



## 2021 Cambridge Teen and Middle Grades Health Survey

Cambridge Public Schools would love to hear from you! We are conducting the Cambridge Teen and Middle Grades Health Survey to help determine ways to better serve our scholars through the promotion of healthy behaviors and reduction of high risk behaviors. Participation in this survey is completely voluntary, but we would greatly appreciate any input you can provide so that we can continue to improve our schools and your experience as a student.

The survey is a lot shorter than it has been in past years, and should take you no longer than 15 minutes to complete. Among the topics covered are:

- COVID-19 Pandemic
- Mental Health
- Bullying
- Substance Use
- Sexual Behavior
- Nutrition & Physical Activity

Please answer based on your own experiences during this past school year (since September 2020) and try to answer all the questions as honestly as possible. We would like to get accurate information about you instead of assuming what is best for you. If you are not comfortable answering a question, you may skip it. We understand that some of the questions in this survey are about sensitive topics, but it is very important that you help us better understand some of the leading health issues and high risk behaviors for people your age today.

All of the answers you give are completely anonymous, your answers are not tied to you, and no one will know how you responded. **After you submit the survey, there will be an opportunity for you to provide your name if you would like a counselor at your school to reach out to help you, or to discuss any of the topics covered in the survey.**

Thank you so much for participating in the Cambridge Teen and Middle Grades Health Survey today!

## PERSONAL BACKGROUND

This section is about your personal background. The answers you give will not be used to find out your name.

### 1. How old are you?

- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

### 2. What is your gender?

- Female
- Male
- Genderqueer or not exclusively male or female
- Other

### 3. Do you identify as transgender or transsexual?

- Yes
- No
- I don't know

### 4. What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded/Other

### 5. During this school year (since September), how have you primarily attended school?

- In-Person: I mostly went to my school and took classes there
- Online: I mostly took classes online
- Both (hybrid): Some days I took classes in school and on other days I took classes online

### 6. Are you currently receiving Special Education services?

- No
- Yes
- Not sure

7. Which of the following best describes your racial identity? (You can choose more than one answer)

- Black or African American
- White or Caucasian
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other (please specify): \_\_\_\_\_

8. Are you Hispanic or Latino?

- No
- Yes

9. What language is spoken most often in your home? (Choose only one answer)

- English
- Spanish
- Haitian Creole
- Bengali
- Amharic
- Chinese
- Portuguese
- Arabic
- Other language (please specify): \_\_\_\_\_

10. Where are you living now?

- A home owned by my parent/guardian
- A home rented by my parent/guardian
- Affordable housing (Cambridge housing authority, private affordable housing, inclusionary housing, or Section 8)
- A shelter, motel, or other temporary housing
- A halfway house or residential program
- My family and I are staying with another family at their house/apartment
- I am staying with a friend or relative who is not my parent/guardian
- Somewhere else

## MENTAL HEALTH

The next questions ask about your mental health. If you are not comfortable answering a question, you may skip it.

11. During the past 30 days, how often did you struggle with your mental health? Poor mental health includes stress, anxiety, and depression.

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

12. **During the past 30 days**, how often did you worry about the following issues?

	Never	Almost never	Sometimes	Fairly often	Very often
School issues (grades, homework, tests, etc.)	0	0	0	0	0
Social issues (friendships, dating, teasing, etc.)	0	0	0	0	0
Appearance issues (your weight, how you look, etc.)	0	0	0	0	0
Health issues (your health, the chance of getting sick, etc.)	0	0	0	0	0
Family issues (your relationship with your parent(s), your family's financial situation, family health concerns, etc.)	0	0	0	0	0
Social justice issues (whether people are treated fairly and equally no matter their background, human rights, racism, etc.)	0	0	0	0	0
Feeling unsafe due to violence in my community	0	0	0	0	0

13. **During the past 12 months**, did you feel tense, nervous, or worried every day for two or more weeks in a row?

- Yes
- No

14. **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

15. **During the past 12 months**, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- Yes
- No

16. **During the past 12 months**, did you ever consider attempting suicide?

- Yes
- No

17. **During the past 12 months**, did you make a plan about how you would attempt suicide?

- Yes
- No

18. **During the past 12 months**, did you attempt suicide?

