emotional or mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

31. When did you last go to a doctor or nurse practitioner for a check-up when you were not sick or injured? DRNSVISX

- 1 During the past year
- 2 Between 1 and 2 years ago
- 3 More than 2 years ago
- 4 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

32. When did you last get a dental check-up, exam, teeth cleaning, or other dental work? DENTVISX

- 1 During the past year
- 2 Between 1 and 2 years ago
- 3 More than 2 years ago
- 4 Never
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

33. Have you ever had a cavity? **You can choose more than one.**

- 1 During the past year
- 2 Between 1 and 2 years ago
- 3 More than 2 years ago

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 4 I have never had a cavity
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

34. During the past year, did you miss one or more hours of school due to any of the following reasons? **You can choose more than one.**

- ☐ 1 I had a toothache or painful tooth
- ☐ 2 My mouth was hurting
- ☐ 3 I had to go to the dentist because of tooth or mouth pain (Do not include regular check-up visits.)
- ☐ 4 I had to go to the hospital emergency room because of tooth or mouth pain
- ☐ 5 I had a mouth injury from playing a sport

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- ☐ 6 I did not miss school for any of these reasons NOSCHORAL_F
- ☐ 7 I am not sure NOSCHORAL_NS
- ☐ 8 I don't know what this question is asking NOSCHORAL_DK
- ☐ 9 I prefer not to answer NOSCHORAL_REF

MENTAL HEALTH

Earlier we asked about your overall mental health, now we'd like to ask a few more questions about how you're feeling.

35. During the past 30 days, how often have you felt worried or stressed?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

36. During the past year, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

37. During the past year, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

SUICIDE PREVENTION

38. During the past year, did you ever consider attempting suicide?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

39. During the past year, did you attempt suicide?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

SEPARATE SCREEN

If you need emotional support, call or text the national mental health crisis hotline at **988**
for free and confidential help 24/7.

40. There is a teacher or some other adult in my school I feel safe going to if I need help.

- 1 Yes
- 2 No **SKIP TO Q42**
- 7 I am not sure **SKIP TO Q42**
- 8 I don't understand this question **SKIP TO Q42**
- 9 I prefer not to answer **SKIP TO Q42**

41. How likely are you to go to this teacher or other adult in school if you need help?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Not at all likely
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

42. Outside of school hours, there is a safe place or person I can go to if I need help.

- 1 Yes
- 2 No **SKIP TO Q44**
- 7 I am not sure **SKIP TO Q44**
- 8 I don't know what this question is asking **SKIP TO Q44**
- 9 I prefer not to answer **SKIP TO Q44**

43. How likely are you to go to this safe place or person outside of school if you need help?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Not at all likely
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

COMPREHENSIVE SEX EDUCATION

The next questions ask about topics you may have been taught in school during the last school year (2024-25).

44. During the last school year, were you taught in school about how to use a condom to prevent pregnancy or sexually transmitted infections , including HIV?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

45. During the last school year, were you taught in school about how to use birth control methods or where to get birth control?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

46. During the last school year, were you taught in school about healthy and respectful relationships?

- 1 Yes
- 2 No **SKIP TO Q48**
- 7 I am not sure **SKIP TO Q48**
- 8 I don't know what this question is asking **SKIP TO Q48**
- 9 I prefer not to answer **SKIP TO Q48**

47. Thinking about the education you received during the last school year about healthy and respectful relationships, were LGBTQ2SIA+ (lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, etc.) identities included in any of your classroom instruction? ^{CSELGBTQ}

- 1 Yes, LGBTQ2SIA+ identities were included in our classes
- 2 No, LGBTQ2SIA+ identities were not included in our classes
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

SEXUAL HEALTH

The next few questions ask about sexual health and sexual behavior. Remember that your answers will be kept private. You do not have to answer question that you don't want to.

Some of these questions might bring up difficult feelings and emotions. If you or someone you know is in crisis and needs help:

- Call 24/7: 800-273-8255
- Text: 273TALK to 839863

Please see the Support Resource Sheet for more ways to get free, confidential and anonymous help.

