

Thank you for participating in this survey.
The first questions are about you and your school.

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

Reset

Next →



AA

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How do you identify yourself?

- Female
- Male
- Transgender
- Other (Non-binary, etc.)

[← Back](#)[Reset](#)[Next →](#)

In what grade are you?

- 6th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade



Back

Reset

Next



What school do you go to?

- Groton-Dunstable Regional Middle School
- Groton-Dunstable Regional High School
- Another school or I don't know



 Back

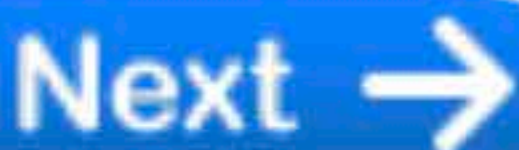

Reset

Next 



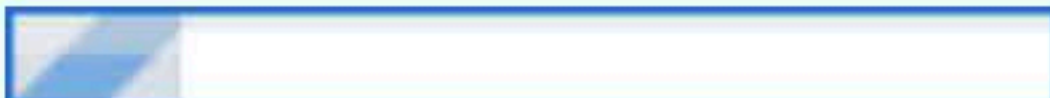

In the past month, how have you been going to school?

- Full-time virtually (online) using a computer, tablet, or other device to connect to school
- Full-time in person going to school (not online)
- Part-time in person, part-time virtually (some at school, some online)
- None of the above or I am not going to school right now


 Back Reset Next 

How do you describe yourself? (Select one or more responses.)

- American Indian or Alaska Native
- Southeast Asian American (such as Cambodian, Vietnamese, Laotian, Thai)
- Middle Eastern American (such as Egyptian, Israeli, Palestinian)
- Asian American (such as Chinese, Japanese, Korean, East Indian)
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White


 Back

Reset

Next 

How do you think of yourself?

- Straight (heterosexual)
- Gay or lesbian (homosexual)
- Bisexual
- Something else (asexual, pansexual, etc.)
- Not sure



 Back

Reset

Next 





During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades or does not apply
- Not sure

[← Back](#)[Reset](#)[Next →](#)

Is there at least one teacher or other adult in your school that you could talk to if you had a problem?

- Yes
- No
- Not sure


 Back Reset Next 

Is there at least one adult in your life outside of school that you could talk to if you had a problem?

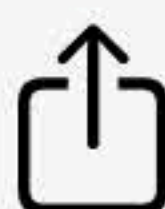
- Yes
- No
- Not sure



 Back

Reset

Next 



Have you ever found yourself in a risky/unwanted situation because of information you shared electronically?

Yes

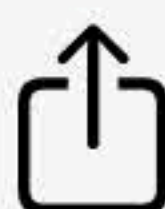
No



[← Back](#)

[Reset](#)

[Next →](#)



In the past 12 months, have you had unwanted contact from someone you talked to online?

Yes

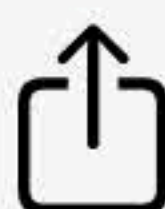
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 Back

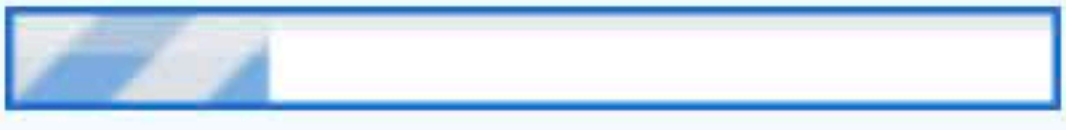
Reset

Next 



During the past 12 months, have you been repeatedly threatened, humiliated, or experienced hostile behaviors (bullied) from others electronically?

- Yes
- No



Back

Reset

Next



During the past 12 months, have YOU repeatedly threatened, humiliated, or harassed (bullied) someone electronically?

Yes

No



Back

Reset


Next



During the past 12 months, have you sent or received sexually explicit messages or photos electronically (e.g., sexting on Snapchat, Instagram, or other social media platform)?

- Yes
- No
- Not sure



 Back

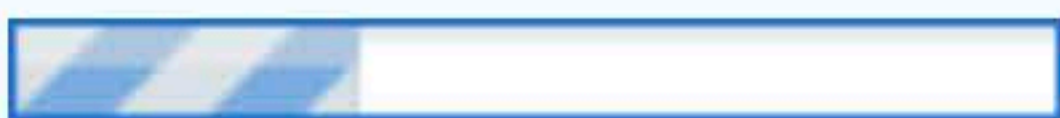
Reset

Next 



During the past 30 days, on how many days did you look at pornographic material, either in electronic or any other format?

