



2023 Iowa Youth Survey Data Report

October 2024

Prepared for
Iowa Department of
Health and Human Services

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Acknowledgments

CSBR would like to thank all the students and school districts that participated in the 2023 Iowa Youth Survey (IYS) and the parents who provided consent. We would also like to acknowledge and thank the school coordinators and other teachers/employees for their vital role of administering the 2023 IYS.

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Suggested citation: Losch, M.E., Endres, K., Park, K., Heiden, E.O., & McCoy, A.R. (2024). *2023 Iowa Youth Survey Data Report*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

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List of Acronyms

CSBR	Center for Social and Behavioral Research
CSD	Community School District
HHS.....	Iowa Department of Health and Human Services
IYS	Iowa Youth Survey
UNI.....	University of Northern Iowa

Introduction

The Iowa Youth Survey (IYS) is a biennial survey of Iowa 6th, 8th, and 11th grade students that has been conducted in the state per Iowa Code since 1999.¹ The Iowa Department of Health and Human Services (HHS) manages the development and administration of the IYS, which is administered by partnering schools. The Center for Social & Behavioral Research (CSBR) at the University of Northern Iowa (UNI) has partnered with the Iowa Department of Health and Human Services on the implementation, data analysis, and reporting for IYS since 2021. This report provides a summary of the methods and measures for 2023. Designed as a census of all 6th, 8th, and 11th grade students in Iowa's public and private schools, the 2023 Iowa Youth Survey significantly missed that goal with two percent of total eligible students participating. Coverage limitations prevent reliable estimates for many districts, all counties, all regions and for most population subgroups. For these reasons, no further analysis or reporting will be made available in this report. See Table 1 for 2023 participation rates.

METHODS

Iowa HHS oversaw school recruitment and registrations for the 2023 IYS. In 2023, active parental consent (opt-in) was required for a student to participate. HHS developed a consent form in both English and Spanish for schools to use. In addition, superintendents at participating CSDs were required to complete and sign a Parental Consent Fulfillment Attestation form. This form, signed by each participating district's superintendent, documented that the school district would obtain signed parental consent forms from the parents or legal guardians of all participating students. As in all prior years, students also had the option to decline to participate in the survey. Prior to 2023, passive parental consent (sometimes referred to as opt-out) was used.

Data collection for the 2023 IYS used an online survey platform similar to previous data collection years. CSBR programmed the survey using Qualtrics Survey Software and distributed unique survey links to registered CSDs and private schools. The 6th grade and 8th/11th grade surveys were programmed separately as the 6th grade questionnaire omitted the sexual orientation demographic question as well as any response options that referenced sexual orientation as the perceived reason for experiencing bullying.

Upon registering their school/district, one or more IYS coordinators were designated to administer the survey at the school. CSBR emailed the IYS administration protocol to school coordinators and other registered contacts on a rolling basis upon receiving confirmation from HHS that they had received the superintendent's signed attestation form. The first set of emails was sent on September 20, 2023. Emails sent by CSBR are

¹ Previous state reports available at <https://hhs.iowa.gov/about/performance-and-reports/iowa-youth-health-assessment>

included in Appendix A. The emails included links to (1) the IYS administration packet cover letter, (2) a checklist for IYS school coordinators, (3) instructions and a script for classroom teachers, and (4) the online survey access links that were unique for that district or private school. All the above materials, except for the unique survey links, were also posted on the HHS website.² The questionnaires, in both English and Spanish, were also on the HHS website.

The data collection period began on September 25, 2023, and ended on November 3, 2023. A total of 60 CSDs (of 327) – 18% – and four private schools (of 156) – three percent – registered to participate. However, not every registered CSD or private school actually administered the 2023 IYS; 37 CSDs (11%) and zero private schools administered the 2023 IYS questionnaire. Five of the participating CSDs had ten or fewer students complete the 2023 questionnaire which prevents any district level reporting for those schools in adherence with HHS reporting protocols to protect students’ confidentiality. One school district reported encountering a technical difficulty at the beginning of the survey administration that rendered no usable data with zero students advancing beyond the initial questions.

The total number of students that participated in the 2023 IYS was 2,293, which represents a 95% decrease in the number of students who participated when compared to the previous survey administration. Less than four percent (4%) participated in each grade based on the most recently available enrollment data. The total number excludes students who skipped all the background/demographic items and those who exited the questionnaire prior to item Q19a, on the 6th grade questionnaire, and item Q20a, on the 8th/11th grade questionnaire. This item was approximately 25% of the way through each questionnaire and was the same exclusion criteria used for the 2021 IYS. Of note, more than one-quarter of all students who completed the 2023 IYS were from a single metro CSD. This means that any findings are heavily influenced by this one large school.

Table 1: Participation by School Type and Grade Based on 2022-23 Enrollment Numbers.

6 th Grade	8 th Grade	11 th Grade	All Grades
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² The referenced materials available at <https://hhs.iowa.gov/about/performance-and-reports/iowa-youth-health-assessment>

Public	787 (2%)	968 (3%)	538 (1%)	2,293 (2%)
Private	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	787 (2%)	968 (2%)	538 (1%)	2,293 (2%)

The survey was programmed in both English and Spanish with the default language set to English. Students had the option to switch between the languages using a dropdown menu located in the upper right corner of their screens. Twenty students switched to the Spanish version for at least some of the items, while the remaining 2,273 students completed the IYS entirely in English.