48. Have you ever had sex or engaged in sexual behavior with another person?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q51 |
| 7 | I am not sure | SKIP TO Q51 |
| 8 | I don't know what this question is asking | SKIP TO Q51 |
| 9 | I prefer not to answer | SKIP TO Q51 |

49. How old were you the first time you had sex or engaged in sexual behavior with another person?

- | | |
|----|---|
| 01 | 11 years old or younger |
| 02 | 12 years old |
| 03 | 13 years old |
| 04 | 14 years old |
| 05 | 15 years old |
| 06 | 16 years old |
| 07 | 17 years old or older |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

50. The last time you had sex or engaged in sexual behavior, what method(s) did you or your partner use to prevent pregnancy or sexually transmitted infections? **You can choose more than one.**
- ☐ 01 I have never engaged in sexual behavior that could lead to pregnancy or a sexually transmitted infection **CANNOT SELECT ANY OTHER RESPONSE**
 - ☐ 02 Condom or other barrier method
 - ☐ 03 Birth control pills
 - ☐ 04 Contraceptive implant (Implanon or Nexplanon)
 - ☐ 05 Contraceptive patch
 - ☐ 06 Contraceptive ring
 - ☐ 07 Depo-Provera (injectable birth control)
 - ☐ 08 Emergency contraception (Plan B/morning after pill)
 - ☐ 09 IUD (intrauterine device such as Mirena or Paragard)
 - ☐ 10 Withdrawal/Pull out
 - ☐ 11 Some other method
 - ☐ 12 No method was used to prevent pregnancy or sexually transmitted infections

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- ☐ 97 I am not sure ^{BCNS}
- ☐ 98 I don't know what this question is asking ^{BCDK}
- ☐ 99 I prefer not to answer ^{BCREF}

ALCOHOL

The next questions ask about drinking alcohol. This includes drinking beer, wine, spiked seltzers such as White Claw or Truly, and liquor “shots” such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

51. Have you ever had a drink of alcohol other than a few sips?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | I have never had a drink of alcohol | SKIP TO Q54 |
| 7 | I am not sure | SKIP TO Q54 |
| 8 | I don't know what this question is asking | SKIP TO Q54 |
| 9 | I prefer not to answer | SKIP TO Q54 |

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

- | | |
|----|---|
| 02 | 12 years old or younger |
| 03 | 13 years old |
| 04 | 14 years old |
| 05 | 15 years old |
| 06 | 16 years old |
| 07 | 17 years old or older |
| 97 | I am not sure |
| 98 | I don't know what this question is asking |
| 99 | I prefer not to answer |

53. During the past 30 days, did you have at least one drink of alcohol?

- | | | |
|---|---|--------------------|
| 1 | Yes | |
| 2 | No | SKIP TO Q54 |
| 7 | I am not sure | SKIP TO Q54 |
| 8 | I don't know what this question is asking | SKIP TO Q54 |
| 9 | I prefer not to answer | SKIP TO Q54 |

54. During the past 30 days, did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- | | |
|---|---|
| 1 | Yes |
| 2 | No |
| 7 | I am not sure |
| 8 | I don't know what this question is asking |
| 9 | I prefer not to answer |

MARIJUANA

The next questions are about marijuana. This means marijuana or cannabis in any form, sometimes called weed, hash or pot. Do not include hemp-based or CBD-only products.

55. Have you ever used marijuana in any form?

- 1 Yes
 - 2 I have never used marijuana or cannabis **SKIP TO Q61**
 - 7 I am not sure **SKIP TO Q61**
 - 8 I don't know what this question is asking **SKIP TO Q61**
 - 9 I prefer not to answer **SKIP TO Q61**
-

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

- 02 12 years old or younger
 - 03 13 years old
 - 04 14 years old
 - 05 15 years old
 - 06 16 years old
 - 07 17 years old or older
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer
-

57. During the past 30 days, did you use marijuana? MJ0X2

- 1 Yes
 - 2 No **SKIP TO Q59**
 - 7 I am not sure **SKIP TO Q59**
 - 8 I don't know what this question is asking **SKIP TO Q59**
 - 9 I prefer not to answer **SKIP TO Q59**
-

58. During the past 30 days, how did you use marijuana?

You can choose more than one.