- I have not looked at pornographic material in the past 30 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

[← Back](#)[Reset](#)[Next →](#)

AA

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During the past 30 days, have you been hurt physically by someone?

Yes

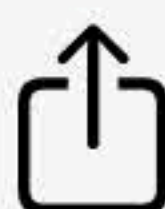
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← Back

Reset

Next →




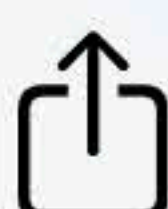
During the past 12 months, have you received unwelcome comments or actions of a sexual nature which made you uncomfortable (sexual harassment)?

- Yes, this has happened to me online
- Yes, this has happened to me in person
- Yes, both online and in person
- No, this hasn't happened to me

[← Back](#)[Reset](#)[Next →](#)

During the past 12 months, when you received unwelcome comments or actions of a sexual nature which made you uncomfortable (sexual harassment), what did you do or say about it? (Choose all that apply)

- I have not done anything about it
- I stopped talking to the person or I walked away
- I told the person to stop
- I reported it to the website administrator
- I blocked the person's account
- I told a friend or other student at school
- I told an adult at school
- I told my parent, guardian, or other adult at home
- I reported it to the police
- I did something else about it


 Back Reset market street

During the past 12 months, when you received unwelcome comments or actions of a sexual nature which made you uncomfortable (sexual harassment), what did you do or say about it? (Choose all that apply)

- I have not done anything about it
- I stopped talking to the person or I walked away
- I told the person to stop
- I reported it to the website administrator
- I blocked the person's account
- I told a friend or other student at school
- I told an adult at school
- I told my parent, guardian, or other adult at home
- I reported it to the police
- I did something else about it


 Back Reset market street
RESEARCH



The next questions ask about stress in your life.

During the past 12 months, what level of stress have you experienced as a result of your school/academic workload?

- None to low
- Moderate
- Somewhat high
- Very high

[← Back](#)[Reset](#)[Next →](#)

During the past 12 months, what level of stress have you experienced as a result of the COVID-19 (coronavirus) pandemic?

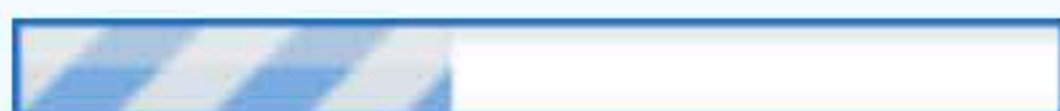
- None to low
- Moderate
- Somewhat high
- Very high

[← Back](#)[Reset](#)[Next →](#)



During the past 12 months, what level of stress have you experienced as a result of your academic workload?

- None to low
- Moderate
- Somewhat high
- Very high



← Back

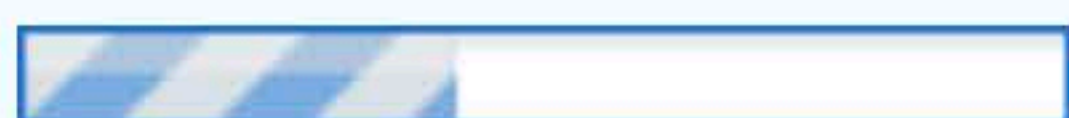
Reset

Next →



During the past 12 months, what level of stress have you experienced as a result of events or pressure at home?

- None to low
- Moderate
- Somewhat high
- Very high



 Back

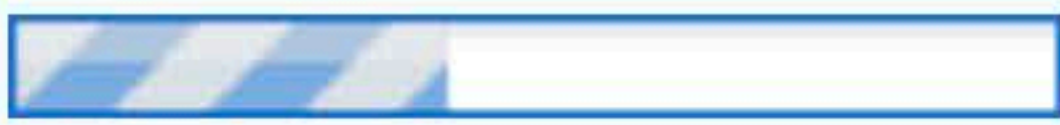
Reset


Next 



What is the greatest source of stress in your life?