The average time to complete the questionnaire was 21 minutes across all grades, with the variation across grades similar to previous years. Students in the 6th grade took the most time to complete the questionnaire, and students in the 11th grade completed it in the shortest amount of time. The average time for 6th grade students was 26 minutes, while 8th grade students had an average completion time of 20 minutes, and 11th grade students averaged 16 minutes.

MEASURES

The 2023 IYS contained 56 items on the 6th grade questionnaire and 57 items on the 8th/11th grade questionnaire. The questionnaires broadly covered the following topics:

- Demographics of participating students
- Community engagement
- Physical well-being
- Gambling behavior
- Mental health & suicide
- Students' beliefs & values
- Risk perceptions
- Perceptions of peer beliefs
- Student attitudes toward school
- Illegal or violent behavior
- Bullying behaviors
- Perceptions of other students' respect for diverse backgrounds
- Student perceptions of teachers & staff
- Ease of access to harmful substances
- Alcohol use
- Tobacco use
- Use of marijuana and other drugs

The full questionnaires (in English and Spanish) with notes about the display logic (skip patterns) were uploaded to the Youth Health Assessment Program webpage³ of the HHS website in June 2023 in order to give the public, school officials, and parents an opportunity to review them in advance of administration. English versions of the questionnaires are included as Appendix B.

Summary & Conclusion

The 2023 Iowa Youth Survey was designed as a census of all 6th, 8th, and 11th grade students in Iowa's public and private schools. However, just two percent of total eligible students participated, falling significantly short of its census goal. Coverage limitations prevent reliable estimates for many districts, all counties, all regions and for most

³ Questionnaires are available at <https://hhs.iowa.gov/about/performance-and-reports/iowa-youth-health-assessment>

population subgroups. In conclusion, 2023 Iowa Youth Survey data is unsuitable for use in describing adolescent health in Iowa.

Appendix A – CSBR Communication with the IYS coordinators

First email

Dear {{First & Last Name}}:

This email contains important information to help administer the upcoming Iowa Youth Survey (IYS). The IYS administration packet is ready for your use. This packet contains the following documents:

- 2023 IYS administration cover letter:
 - <https://iys-school.online/2023CoverLetter>
- Checklist for IYS School Coordinators:
 - <https://iys-school.online/2023Checklist>
- Instructions & Script for Classroom teachers:
 - <https://iys-school.online/2023Instructions>

Please share this information with your IYS school coordinator(s) and relevant classroom teachers. Administration of the survey will occur from September 25 to November 3, 2023, as decided upon by your district or school.

Links are unique to your school district, and they are:

Link for 6th grade:

{{Link 6th}}

Link for 8th and 11th grade:

{{Link 8-11th}}

Your school number is {{1234}}.

If you experience problems with the survey link on administration day, please contact our survey administration partner, the Center for Social and Behavioral Research at the University of Northern Iowa, at (319) 273-3117. If you have feedback on the survey administration process or other concerns about the Iowa Youth Survey, please send an email to iowayouthsurvey@idph.iowa.gov.

Thank you for joining Iowa school districts across the state in administering the Iowa Youth Survey (IYS) to your students.

Rhonda Chittenden

Iowa Youth Health Assessment Program Coordinator

Second email

Dear {{First & Last Name}}:

This fall your district superintendent returned a signed 2023 Iowa Youth Survey Parental Consent Collection Attestation Form to Iowa HHS, signaling your district's readiness to administer the survey. Following receipt of this form, our survey administration partner, the Center for Social and Behavioral Research at the University of Northern Iowa, sent you survey links to administer the survey to your students. With **one week left before the survey closes, we want to ensure that your students can respond**. Please use the enclosed survey links to administer the survey to your district's 6th, 8th, and 11th graders on or **before November 3**.

Links are unique to your school district, and they are:

Link for 6th grade:

{{Link 6th}}

Link for 8th and 11th grade:

{{Link 8-11th}}

Your school number is {{1234}}.

If you experience problems with the survey link on administration day, please contact our survey administration partner, the Center for Social and Behavioral Research at the University of Northern Iowa, at (319) 273-3117. If you have feedback on the survey administration process or other concerns about the Iowa Youth Survey, please send an email to iowayouthsurvey@idph.iowa.gov.

Thank you for supporting the 2023 Iowa Youth Survey.

Rhonda Chittenden

Iowa Youth Health Assessment Program Coordinator

Appendix B – 2023 IYS Questionnaires

2023 IOWA YOUTH SURVEY: 6th Grade Only

WELCOME

Welcome to the 2023 Iowa Youth Survey! The Iowa Youth Survey is administered and sponsored by the Iowa Department of Health and Human Services.

You can complete the survey in either English or Spanish. Use the dropdown menu in the upper right to switch languages.

INSTRUCTIONS:

For each question, please select the one response that comes closest to your honest answer. If you do not understand a question, please leave it blank. If you cannot answer truthfully or do not want to answer any question, please leave it blank.

Your teacher will not be able to answer questions about the survey once it has started.

The survey will not ask your name, birthday, address or student identification number. Your answers will be confidential and private. Special care will be taken to make sure your answers cannot be traced to you.

No information will ever be made public which could connect your answers to you. When the survey results are shared in public reports, your answers will be grouped with the answers of other Iowa students who took this survey. If survey results are shared with researchers or others for special studies, your privacy will be protected.

Please respond honestly. Your honest responses will help us understand the health behaviors of Iowa students and develop and improve programs to help young people like you and your classmates.

Thank you for completing this survey.

GENERAL INFORMATION

County name, school district number, and the building name are required for each survey.