- 01 Smoked it (in a joint, bong, pipe, blunt)
- 02 Vaped it (e.g., vape pen)
- 03 Ate it (in brownies, cakes, cookies, candy)
- 04 Drank it (tea, cola, alcohol)
- 05 Dabbed it
- 06 Used in some other way

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

TOBACCO

59. Have you ever used any vape, e-cigarettes or other tobacco products such cigarettes, chewing tobacco, cigarillos, or hookah?

1 Yes

2 No

SKIP TO Q61

7 I am not sure

SKIP TO Q61

8 I don't know what this question is asking

SKIP TO Q61

9 I prefer not to answer

SKIP TO Q61/

60. During the past 30 days, which products have you used? **You can choose more than one.**

☐ 01 Cigarettes

☐ 02 Vaping product or other e-cigarettes

☐ 03 Chewing tobacco, such as Skoal or Copenhagen

☐ 04 Cigarillos or little cigars, such as Swisher Sweets

☐ 05 Hookah or waterpipe

☐ 06 Any other tobacco product

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

☐ 07 I have not used any of these products in the past month

☐ 97 I am not sure

☐ 98 I don't know what this question is asking

☐ 99 I prefer not to answer

61. In the past month, have you used any flavored tobacco or vaping product such as mint, fruit, coffee, candy, or other flavors? Exclude marijuana

1 Yes

2 No

7 I am not sure

8 I don't know what this question is asking

9 I prefer not to answer

INJURY AND VIOLENCE PREVENTION

SEPARATE SCREEN

The next few questions ask about dating violence, sexual assault, and domestic violence or abuse. Remember that your answers will be kept private. You do not have to answer question that you don't want to.

Some of these questions might bring up difficult feelings and emotions. If you or someone you know is in crisis and needs help:

- YouthLine
Teens are available to help daily from 4-10 pm PST (adults are available by phone at all other times)
Call: **877.968.8491**
Text: **teen2teen to 839863B**
- National Sexual Assault 24-Hour Hotline:
1-800-656-HOPE (1-800-656-4673) or [RAINN.org](https://rainn.org)
- National Domestic Violence 24-Hour Hotline:
1-800-799-SAFE (1-800-799-7233) or thehotline.org

62. Have you ever been pressured or forced to engage in sexual behavior when you did not want to?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't understand this question
- 9 I prefer not to answer

63. Has an adult ever physically hurt you? For example, slapped or shoved you, threw something at you or physically prevented you from leaving when you felt unsafe?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't understand this question
- 9 I prefer not to answer

INJURY AND VIOLENCE PREVENTION – ODD YEARS

-
64. During the past year, did someone you were dating, hooking up, hanging out or going out with ever physically hurt you? For example, slapped or shoved you, threw something at you or physically prevented you from doing something, such as leaving?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer
-
65. During the past year, did someone you were dating, hooking up, hanging out or going out with ever purposely try to control, manipulate, or hurt you mentally or emotionally? For example, told you who you could and could not spend time with or what you could or could not wear, humiliated or insulted you in front of others, or tried to control you via social media?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer
-
66. Has someone you were dating, hooking up, hanging out or going out with ever used your phone, social media or other technology to control or monitor you or shame or embarrass you with something you shared privately?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer
-
67. Has anyone ever touched or grabbed you or made unwanted sexual comments about your body without your permission?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer
-

68. Have you ever witnessed someone at school being physically, emotionally or sexually harmed?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't understand this question
 - 9 I prefer not to answer

FIREARM SAFETY – ODD YEARS

Some people have guns for recreation (such as hunting or sport shooting), for use on farms or for home defense. And sometimes being able to get a gun easily (often without a parent or guardian's permission or knowledge) can result in someone being hurt. The next question asks about potential access to a gun.