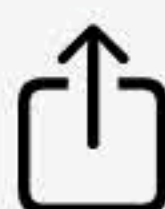
- School
- Home
- Friends/relationships
- Social media (e.g. Facebook, Twitter, Instagram, Snapchat, TikTok)
- Extra-curricular activities
- COVID-19 (coronavirus) pandemic
- Other



 Back


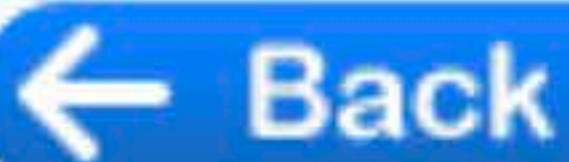
Reset

Next 



Which of the following strategies do you use most frequently to deal with stress? (Choose all that apply)

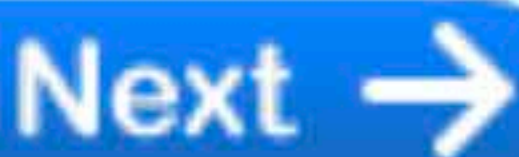
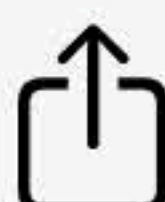
- Nothing
- Exercise
- Drinking/drugs/smoking
- Vaping/juuling/vuseing
- Mindfulness/meditation activities
- Self-injury
- Watching television
- Eating
- Social media (e.g. Facebook, Twitter, Instagram, Snapchat, TikTok)
- Going online
- Other


 Back Reset market street
RESEARCH

The next questions ask about sad feelings, self-injury, and attempted suicide.

During the past 12 months, how many times did you hurt or injure yourself on purpose (for example by cutting, burning, or bruising yourself on purpose)?

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


 Back Reset Next  market street
RESEARCH

Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

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



 Back

Reset

Next 



During the past 12 months, did you ever seriously consider attempting suicide?

Yes

No



Back

Reset

Next



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

Yes

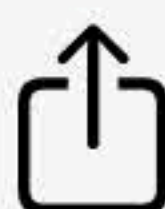
No



[← Back](#)

[Reset](#)

[Next →](#)



During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

[← Back](#)[Reset](#)[Next →](#)

If you attempted suicide during 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



[← Back](#)

[Reset](#)

[Next →](#)





In the past 12 months, has anyone you know from school told you they were thinking about hurting themselves or suicide?

- Yes, they told me in person, on a phone/video call, or in a text
- Yes, they told me online (direct messaging, email, in social media, etc.)
- No, but I saw or heard something about the person from a friend
- No, but I saw or heard something about the person online
- No, nobody at school has told me they were thinking about hurting themselves or suicide

[← Back](#)[Reset](#)[Next →](#)

When you heard someone was thinking about hurting themselves or suicide, what did you do about it? (Check all that apply)


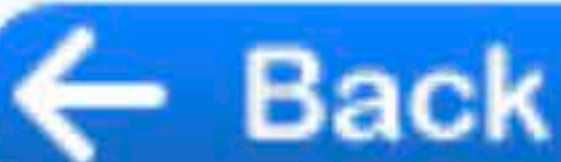
- I told an adult at school about it
- I told my parent, guardian, or other adult at home
- I told my friends or other students at school about it
- I did something else
- I didn't do anything
- Not sure


 Back Reset Next 

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard seltzers or ciders, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does NOT include drinking a few sips of wine for religious purposes.

During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days


 Back Reset

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

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, on how many days did you come to school or a school-related event either in person or online when you were under the influence of alcohol, or use alcohol at school?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

[← Back](#)[Reset](#)[Next →](#)

During the past 12 months, have you attended any online parties (such as by Zoom or Google Hangout or other online meeting platform) where you or other teens used alcohol, marijuana, or other drugs or were vaping?

- Yes
- No



- Back
- Reset
- Next



The next questions ask about tobacco, marijuana, and other drugs.

During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, on how many days did you use an electronic cigarette (e-cigarette), also called vaping, juuling, or vusing?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, on how many days did you use chewing tobacco, snuff, pack, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, how many times did you use marijuana or marijuana-related products (not including CBD oil or CBD products)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, how many times have you used some form of synthetic marijuana, such as Spice, K2, or some edible form?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Not sure

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, how many times have you used your own prescription drugs in a way your doctor did not prescribe, such as taking more than you were told to take?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Not sure

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, how many times have you used someone else's prescription medication that was not prescribed by a doctor specifically for you?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Not sure

[← Back](#)[Reset](#)[Next →](#)

During the past 12 months, has anyone offered, sold, or given you an illegal drug?

Yes

No



Back

Reset

Next



During the past 12 months, have YOU offered, sold, or given anyone an illegal drug?