Q1. Please select the name of the county where you live: [dropdown menu with all 99 counties]

Q2. Please enter your School District Number (4-digit number provided by your teacher):

Q3. Please enter your school's name:

The first few questions are about you. They will help us match later questions based on your age, gender, etc.

Q4. Please confirm you are in 6th grade.

- ☐ Yes
- ☐ No

Q5. Which of the following best describes you?

- ☐ Female
- ☐ Male

Q6. Are you Hispanic or Latino/a?

- ☐ Yes
- ☐ No

Q7. What is your racial identity? Check all that apply?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other race(s) Please specify: _____

Q8. Do you have a parent/guardian currently in the military?

- ☐ Yes
- ☐ No [SKIP TO Q9]

Q8a. [IF Q8=YES] Thinking about your parent/guardian in the military, during the past 12 months, were they away for more than two weeks for training or deployment?

- ☐ Yes
- ☐ No

Q9. How many languages are spoken in your home?

- 1 language
- 2 languages
- 3 or more languages

Q10. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No

This section asks you to describe your experiences. Please read each question carefully and pay attention to the time periods listed.

Q11. During the current school year, have you...? [Yes / No response for each]

- a. Worked in a paid job
- b. Volunteered to improve your community (either with an organization or on your own)
- c. Participated in extra-curricular activities at school or outside of school (sports, music, clubs, 4-H, scouts, etc.)
- d. Attended religious services, programs, or activities

Q12. On an average school day, about how many hours of screen time do you spend for something that is not schoolwork? *By screen time we mean time spent watching shows or videos, using a computer/tablet, playing video games, social media, apps, or using a phone for something other than calling or texting.*

- 0 hours
- Less than 2 hours
- 2- 4 hours
- 5- 6 hours
- 7- 8 hours
- 9- 10 hours
- 11 or more hours

Q13. On how many of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? *Add up all the time you spent in any kind of*

moderate or intense physical activity like running, walking fast, swimming, riding a bicycle, etc.

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

The next 2 questions ask about food you ate or drank in the past 7 days. Think about all the meals and snacks you had 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.

Q14. In the past 7 days, about how many times each day did you eat fruit (do not count fruit juice)?

- ☐ I did not eat any fruit during the past 7 days
- ☐ Less than 1 time each day
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 times per day
- ☐ 5 or more times per day

Q15. In the past 7 days, about how many times each day did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

- ☐ I did not eat any vegetables during the past 7 days

- Less than 1 time per day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

Q16. In the past 30 days, did you ever go hungry because there was not enough food in your home?

- Yes
- No

Q17. Do you have any ongoing physical, mental, or emotional disabilities or impairments that limit your daily activities?

- Yes
- No

The next questions ask about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

Q18. In the past 12 months, have you had a concussion from playing a sport or being physically active?

- Yes
- No [SKIP TO Q19]
- Not sure [SKIP TO Q19]

Q18a. [IF Q18=YES] How many times did you have a concussion in the past 12 months?

- 1 time
- 2 times
- 3 times

- 4 or more times

“Homeless” means that you had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless shelter or other temporary shelter.

Q19. Have you ever been homeless?

- Yes
- No [SKIP TO Q20]

Q19a. [IF Q19=YES] Were you homeless at any time in the past 12 months?

- Yes
- No

***** **GAMBLING QUESTIONS** *****

Q20. During the past 30 days, have you...? [Yes / No response for each]

- a. Bet or wagered on sporting events (football, baseball, hockey, soccer, e-sports, etc.)
- b. Bet or wagered on an internet fantasy sports contest (including season-long and daily fantasy sports)
- c. Bet or wagered on card or dice games with friends or family (including poker)
- d. Spent money on in-game or in-app purchases to extend play (online/internet, apps, video gaming, loot boxes, etc.)
- e. Bet or wagered on games of skill such as pool, bowling, or dominoes
- f. Purchased lottery scratch off tickets or lotto numbers

***** **MENTAL HEALTH QUESTIONS** *****

The next questions ask about mental health. Mental health is your emotional, psychological and social well-being.

Q21. In the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

Q22. In the past 12 months, have you thought about killing yourself?

- ☐ Yes
- ☐ No [SKIP TO Q26]

Q23. [IF YES to Q22] In the past 12 months, have you made a plan about how you would kill yourself?

- ☐ Yes
- ☐ No

Q24. [IF YES TO Q22] In the past 12 months, have you tried to kill yourself?

- ☐ Yes
- ☐ No

Q25. [IF YES to Q24] If you attempted to kill yourself in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ☐ Yes
- ☐ No

***** BELIEFS & ATTITUDES *****

This section of the survey asks you to describe your beliefs and attitudes. Please respond honestly about your beliefs and attitudes, not what you “think” is an acceptable answer to others.

Q26. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. It is important to help others
- b. I care about other peoples' feelings
- c. I feel sorry for people who have things stolen or damaged
- d. I am accepting of those different than myself
- e. It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.
- f. I can say "no" when someone wants me to do things I know are wrong or dangerous
- g. I feel I have much to be proud of
- h. Violence is an acceptable way to solve problems

Q27. Thinking about possible risks to physical or mental health, please indicate the level of risk for each of the following activities

- | | Little or no risk | Slight risk | Moderate risk | High risk |
|---|-------------------|-------------|---------------|-----------|
| a. Drinking 4 [FEMALE] / 5 [MALE] or more drinks of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin) within a couple of hours | | | | |
| b. Smoking cigarettes regularly | | | | |
| c. Using marijuana regularly | | | | |
| d. Gambling regularly | | | | |
| e. Using methamphetamines (crank) regularly | | | | |
| f. Using cocaine regularly | | | | |
| g. Using amphetamines other than methamphetamines (like stimulants, uppers, speed) regularly | | | | |
| h. Using any other illegal drug regularly | | | | |
| i. Regularly using over-the-counter medications differently than directed | | | | |
| j. Regularly using prescription medication for non-medical reasons | | | | |
| k. Regularly use e-cigarettes (vape-pens, JUUL, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods) | | | | |

***** PEER QUESTIONS *****

The questions in this section of the survey refer to the students in your school. When you read and answer these questions keep in mind the attitudes and beliefs of other students.