69. If you wanted to, how long would it take for you to get and use a gun without a parent or other adult's permission?
- 1 I could not get a gun
 - 2 Less than 10 minutes
 - 3 Less than 1 hour
 - 4 Less than 24 hours
 - 6 24 or more hours
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

DEMOGRAPHICS – RACE AND ETHNICITY

People have different life experiences that can impact their health. Please tell us about yourself so we can provide the best type of support for you to be healthy and thrive.

70. What is your race or ethnicity? **You can choose more than one.**

- 100 Indigenous American, American Indian or Alaska Native
- 200 Asian
- 300 Black or African American
- 400 Hispanic or Latino/a/x
- 500 Native Hawaiian or Pacific Islander
- 601 Middle Eastern/North African/SWANA (Southwest Asian/North African)
- 800 White

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 997 I am not sure **SKIP TO Q82**
- 998 I don't know what this question is asking **SKIP TO Q82**
- 999 I prefer not to answer **SKIP TO Q82**

IF INDIGENOUS, AMERICAN INDIAN OR ALASKA NATIVE SELECTED

71. Are you... **You can choose more than one.**

- 105 Indigenous American
- 101 American Indian
- 102 Alaska Native
- 104 Canadian Inuit, Metis, or First Nation
- 103 Indigenous Mexican, Central American, or South American
- 195 Something else fits better
(Please tell us more) _____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 197 I am not sure
- 198 I don't know what this question is asking
- 199 I prefer not to answer

IF ASIAN SELECTED

72. Are you... **You can choose more than one.**

- 201 Asian Indian
- 202 Cambodian
- 203 Chinese
- 204 Communities of Myanmar
- 205 Filipino/a/x
- 206 Hmong
- 207 Japanese
- 208 Korean
- 209 Laotian
- 210 South Asian
- 211 Vietnamese
- 295 Something else fits better
(Please tell us more)_____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 297 I am not sure ^{AS}
- 298 I don't know what this question is asking
- 299 I prefer not to answer

IF BLACK/AFRICAN AMERICAN SELECTED

73. Are you... **You can choose more than one.**

- 301 Black
- 302 African American
- 310 Afro-Caribbean
- 311 Afro-Latino/a/x
- 303 Jamaican
- 304 Haitian
- 308 Ethiopian
- 309 Somali
- 395 Something else fits better
(Please tell us more)_____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 397 I am not sure
- 398 I don't know what this question is asking
- 399 I prefer not to answer

IF LATINX SELECTED

74. Are you... **You can choose more than one.**

- 401 Mexican, Mexican American, Chicano/a
- 402 Puerto Rican
- 403 Cuban
- 404 Guatemalan
- 405 Honduran
- 407 Salvadoran
- 420 Afro-Latino/a/x/e
- 495 Something else fits better
- (Please tell us more)** _____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 497 I am not sure
- 498 I don't know what this question is asking
- 499 I prefer not to answer

IF NATIVE HAWAIIAN/PACIFIC ISLANDER SELECTED

75. Are you... **You can choose more than one.**

- 501 Native Hawaiian/Kanaka Maoli
- 502 CHAmoru (Chamorro)
- 503 Chuukese
- 504 Communities of the Micronesian Region
- 505 Fijian
- 506 Guamanian
- 507 Kosraean
- 508 Maori
- 509 Marshallese
- 510 Palauan
- 514 Samoan
- 515 Tongan
- 595 Something else fits better
- (Please tell us more)** _____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 597 I am not sure
- 598 I don't know what this question is asking
- 599 I prefer not to answer

IF MIDDLE EASTERN/NORTH AFRICAN/SWANA SELECTED

76. Are you... **You can choose more than one.**

611 Egyptian

612 Iraqi

613 Iranian

614 Israeli

615 Lebanese

616 Palestinian

617 Syrian

618 Turkish

695 Something else fits better

(Please tell us more) _____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

627 I am not sure

628 I don't know what this question is asking

629 I prefer not to answer

IF WHITE SELECTED

77. Are you... **You can choose more than one.**

- 803 English
- 804 French
- 805 German
- 806 Greek
- 808 Irish
- 809 Italian
- 810 Norwegian
- 811 Polish
- 812 Romanian
- 813 Russian
- 814 Scottish
- 816 Spaniard/Spanish
- 817 Swedish
- 818 Ukrainian
- 895 Something else fits better

(Please tell us more) _____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 897 I am not sure
- 898 I don't know what this question is asking
- 899 I prefer not to answer

ASK IF MORE THAN ONE BROAD RACE/ETHNIC CATEGORY SELECTED

You answered that you have more than one race or ethnicity.