Yes

No



Back

Reset

Next



During the past 12 months, have YOU offered, sold, or given anyone an illegal drug?

Yes

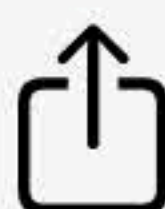
No



[← Back](#)

[Reset](#)

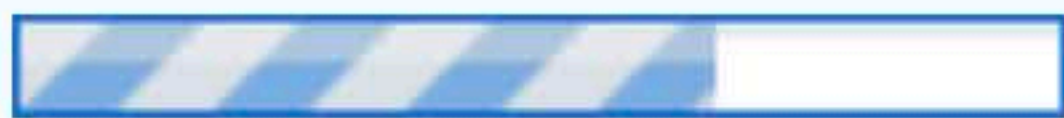
[Next →](#)



The next questions concern sexuality.

During the past 3 months, with how many people did you have sexual intercourse?

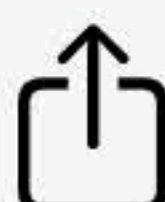
- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people



 Back

Reset

Next 





Did you drink alcohol or use marijuana or other drugs before you had sexual intercourse the last time?

Yes

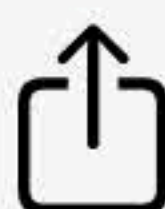
No



← Back

Reset

Next →





When you have had sexual intercourse, how often was a condom used?

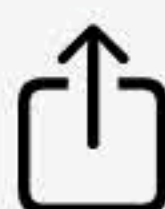
- Never
- Rarely
- Sometimes
- Most of the time
- Always
- I don't know



← Back


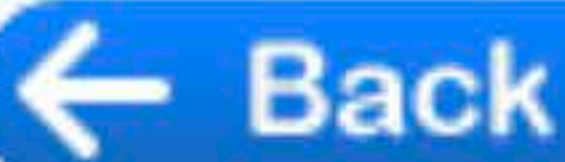

Reset

Next →



The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response)

- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Depo-Provera (injectable birth control)
- Withdrawal
- Some other method
- Not sure


 Back Reset Next 



During the past 12 months, have you had any unintended sexual activity after using alcohol, marijuana, or other drugs?

Yes

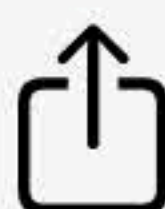
No



← Back

Reset

Next →



Have you ever been pressured into consenting to a sexual encounter?

Yes

No



 Back

Reset

Next 



During the past 12 months, how many times have you had oral sex?

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times



Back

Reset

Next




The next questions ask about body image.

How do you describe your weight?

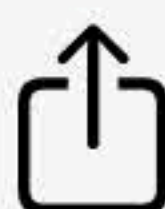
- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight



 Back

Reset

Next 



Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight



Back

Reset

Next



During the past 30 days, did you exercise or eat less food, fewer calories, or foods low in fat or go on a cleansing diet to lose weight or to keep from gaining weight?

- Yes, I exercised
- Yes, I ate less food, fewer calories, foods low in fat, or did a cleansing diet
- Yes, I both exercised and ate less food, fewer calories, food low in fat, or cleansing diet
- No

[← Back](#)[Reset](#)[Next →](#)

During the past 30 days, without a doctor's advice, have you done any of the following to lose weight or keep from gaining weight?

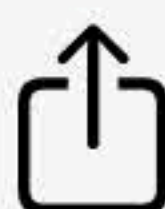
- I did not do any of these
- Go without eating for 24 hours or more (also called fasting)
- Go on a cleansing diet
- Colon cleanse
- Make myself vomit
- Take laxatives
- Take diet pills, powders, or liquids

[← Back](#)[Reset](#)[Next →](#)

The next questions are about food and exercise.

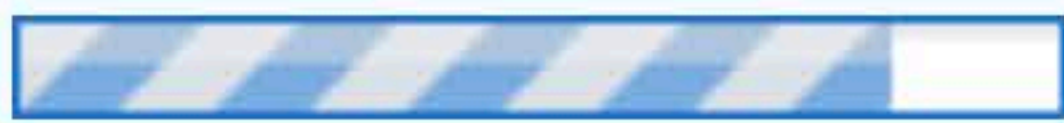
In the past 30 days, how many times have you gone without food or not eaten meals because there wasn't enough food?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Not sure

[← Back](#)[Reset](#)[Next →](#)

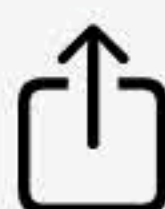
On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

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

[← Back](#)[Reset](#)[Next →](#)

On average, how much time do you spend in school each day, including any time you spend online or in person at school?