Q28. About how many students in your grade would feel it is okay for you to do each of the following?

Almost none would think	A few would think it is ok	Some would and some wouldn't think	Most would think it is ok	Almost all would it is ok
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- a. Drink beer, wine, alcoholic drinks, or hard liquor (for example: vodka, whisky, rum, tequila, gin)
- b. Smoke cigarettes
- c. Use an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- d. Use marijuana
- e. Use any illegal drug other than alcohol, cigarettes, or marijuana
- f. Use prescription drugs for non-medical reasons

***** SCHOOL QUESTIONS *****

The questions in this section refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators, or other things connected to the school.

Q29. For each of the following, please indicate how much you agree or disagree with each statement

- | | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
- a. I feel safe at school
 - b. I care about my school

- c. I try to do my best in school
- d. I do not plan to finish high school
- e. My school lets my parent/guardian know if I'm doing a good job
- f. My school lets my parent/guardian know if I've done something wrong
- g. There is at least one adult at school that I could go to for help with a problem
- h. Students try to make new students feel welcome in the school
- i. My school has up-to-date computers and other electronic equipment available to students
- j. We have space and facilities for extra-curricular activities at my school
- k. My school building is well maintained

Q30. In the past 12 months, have you done any of the following on school property or at a school event? [Yes / No response for each]

- a. Carried a gun, knife, club, or other weapon that is not used for a school activity like archery, kendo, skeet shooting, etc.
- b. Used alcohol or other illegal drugs
- c. Used cigarettes, smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus), or e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)
- d. Had your belongings (clothing, books, bike, car) stolen or deliberately damaged
- e. Been disciplined for fighting, theft, or damaging property
- f. Been threatened or injured by someone with a weapon (like a gun, knife or club)

Q31. In the past 12 months, have you ...? [Yes / No response for each]

- a. Damaged property on purpose (like breaking windows, scratching a car, etc.)
- b. Hit, kicked, or fought someone because they made you angry
- c. Used a weapon, force, or threats to get money or things from someone
- d. Verbally threatened to physically harm someone
- e. Stolen something

Q32. [If Yes to Q31b] What is your relationship with the person or persons you hit, kicked, or fought in the past 12 months?

- Sibling(s) only
- Sibling(s) and another person or persons (e.g. friends, classmates, peers)
- Another person or persons (e.g. friends, classmates, peers)

The following questions are about bullying. Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance (such as the use of physical strength, access to embarrassing information, or popularity to control or harm others). Bullying can occur in person or through technology.

Q33. In the past 30 days, how often have the following occurred, if at all?

Has not occurred Happened once 2-4 times 5-10 times More than 10 times

- a. I was called names, was made fun of, or teased in a hurtful way
- b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me
- c. I was hit, kicked, pushed, or shoved in a way meant to harm me
- d. Other students told lies, spread false rumors about me, and tried to make others dislike me
- e. I have received a threatening or hurtful message from another student in an email, on a website, on a cell phone, from text messaging, in an internet chat room, or on social media
- f. Something hurtful has been shared about me on social media (Facebook, Twitter, Snapchat, TikTok, Instagram, etc.)

Q34. [IF ANY Q33=YES, ASK FOR EACH] What, if anything, do you think may have made you a target of this behavior? *Check all that apply.*

- ☐ My race, country of origin, or ethnicity
- ☐ My culture
- ☐ My religion
- ☐ My gender
- ☐ Another reason
- ☐ Don't know/Not sure

Q35. In the past 30 days, how many times, if ever, have you done any of the following to someone else at school?

Has not occurred Happened once 2-4 times 5-10 times More than 10 times

- a. I called someone names or made fun of them or teased them in a hurtful way
- b. I left another student or students out of things on purpose, excluded them from my group of friends, or ignored them
- c. I hit, kicked, pushed, or shoved someone
- d. I told lies, spread false rumors about another student
- e. I sent a threatening or hurtful message in an email, a text message, or a direct message (DM)
- f. I shared potentially damaging info about someone else on social media (Facebook, Twitter, Snapchat, TikTok, Instagram, etc.)

Q36. How often, if ever, do school staff attempt to stop bullying when they know about it?

- ☐ Almost never
- ☐ Once in a while
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

Q37. In the past 30 days, did you ever stay home because you felt unsafe going to school or being at school?

- Yes
- No

Q38. Please indicate how much you agree or disagree with each of the following statements. Students in this school respect other people regardless of

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. gender
- b. race/ethnicity/skin color
- c. cultural/religious differences
- d. physical disabilities
- e. learning disabilities

Q39. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither
Agree nor Disagree Agree Strongly Agree

- a. My teachers care about me
- b. My teachers are available to talk with students one-on-one
- c. My teachers notice when I am doing a good job and let me know about it

Q40. For each of the following, please indicate how much you agree or disagree with each statement.

Staff in this school respect...