- Yes
- No

**19. Is there at least one person in any of these groups that you would talk to if you had a problem?**

(You can check more than one group)

- A teacher in your school
- Other adult in your school (counselors, specialists, admin, student support staff, liaisons, etc.)
- An adult in an afterschool program (afterschool program adult, youth center staff, coach, etc.)
- An adult in your community (religious leader, neighbor, adult friend, etc.)
- An adult in your family
- A friend similar in age to you

**20. How many close friends do you have?**

- None
- 1 or 2
- 3 or more

**21. During the past 12 months, did you do any of the following things?** (You can choose more than one answer)

- I met with a school counselor for mental health support (in-person, online, or on the phone)
- I met with a Teen Health Center counselor
- I met with a therapist (with or without your family) for mental health support (in-person, online, or on the phone)
- I took medication prescribed to me for mental health support
- None of the above

**22. During this school year (since September), have you ever felt that you were treated badly or unfairly in school because of your...**

	Never	Rarely	Sometimes	Most of the time	Always
race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sex (e.g. female) or gender identity (e.g. transgender)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sexual orientation? (e.g. gay, straight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
faith or religious beliefs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. During this school year (since September), have YOU ever PERSONALLY SEEN or HEARD racially discriminatory actions or language from school students, teachers, or staff?** Including all forms of text or social media. (You can choose more than one answer)

- I have heard someone called names, insulted, or verbally assaulted because of their race or ethnicity
- I have seen or heard someone being excluded from a social event or activity because of their race or ethnicity
- I have seen someone being subjected to hostile stares because of their race or ethnicity
- I have seen or heard someone being threatened or attacked because of their race or ethnicity
- I have seen or heard someone being targeted because of a foreign accent or for speaking a language other than English
- I have seen or heard racist jokes, cartoons, graffiti, or flyers
- No, I have not seen or heard racially discriminatory actions or language from school students, teachers, or staff

### **BULLYING**

The next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way

**24. During the past 12 months, have you ever been bullied?**

- Yes
- No

**25. During the past 12 months, have you ever been electronically bullied?** Count being bullied through texting, Instagram, Twitter, Twitch, Facebook, or other social media apps.

- Yes
- No

### **SUBSTANCE USE**

The next questions ask about the use of substances such as cigarettes, electronic vapor products, alcohol, marijuana, prescription drugs, and other illegal drugs. Remember this survey is anonymous and your individual responses will never be shared or tied back to you.

**26. If you wanted to get the following substances, how easy would it be for you to get...**

	Very hard	Sort of hard	Sort of easy	Very easy
cigarettes?	o	o	o	o
electronic vapor products (e-cigarettes, vape pipes, vaping pens like JUUL, etc.)?	o	o	o	o
alcohol (beer, wine, hard liquor) ?	o	o	o	o
marijuana (cannabis, weed, pot, trees)?	o	o	o	o
prescription drugs (OxyContin, Percocet, Vicodin, etc.)?	o	o	o	o
other illegal drugs (heroin, meth, ecstasy, etc.)?	o	o	o	o

27. **During the past 30 days**, did you smoke part or all of a cigarette?

- Yes
- No

27b. **How often did you smoke part or all of a cigarette?**

- o Once,
- o 2-3 times
- o More than 3 times

27c. **How did you usually get the cigarettes you smoked?**

- o I got or bought them from a friend, family member, or someone else
- o I bought them myself in a tobacco shop or vape shop
- o I bought them myself in a convenience store, supermarket, discount store, or gas station
- o I bought them myself on the Internet
- o I took them from a store or another person
- o I got them in some other way

28. **During the past 30 days**, did you use an electronic vapor product? Examples include JUUL, PHIX, vape pens, e-cigarettes, e-cigars, vape pipes, hookah pens, and e-hookah.

- Yes
- No

28b. **How often did you use an electronic vapor product?**

- o Once
- o 2-3 times
- o More than 3 times

28c. **How did you usually get your electronic vapor products?**

- o I got or bought them from a friend, family member, or someone else
- o I bought them myself in a vape shop or tobacco shop
- o I bought them myself in a convenience store, supermarket, discount store, or gas station
- o I bought them myself at a mall or shopping center kiosk or stand
- o I bought them myself on the Internet
- o I took them from a store or another person
- o I got them in some other way

29. **During the past 30 days**, have you had one or more drinks of alcohol (more than just a few sips of beer, wine [does not include a few sips for religious purposes], wine coolers, or liquor (rum, vodka, tequila, whiskey, or other alcoholic beverages)?)