78. Is there one you think of as your **main** racial or ethnic identity?
- 1 Yes, I have one main race or ethnic identity
 - 2 I do not have just one main racial or ethnic identity/No single race best describes me **SKIP TO Q80**
 - 3 I identify as biracial or multiracial **SKIP TO Q80**
 - 7 I am not sure **SKIP TO Q80**
 - 8 I don't know what this question is asking **SKIP TO Q80**
 - 9 I prefer not to answer **SKIP TO Q80**

-
79. Which **one** do you think is your **main** racial or ethnic identity? RACEMAIN
- 100 Indigenous American, American Indian or Alaska Native
 - 200 Asian
 - 300 Black or African American
 - 400 Hispanic or Latino/a/x
 - 500 Native Hawaiian or Pacific Islander
 - 601 Middle Eastern/North African/SWANA
 - 800 White
 - 997 I am not sure
 - 998 I don't know what this question is asking
 - 999 I prefer not to answer

DEMOGRAPHICS – TRIBES

IF INDIGENOUS, AMERICAN INDIAN OR ALASKA NATIVE SELECTED

80. Are you an enrolled member of a tribe located in the state of Oregon?

- 1 Yes, enrolled in an Oregon tribe
- 2 No, enrolled in a tribe outside of Oregon **SKIP TO Q82**
- 3 No, not enrolled in any tribe **SKIP TO Q82**

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 7 I am not sure **SKIP TO Q82**
 - 8 I don't know what this question is asking **SKIP TO Q82**
 - 9 I prefer not to answer **SKIP TO Q82**
-

81. Which Oregon Tribe are you a member of?

- 01 Burns Paiute Tribe
- 02 Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians
- 03 Confederated Tribes of Grand Ronde
- 04 Confederated Tribes of Siletz Indians
- 05 Confederated Tribes of Umatilla Indian Reservation
- 06 Confederated Tribes of Warm Springs
- 07 Coquille Indian Tribe
- 08 Cow Creek Band of Umpqua Indians
- 09 Klamath Tribes
- 10 I am enrolled in a different tribe
(Please tell us more) _____
- 97 I am not sure
- 98 I don't know what this question is asking
- 99 I prefer not to answer

DEMOGRAPHICS – LANGUAGES

82. What language or languages do you use at home? **You can choose more than one.**
- ☐ 01 English
 - ☐ 02 Spanish
 - ☐ 03 American Indian/Alaska Native tribal language
 - ☐ 04 Cantonese
 - ☐ 05 Mandarin
 - ☐ 06 Vietnamese
 - ☐ 07 Hawaiian
 - ☐ 08 Samoan
 - ☐ 09 Somali
 - ☐ 10 Russian
 - ☐ 11 ASL, PSE (American Sign Language, Pidgin Signed English, tactile interpreting, etc.)
 - ☐ 95 Another language (**Please tell us more**)

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- ☐ 97 I am not sure
- ☐ 98 I don't know what this question is asking
- ☐ 99 I prefer not to answer

DEMOGRAPHICS – HOUSELESSNESS

Where you live can impact your health.