- An hour or less per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 hours per day
- 6 or more hours per day

[← Back](#)[Reset](#)[Next →](#)

On average, how much time do you spend doing homework each day?


- An hour or less per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 hours per day
- 6 or more hours per day

[← Back](#)[Reset](#)[Next →](#)

On average, how many hours of sleep do you get each school night?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours or more



 Back

Reset

Next 



How much time do you spend weekdays after school using computers, television, phones, game consoles, or other visual technology for non-school related activities?

- An hour or less per day
- 2 or 3 hours per day
- 4 or 5 hours per day
- 6 or 7 hours per day
- 8 or 9 hours per day
- 10 or more hours per day

[← Back](#)[Reset](#)[Next →](#)



How much time do you spend weekdays on social media (e.g. Facebook, Twitter, Instagram, SnapChat, TikTok)?

- An hour or less per day
- 2 or 3 hours per day
- 4 or 5 hours per day
- 6 or 7 hours per day
- 8 or 9 hours per day
- 10 or more hours per day

[← Back](#)[Reset](#)[Next →](#)

Do you have any social media accounts that your parents or guardians don't know about?

- Yes
- No
- Not sure



Back


Reset

Next



How do your parents or guardians monitor your social media accounts or how you use social media? Check all that apply:



- They do not monitor my social media accounts or use
- I don't know if they monitor my social media accounts or use
- I have a contract and ground rules for my phone/tablet/computer
- They follow my social media accounts weekly or more often
- They use monitoring, blocking, or filtering software
- They put parental controls on my phone/tablet/computer
- I am only allowed to use my phone/tablet/computer at certain times
- I am only allowed to use my phone/tablet/computer in certain places in our home
- They monitor my social media accounts or use in some other way
- I don't have any social media accounts


[← Back](#)[Reset](#)[Next →](#)

When you go to sleep at night, what devices do you keep in your bedroom with you?

Check all that apply:

- Cell phone
- Tablet
- Computer
- Game console
- I have some of these devices, but I don't keep any of them in my bedroom at night
- I don't have any of these devices


 Back Reset Next 

When you go to sleep at night, what do you do with your cell phone?

- I don't have a cell phone
- I keep my phone in my bedroom, and it is turned on
- I keep my phone in my bedroom, and it is turned off
- I keep my phone somewhere else in the house (not in my bedroom)
- My parents or guardians take my phone at night
- Something else happens


[← Back](#)[Reset](#)[Next →](#)

Do your parents or guardians monitor your cell phone use, such as where you keep it at night or how late you can use it?

- Yes, they monitor my phone use, and I always follow the rules
- Yes, they monitor my phone use, and I sometimes follow the rules
- Yes, they monitor my phone use, but I don't follow the rules at all
- No, they don't monitor my phone use


 Back Reset Next 


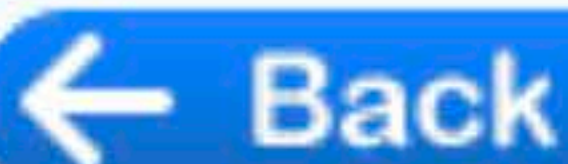
How many times do you wake up each night because your cell phone, tablet, computer, or other electronic device rings, you get notifications, or you hear an alarm or other noise from your devices?

- This never happens because I turn my devices off when I go to sleep
- This never happens because I don't get calls, notifications, or alarms
- This happens 1 or 2 times a night
- This happens 3 or 4 times a night
- This happens 5 times a night or more often
- I don't know because I don't wake up

[← Back](#)[Reset](#)[Next →](#)

What time do you usually stop using all of your electronic devices (cell phone, tablet, computer, game console) at night before going to sleep?

- I don't ever stop using my devices, or they are on all night
- I stop using my electronic devices at 9 pm or earlier
- I stop using my electronic devices by 10 pm
- I stop using my electronic devices by 11 pm
- I stop using my electronic devices by 12 midnight
- I stop using my electronic devices between 12 midnight and 2 am
- I stop using my electronic devices between 2 am and 6 am
- My electronic devices aren't in my bedroom or I keep them somewhere else at night


 Back Reset market street
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