- Yes
- No

29b. **How often did you drink alcohol?**

- o Once
- o 2-3 times
- o More than 3 times

29c. **How did you usually get the alcohol you drank?**

- o I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- o I bought it at a restaurant, bar, or club
- o I bought it at a public event such as a concert or sporting event
- o I gave someone else money to buy it for me
- o Someone gave it to me
- o I took it from a store or family member
- o I got it some other way

30. **During the past 30 days, did you use marijuana (cannabis, weed, pot, trees)?**

- Yes
- No

30b. **How often did you use marijuana?**

- o Once
- o 2-3 times
- o More than 3 times

30c. **How did you usually get the marijuana you smoked?**

- o I bought it from a store
- o I bought it from someone else
- o I got it at home with permission from a parent or family member over the age of 21
- o I took it at home without permission from a parent or family member over the age of 21
- o I took it from some other place without permission
- o I got it from friends
- o I got it at parties
- o I got it some other way

31. **During the past 30 days, have you taken a prescription drug without a doctor's prescription or differently than how a doctor told you to use it? Count drugs such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.**

- Yes
- No

31b. **How often did you take a prescription drug?**

- o Once
- o 2-3 times
- o More than 3 times

31c. **How did you usually get the prescription drugs you took?**

- o I got or bought them from a friend, family member, or someone else
- o I bought them myself on the Internet
- o I took them from a family member
- o I took them from another person
- o I got them in some other way



32. **During the past 30 days**, did you use other illegal drugs (cocaine, heroin, ecstasy, methamphetamines, steroids, LSD [acid], PCP, mushrooms, Ketamine [Special K], Rohypnol [Roofies], GHB, or synthetic drugs [bath salts, N-Bomb, Spice, K2, etc.]

- Yes
- No

32b. **How often did you use other illegal drugs?**

- o Once
- o 2-3 times
- o More than 3 times

32c. **How did you usually get the other illegal drugs you used?**

- o I got or bought them from a friend, family member, or someone else
- o I bought them myself on the Internet
- o I took them from a family member
- o I took them from another person
- o I got them in some other way

33. **Is there anyone (other than you) living in your household who...?** Remember this survey is anonymous and your individual responses will never be shared or tied back to you. (You can choose more than one answer)

- Smokes cigarettes
- Uses electronic vapor products
- Drinks alcohol
- Smokes marijuana
- Abuses prescription medication (meaning they use it in a way that was NOT prescribed by a doctor or to get high)
- Uses other illegal drugs

## **SEXUAL BEHAVIOR**

The next questions ask about sexual behavior. Remember this survey is anonymous and your individual responses will never be shared or tied back to you.

34. **Do you think of yourself as:**

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Other
- I don't know

35. **Have you ever had sexual intercourse?**

- Yes
- No
- Not Sure

36. **During your life**, with how many people have you had sexual intercourse?

- 1 person
- 2-3 people
- More than 3 people

37. **Did you use alcohol or drugs before you had sexual intercourse the last time?**

- Yes
- No

38. **The last time you had sexual intercourse, did you use any of the following?** (You can choose more than one answer)

- Condoms to prevent pregnancy or sexually transmitted infections (HIV, chlamydia, herpes, etc.)
- Birth control pills to prevent pregnancy (DO NOT count emergency contraception such as Plan B or the "morning after" pill)
- An IUD (Mirena or ParaGard) or implant (Implanon or Nexplanon) to prevent pregnancy
- A shot (Depo-Provera), patch (Ortho Evra), or birth control ring (NuvaRing) to prevent pregnancy
- Withdrawal or some other method to prevent pregnancy
- I'm not sure if I did or used any of these things
- I did not do or use any of these things

39. **During the past 12 months, how many times did someone you were dating or going out with physically hurt you or force you to do sexual things that you did not want to do?**  
Count such things as

kissing, touching, or being physically forced to have sexual intercourse.

- I did not date or go out with anyone in the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- More than 3 times

40. **During the past 12 months, did anyone force you to do sexual things that you did not want to do?**

- Yes
- No

## NUTRITION & PHYSICAL ACTIVITY

The next questions ask about nutrition and physical activity.