Strongly Disagree Disagree Neither
Agree nor Disagree Agree Strongly Agree

- a. gender differences
- b. racial/ethnic/skin color differences
- c. cultural/religious differences
- d. students with learning disabilities
- e. students with physical disabilities

Q41. How easy or hard do you think it would be for someone your age to get each of the following:

Very Hard Hard Easy Very Easy Don't Know/Not sure

- a. Cigarettes
- b. E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes
- c. Alcoholic beverages (beer, wine, or liquor)
- d. Marijuana (pot, weed, bud, hash)
- e. Any other illegal drug (methamphetamine, heroin, cocaine, etc.)
- f. A firearm (handgun, shotgun, rifle, etc.)
- g. Prescription medication that is not prescribed for you by a doctor or nurse
- h. Lottery or scratch tickets

Q42. Have you ever had a drink (more than a few sips) of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ Yes
- ☐ No [SKIP TO Q46]

Q42a. [IF Q42=YES] How old were you when you first drank (more than a few sips of) alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14

Q43. [IF Q42=YES] In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

- ☐ Yes
- ☐ No [SKIP TO Q46]

Q43a. [IF Q43=YES] When you drank in the past 30 days, did you drink...?

- | | | |
|-----------------------|-----|----|
| i. Beer | Yes | No |
| ii. Any other alcohol | Yes | No |

Q44. [IF Q43=YES] In the past 30 days, have you had 4 [FEMALE] 5 [MALE] or more drinks of alcohol in a row within a couple of hours?

- ☐ Yes
- ☐ No

Q45. [IF Q43=YES] In the past 30 days, did you get alcohol in the following ways? [Yes / No response for each]

- a. I bought it
- b. I gave someone money to buy it
- c. A parent/guardian gave it to me
- d. I took it from my parent/guardian's cabinet/refrigerator
- e. I got it at a party
- f. A friend who is under 21 gave to me
- g. A friend who is 21 or over gave it to me

Q46. Have you ever driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs?

- ☐ Yes
- ☐ No

***** TOBACCO QUESTIONS *****

Q47. Have you ever smoked tobacco or used any tobacco products (not including e-cigarettes)?

- ☐ Yes
- ☐ No

Q48. Have you ever used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette?

- ☐ Yes
- ☐ No
- ☐

Q49. Have you ever used a heated (heat-not-burn) tobacco product, heat tobacco stick or capsule to produce a vapor (iQOS, HeatSticks, glo, Eclipse, lil)? *These are different from e-cigarettes which heat a liquid to produce a vapor.*

- ☐ Yes
- ☐ No

Q50. [IF Q47 or Q48 or Q49=YES] In the past 30 days, have you:

[Yes / No response for each]

- a. Smoked cigarettes
- b. Smoked menthol cigarettes (menthol cigarettes taste like mint)
- c. Smoked cigars
- d. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)
- e. Smoked tobacco using a water pipe or hookah
- f. Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- g. Used a heated (heat-not-burn) tobacco product, heat tobacco sticks or capsules

Q51. [If Q50a or Q50b=YES] In the past 30 days, on the days you smoked, on average, about how many cigarettes did you smoke per day?

- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

Q52. [IF YES TO Q47] In the past 12 months, have you stopped smoking cigarettes for one day or longer because you were trying to quit?

- Yes
- No

Q53. [IF YES TO Q48] In the past 12 months have you stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?

- Yes
- No

Q54. [IF YES TO Q47 or Q48 or Q49] How old were you when you first...?

Never 8 or younger 9 or 10 11 or 12 13 or 14

- a. Smoked a whole cigarette
- b. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)
- c. Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- d. Used heated (heat-not-burn) tobacco products, heat tobacco sticks or capsules
- e. Smoked menthol cigarettes (menthol cigarettes taste like mint)

***** **MARIJUANA and OTHER QUESTIONS** *****

Q55. Have you ever used marijuana (pot, grass, hash, bud, weed)?

- Yes

- No [SKIP TO Q56]

Q55a. [IF YES TO Q55] In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

- Yes
- No

Q55b. [IF YES TO Q55] How old were you when you first tried marijuana (pot, grass, hash, bud, weed)?

- 8 or younger
- 9 or 10
- 11 or 12
- 13 or 14
-

Q56. In the past 30 days, have you...? [Yes / No response for each]

- a. Sniffed glue, breathed the contents of gases or sprays in order to get high
- b. Used over-the-counter medications differently from the way the directions indicate
- c. Used prescription medications that were not prescribed for you by your doctor
- d. Used cocaine (blow, crack, rock, coke [not Coca Cola])
- e. Used methamphetamines (crank)
- f. Used amphetamines other than methamphetamines (like stimulants, uppers, speed)
- g. Used an opioid (heroin or fentanyl) or a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons
- h. Used mushrooms (shrooms, psilocybin)
- i. Used MDMA (Ecstasy/Molly)

You have completed the survey.

You will now be redirected to the [Your Life Iowa](#) website, a resource that may be useful to you. Thank you.



2023 IOWA YOUTH SURVEY: 8TH AND 11TH GRADE

WELCOME

Welcome to the 2023 Iowa Youth Survey! The Iowa Youth Survey is administered and sponsored by the Iowa Department of Health and Human Services.

You can complete the survey in either English or Spanish. Use the dropdown menu in the upper right to switch languages.

INSTRUCTIONS:

For each question, please select the one response that comes closest to your honest answer. If you do not understand a question, please leave it blank. If you cannot answer truthfully or do not want to answer any question, please leave it blank.

Your teacher will not be able to answer questions about the survey once it has started.

The survey will not ask your name, birthday, address or student identification number. Your answers will be confidential and private. Special care will be taken to make sure your answers cannot be traced to you.