-
83. During the past 30 days, where did you usually sleep?
- 01 In my parent's, stepparent's or guardian's home
 - 02 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
 - 03 In a foster home
 - 04 In a shelter or emergency housing
 - 05 In a motel or hotel
 - 06 In a car, park, campground, or other public place
 - 07 I do not have a usual place to sleep
 - 95 Some other place fits better **(Please tell us more)** _____
 - 97 I am not sure
 - 98 I don't know what this question is asking
 - 99 I prefer not to answer

DEMOGRAPHICS – FOSTER CARE

-
84. Have you ever been placed in foster care or stayed in a group home?
- 1 Yes
 - 2 No
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

DEMOGRAPHICS – HUNGER

-
85. In the past 30 days, how often were you hungry because there was not enough food at home?
- 1 Never or almost never
 - 2 About once a week
 - 3 2 to 3 times a week
 - 4 Almost every day
 - 7 I am not sure
 - 8 I don't know what this question is asking
 - 9 I prefer not to answer

DEMOGRAPHICS – DISABILITY

We want to get a sense of how many students may need additional help to succeed in school.

86. Are you in a Special Education program, have a 504 plan, or an IEP (Individual Education Program)?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

87. Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

88. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

89. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

90. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

91. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

DEMOGRAPHICS - HEIGHT AND WEIGHT (8TH AND 11TH)

You can be healthy at any weight. Health is not body size. Health is not a number on a scale.

We ask about height and weight so we can calculate Body Mass Index (BMI) to look at trends for students overall. We do not look at BMI for any one person, and no one will know how you answer.

92. How tall are you without your shoes on? Your best guess is fine.

Example

Height		Height	
Feet	Inches	Feet	Inches
5	6		
③	①	③	①
④	①	④	①
■	②	⑤	②
⑥	③	⑥	③
⑦	④	⑦	④
	⑤		⑤
	■		⑥
	⑦		⑦
	⑧		⑧
	⑨		⑨
	⑩		⑩
	⑪		⑪

- 97 I am not sure
 98 I don't know what this question is asking
 99 I prefer not to answer

93. How much do you weigh without your shoes on? Your best guess is fine.

Example

Weight			Weight		
Pounds			Pounds		
1	6	5			
①	①	①	①	①	①
■	①	①	①	①	①
②	②	②	②	②	②
③	③	③	③	③	③
④	④	④	④	④	④
⑤	⑤	■	⑤	⑤	⑤
⑥	■	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨

- 997 I am not sure
 998 I don't know what this question is asking
 999 I prefer not to answer

DEMOGRAPHICS – GENDER IDENTIFY AND SEXUAL ORIENTATION

94. What is your gender identity? **You can choose more than one.**

- 01 Two Spirit **SHOW TWO SPIRIT ONLY IF IDENTIFY AS INDIGENOUS, AMERICAN INDIAN OR ALASKA NATIVE**
- 02 Girl or Woman
- 03 Boy or Man
- 04 Demigirl/Demiboy
- 05 Nonbinary
- 06 Genderfluid
- 08 Genderqueer
- 09 Questioning
- 07 Agender/No gender

SHOW 20-25 ONLY IF IDENTIFY AS NATIVE HAWAIIAN/PACIFIC ISLANDER

- 20 Fa'afafine
- 21 Fa'atane
- 22 Leiti
- 23 Mahu kane
- 24 Mahu wahine
- 25 Takatapui
- 95 Something else fits better
(Please tell us more)_____

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 97 I am not sure of my gender identity
- 98 I don't know what this question is asking
- 99 I prefer not to answer

95. Are you transgender?

- 1 Yes
- 2 No
- 7 I am not sure
- 8 I don't know what this question is asking
- 9 I prefer not to answer

96. What is your sexual orientation? **You can choose more than one.**

- 02 Straight
- 01 Lesbian
- 07 Gay
- 03 Bisexual
- 04 Pansexual
- 05 Asexual or Aromantic
- 06 Queer
- 08 Questioning
- 95 Something else fits better

(Please tell us more) _____

- 97 I am not sure of my sexual orientation

IF ANY OF THE FOLLOWING SELECTED, CANNOT SELECT ANY OTHER RESPONSE

- 98 I don't know what this question is asking
- 99 I prefer not to answer

HONESTY

97. How honest were you in answering the questions?

- 1 I was very honest
- 2 I was honest most of the time
- 3 I was honest once in a while
- 4 I was not honest at all

CLOSING

That's the end of the survey.

Thank you for taking the time to answer our questions.

Scan the QR code for a list of places that can help you and provide support for challenges you might be facing.