41. The next questions ask about food you ate yesterday. Think about all of the meals and snacks you ate from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

**Yesterday, how many times did you eat or drink the following?**

	0 times	1 time	2 times	3 or more times
Drink tap water (water that comes from a faucet or water fountain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink plain (not flavored) bottled water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat green salad or raw vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat cooked vegetables (do not count potatoes, french fries, or fried potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink 100% fruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink sweetened drinks like punch, Snapple, iced tea, or other fruit-flavored drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink sports drinks, like Gatorade or PowerAde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink regular soda (not diet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink caffeine (coffee, tea, soda)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink energy drinks (Amp, Red Bull, Monster, Full Throttle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. **During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?** Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.

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

## OTHER HEALTH-RELATED TOPICS

43. **During this school year (since September), how many days per week did you typically participate in out of school time programs such as afterschool program, youth center, club, arts, sports, tutoring, etc.?** Participation could be in-person or virtual.

- 0 days per week
- 1-2 days per week
- 3-4 days per week
- 5 days per week

44. **During this school year (since September), which programs, teams, or activities did you participate in?** Participation could be in-person or virtual. (You can choose more than one answer)

- Academic groups, clubs, tutoring (including STEM)
- Student government
- Performing arts, music, dance, choir, theatre
- Visual arts, painting, drawing
- Digital media, graphic design, photography, film
- Community service, in or out of school
- School sports teams (such as junior varsity, varsity, 9th grade, or intramural teams or clubs)
- Team or league organized sports (such as softball, AAU basketball, travel teams for any sport, etc.)
- Leadership development, youth empowerment or advocacy groups
- Faith based activities
- Other (please specify): \_\_\_\_\_
- I did not participate in any of these things

45. **During this school year (since September), which if any of the following barriers kept you from accessing or participating in an afterschool program, team, or activity?** (You can choose more than one answer)

- I did not have any barriers
- I did not know of or about them
- They were full
- They were too expensive
- They were hard to get to
- They were hard to sign up for
- I was needed at home
- My family was against me participating in them
- My friends did not participate in them
- I had too much homework

46. **During this school year (since September), did you have a job for which you were paid?** Do not include household chores.

- Yes
- No

47. **During the past 12 months, did any of the following things happen to you?** (You can choose more than one answer)

- My family had a serious financial problem (such as a parent or adult in your home lost their job even for a short amount of time)
- I was hungry because there was not enough money to buy food for my home
- My family moved because of financial problems
- A family member had a serious illness
- A family member or close friend died
- None of these things happened to me

48. **On an average school night**, how many hours of sleep do you get?

- 4 hours or less
- 5 -6 hours
- 7-8 hours
- More than 8 hours

49. **On an average school night**, do you keep your phone on during the night or do you check your phone after you get into bed to go to sleep?

- Yes
- No

50. **On an average school night**, how much time do you spend using your phone (on house party, FaceTime, Instagram, etc.) after you got into bed to go to sleep?

- Less than 30 minutes
- 30 minutes to 1 hour
- 1 to 2 hours
- More than 2 hours

### **CORONAVIRUS (COVID-19) PANDEMIC**

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

51. We are interested in how the coronavirus (COVID-19) pandemic has impacted you. **During this school year (since September)**, did the any of following things happen to you? (You can choose more than one answer)

- I was fearful of contracting the coronavirus
- I tried to stay away from other people because I am fearful of contracting the coronavirus
- I got upset easily or in arguments or physical fights
- I had trouble concentrating or paying attention
- I had trouble feeling happiness or love
- When I thought about the coronavirus, I had strong feelings in my body like my heart beat fast, my head ached, or my stomach ached
- I felt alone even when I was around other people
- I had trouble going to sleep, woke up often, or had trouble getting back to sleep
- I felt anxious about returning to school

This is the end of the survey. If you do not want to change any of your answers, click "Submit".

Thank you so much for participating in the Cambridge Teen and Middle Grades Health Survey today! If you need help, or would like your school counselor to reach out to you to discuss any of the topics covered in the survey please click on this link to provide your name. This link is completely separate from your survey and providing your name will in no way tie your answers back to you.