No information will ever be made public which could connect your answers to you. When the survey results are shared in public reports, your answers will be grouped with the answers of other Iowa students who took this survey. If survey results are shared with researchers or others for special studies, your privacy will be protected.

Please respond honestly. Your honest responses will help us understand the health behaviors of Iowa students and develop and improve programs to help young people like you and your classmates.

Thank you for completing this survey.

GENERAL INFORMATION

County name, school district number, and the building name are required for each survey.

Q1. Please select the name of the county where you live: [dropdown menu with all 99 counties]

Q2. Please enter your School District Number (provided by your teacher):

Q3. Please enter your school name:

The first few questions are about you. They will help us match later questions based on your age, sex, etc.

Q4. What is your current grade in school?

- ☐ 8th
- ☐ 11th

Q5. Which of the following best describes you?

- ☐ Female
- ☐ Male

Q6. Which of the following best describes you?

- ☐ Straight (or heterosexual)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Another identity
- ☐ Not sure

Q7. Are you Hispanic or Latino/a?

- ☐ Yes
- ☐ No

Q8. What is your racial identity? *Check all that apply?*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian

- Native Hawaiian or Other Pacific Islander
- Other race(s) Please specify: _____

Q9. Do you have a parent/guardian currently in the military?

- Yes
- No [SKIP TO Q10]

Q9a. [IF Q9=YES] Thinking about your parent/guardian in the military, during the past 12 months, were they away for more than two weeks for training or deployment?

- Yes
- No

Q10. How many languages are spoken in your home?

- 1 language
- 2 languages
- 3 or more languages

Q11. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No

This section asks you to describe your experiences. Please read each question carefully and pay attention to the time periods listed.

Q12. During the current school year, have you...? [Yes / No response for each]

- a. Worked in a paid job
- b. Volunteered to improve your community (either with an organization or on your own)
- c. Participated in extra-curricular activities at school or outside of school (sports, music, clubs, 4-H, scouts, etc.)
- d. Attended religious services, programs, or activities

Q13. On an average school day, about how many hours of screen time do you spend for something that is not schoolwork? *By screen time we mean time spent watching shows or videos, using a computer/tablet, playing video games, social media, apps, or using a phone for something other than calling or texting.*

- ☐ 0 hours
- ☐ Less than 2 hours
- ☐ 2- 4 hours
- ☐ 5- 6 hours
- ☐ 7- 8 hours
- ☐ 9- 10 hours
- ☐ 11 or more hours

Q14. On how many of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? Add up all the time you spent in any kind of moderate or intense physical activity like running, walking fast, swimming, riding a bicycle, etc.

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

The next 2 questions ask about food you ate or drank in the past 7 days. Think about all the meals and snacks you had 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.

Q15. In the past 7 days, about how many times each day did you eat fruit (do not count fruit juice)?

- ☐ I did not eat any fruit during the past 7 days

- Less than 1 time each day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

Q16. In the past 7 days, about how many times each day did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

- I did not eat any vegetables during the past 7 days
- Less than 1 time per day
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 or more times per day

Q17. In the past 30 days, did you ever go hungry because there was not enough food in your home?

- Yes
- No

Q18. Do you have any ongoing physical, mental, or emotional disabilities or impairments that limit your daily activities?

- Yes
- No

The next questions ask about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

Q19. In the past 12 months, have you had a concussion from playing a sport or being physically active?

- ☐ Yes
- ☐ No [SKIP TO Q20]
- ☐ Not sure [SKIP TO Q20]

Q19a. [IF Q19=YES] How many times did you have a concussion in the past 12 months?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times

“Homeless” means that you had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless shelter or other temporary shelter.

Q20. Have you ever been homeless?

- ☐ Yes
- ☐ No [SKIP TO Q21]

Q20a. [IF Q20=YES] Were you homeless at any time in the past 12 months?

- ☐ Yes
- ☐ No

***** **GAMBLING QUESTIONS** *****

Q21. During the past 30 days, have you...? [Yes / No response for each]

- ☐ Bet or wagered on sporting events (football, baseball, hockey, soccer, e-sports, etc.)

- Bet or wagered on an internet fantasy sports contest (including season-long and daily fantasy sports)
- Bet or wagered on card or dice games with friends or family (including poker)
- Spent money on in-game or in-app purchases to extend play (online/internet, apps, video gaming, loot boxes, etc.
- Bet or wagered on games of skill such as pool, bowling, or dominoes
- Purchased lottery scratch off tickets or lotto numbers

***** **MENTAL HEALTH QUESTIONS** *****

The next questions ask about mental health. Mental health is your emotional, psychological and social well-being.

Q22. In the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

Q23. In the past 12 months, have you thought about killing yourself?

- Yes
- No [SKIP TO Q27]

Q24. [IF YES to Q23] In the past 12 months, have you made a plan about how you would kill yourself?

- Yes
- No

Q25. [IF YES TO Q23] In the past 12 months, have you tried to kill yourself?

- Yes
- No

Q26. [IF YES to Q25] If you attempted to kill yourself in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ☐ Yes
- ☐ No

***** BELIEFS & ATTITUDES *****

This section of the survey asks you to describe your beliefs and attitudes. Please respond honestly about your beliefs and attitudes, not what you “think” is an acceptable answer to others.

Q27. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. It is important to help others
- b. I care about other peoples' feelings
- c. I feel sorry for people who have things stolen or damaged
- d. I am accepting of those different than myself
- e. It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.
- f. I can say “no” when someone wants me to do things I know are wrong or dangerous
- g. I feel I have much to be proud of
- h. Violence is an acceptable way to solve problems

Q28. Thinking about possible risks to physical or mental health, please indicate the level of risk for each of the following activities

Little or no risk Slight risk Moderate risk High risk

- a. Drinking 4 [FEMALE] / 5 [MALE] or more drinks of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin) within a couple of hours
- b. Smoking cigarettes regularly
- c. Using marijuana regularly
- d. Gambling regularly
- e. Using methamphetamines (crank) regularly
- f. Using cocaine regularly
- g. Using amphetamines other than methamphetamines (like stimulants, uppers, speed) regularly
- h. Using any other illegal drug regularly
- i. Regularly using over-the-counter medications differently than directed

- j. Regularly using prescription medication for non-medical reasons
- k. Regularly use e-cigarettes (vape-pens, JUUL, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

***** PEER QUESTIONS *****

The questions in this section of the survey refer to the students in your school. When you read and answer these questions keep in mind the attitudes and beliefs of other students.

Q29. About how many students in your grade would feel it is okay for you to do each of the following?

Almost	none	A few would	Some would and	Most would
		Almost all		
would think	think it is ok	some wouldn't think	think it is ok	would
it is ok		think it is ok		it is ok

- a. Drink beer, wine, alcoholic drinks, or hard liquor (for example: vodka, whiskey, rum, tequila, gin)
- b. Smoke cigarettes
- c. Use an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- d. Use marijuana
- e. Use any illegal drug other than alcohol, cigarettes, or marijuana
- f. Use prescription drugs for non-medical reasons

*******SCHOOL QUESTIONS*******

The questions in this section refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators, or other things connected to the school.

Q30. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. I feel safe at school
- b. I care about my school
- c. I try to do my best in school
- d. I do not plan to finish high school
- e. My school lets my parent/guardian know if I'm doing a good job
- f. My school lets my parent/guardian know if I've done something wrong
- g. There is at least one adult at school that I could go to for help with a problem
- h. Students try to make new students feel welcome in the school
- i. My school has up-to-date computers and other electronic equipment available to students
- j. We have space and facilities for extra-curricular activities at my school
- k. My school building is well maintained

Q31. In the past 12 months, have you done any of the following on school property or at a school event? [Yes / No response for each]

- a. Carried a gun, knife, club, or other weapon that is not used for a school activity like archery, kendo, skeet shooting, etc.
- b. Used alcohol or other illegal drugs
- c. Used cigarettes, smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus), or e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)
- d. Had your belongings (clothing, books, bike, car) stolen or deliberately damaged
- e. Been disciplined for fighting, theft, or damaging property
- f. Been threatened or injured by someone with a weapon (like a gun, knife or club)

Q32. In the past 12 months, have you ...? [Yes / No response for each]

- a. Damaged property on purpose (like breaking windows, scratching a car, etc.)
- b. Hit, kicked, or fought someone because they made you angry
- c. Used a weapon, force, or threats to get money or things from someone
- d. Verbally threatened to physically harm someone
- e. Stolen something

Q33. [If Yes to Q32b] What is your relationship with the person or persons you hit, kicked, or fought in the past 12 months?

- Sibling(s) only
- Sibling(s) and another person or persons (e.g. friends, classmates, peers)
- Another person or persons (e.g. friends, classmates, peers)

The following questions are about bullying. Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance (such as the use of physical strength, access to embarrassing information, or popularity to control or harm others). Bullying can occur in person or through technology.

Q34. In the past 30 days, how often have the following occurred, if at all?

Has not occurred Happened once 2-4 times 5-10 times More than 10 times

- a. I was called names, was made fun of, or teased in a hurtful way
- b. Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me
- c. I was hit, kicked, pushed, or shoved in a way meant to harm me
- d. Other students told lies, spread false rumors about me, and tried to make others dislike me
- e. Other students made hurtful sexual jokes, comments, or gestures
- f. I have received a threatening or hurtful message from another student in an email, on a website, on a cell phone, from text messaging, in an internet chat room, or on social media
- g. Something hurtful has been shared about me on social media (Facebook, X/Twitter, Snapchat, TikTok, Instagram, etc.)

Q35. [IF ANY Q34=YES, ASK FOR EACH] What, if anything, do you think may have made you a target of this behavior? Check all that apply.

- ☐ My race, country of origin, or ethnicity
- ☐ My culture
- ☐ My religion
- ☐ My sexual orientation
- ☐ My gender
- ☐ Another reason
- ☐ Don't know/Not sure

Q36. In the past 30 days, how many times, if ever, have you done any of the following to someone else at school?

Has not occurred Happened once 2-4 times 5-10 times More than 10 times

- a. I called someone names or made fun of them or teased them in a hurtful way
- b. I left another student or students out of things on purpose, excluded them from my group of friends, or ignored them
- c. I hit, kicked, pushed, or shoved someone
- d. I told lies, spread false rumors about another student
- e. I made sexual jokes, comments, or gestures
- f. I sent a threatening or hurtful message in an email, a text message, or a direct message (DM)
- g. I shared potentially damaging info about someone else on social media (Facebook, X/Twitter, Snapchat, TikTok, Instagram, etc.)

Q37. How often, if ever, do school staff attempt to stop bullying when they know about it?

- ☐ Almost never
- ☐ Once in a while
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

Q38. In the past 30 days, did you ever stay home because you felt unsafe going to school or being at school?

- ☐ Yes
- ☐ No

Q39. Please indicate how much you agree or disagree with each of the following statements. Students in this school respect other people regardless of

Strongly Disagree Disagree

Neither Agree nor Disagree Agree Strongly Agree

- a. gender
- b. race/ethnicity/skin color
- c. cultural/religious differences
- d. physical disabilities
- e. learning disabilities
- f. sexual orientation

Q40. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither

Agree nor Disagree Agree Strongly Agree

- a. My teachers care about me
- b. My teachers are available to talk with students one-on-one
- c. My teachers notice when I am doing a good job and let me know about it

Q41. For each of the following, please indicate how much you agree or disagree with each statement.

Staff in this school respect...

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- a. gender differences
- b. racial/ethnic/skin color differences
- c. cultural/religious differences
- d. all sexual orientations
- e. students with learning disabilities
- f. students with physical disabilities

Q42. How easy or hard do you think it would be for someone your age to get each of the following:

Very Hard Hard Easy Very Easy Don't Know/Not sure

- a. Cigarettes
- b. E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes
- c. Alcoholic beverages (beer, wine, or liquor)
- d. Marijuana (pot, weed, bud, hash)
- e. Any other illegal drug (methamphetamine, heroin, cocaine, etc.)
- f. A firearm (handgun, shotgun, rifle, etc.)
- g. Prescription medication that is not prescribed for you by a doctor or nurse
- h. Lottery or scratch tickets

Q43. Have you ever had a drink (more than a few sips) of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ Yes
- ☐ No [SKIP TO Q47]

Q43a. [IF Q43=YES] How old were you when you first drank (more than a few sips of) alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14
- ☐ 15 or 16
- ☐ 17 or older

Q44. [IF Q43=YES] In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

- ☐ Yes
- ☐ No [SKIP TO Q47]

Q44a. [IF Q44=YES] When you drank in the past 30 days, did you drink...?

- | | | |
|-----------------------|-----|----|
| i. Beer | Yes | No |
| ii. Any other alcohol | Yes | No |

Q45. [IF Q44=YES] In the past 30 days, have you had 4 [FEMALE] 5 [MALE] or more drinks of alcohol in a row within a couple of hours?

- ☐ Yes
- ☐ No

Q46. [IF Q44=YES] In the past 30 days, did you get alcohol in the following ways?

[Yes / No response for each]

- a. I bought it
- b. I gave someone money to buy it
- c. A parent/guardian gave it to me
- d. I took it from my parent/guardian's cabinet/refrigerator
- e. I got it at a party
- f. A friend who is under 21 gave to me
- g. A friend who is 21 or over gave it to me

Q47. Have you ever driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs?

- ☐ Yes
- ☐ No

***** TOBACCO QUESTIONS*****

Q48. Have you ever smoked tobacco or used any tobacco products (not including e-cigarettes)?

- ☐ Yes
- ☐ No

Q49. Have you ever used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette?

- ☐ Yes
- ☐ No

Q50. Have you ever used a heated (heat-not-burn) tobacco product, heat tobacco stick or capsule to produce a vapor (iQOS, HeatSticks, glo, Eclipse, lil)? *These are different from e-cigarettes which heat a liquid to produce a vapor.*

- ☐ Yes
- ☐ No

Q51. [IF Q48 or Q49 or Q50=YES] In the past 30 days, have you: [Yes / No response for each]

- a. Smoked cigarettes
- b. Smoked menthol cigarettes (menthol cigarettes taste like mint)
- c. Smoked cigars
- d. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)
- e. Smoked tobacco using a water pipe or hookah
- f. Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- g. Used a heated (heat-not-burn) tobacco product, heat tobacco sticks or capsules

Q52. [If Q51a or Q51b=YES] In the past 30 days, on the days you smoked, on average, about how many cigarettes did you smoke per day?

- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per day

Q53. [IF YES TO Q48] In the past 12 months, have you stopped smoking cigarettes for one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

Q54. [IF YES TO Q49] In the past 12 months have you stopped using e-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette for one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

Q55. [IF YES TO Q48 or Q49 or Q50] How old were you when you first...?

Never 8 or younger 9 or 10 11 or 12 13 or 14 15 or 16 17 or older

- a. Smoked a whole cigarette
- b. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus)
- c. Used an e-cigarette, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarette
- d. Used heated (heat-not-burn) tobacco products, heat tobacco sticks or capsules
- e. Smoked menthol cigarettes (menthol cigarettes taste like mint)

***** **MARIJUANA and OTHER QUESTIONS** *****

Q56. Have you ever used marijuana (pot, grass, hash, bud, weed)?

- ☐ Yes
- ☐ No [SKIP TO Q57]

Q56a. [IF YES TO Q56] In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?

- ☐ Yes
- ☐ No
- ☐

Q56b. [IF YES TO Q56] How old were you when you first tried marijuana (pot, grass, hash, bud, weed)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14
- ☐ 15 or 16
- ☐ 17 or older

Q57. In the past 30 days, have you...? [Yes / No response for each]

- a. Sniffed glue, breathed the contents of gases or sprays to get high
- b. Used over-the-counter medications differently from the way the directions indicate
- c. Used prescription medications that were not prescribed for you by your doctor
- d. Used cocaine (blow, crack, rock, coke [not Coca Cola])
- e. Used methamphetamines (crank)
- f. Used amphetamines other than methamphetamines (like stimulants, uppers, speed)
- g. Used an opioid (heroin or fentanyl) or a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons
- h. Used mushrooms (shrooms, psilocybin)
- i. Used MDMA (Ecstasy/Molly)

You have completed the survey.

You will now be redirected to the [Your Life Iowa](#) website, a resource that may be useful to you. Thank you.