

OHYES! Toolkit: A Guide for Community Partners Working with Schools



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Purpose of This Toolkit

This toolkit has been designed to assist in the efforts of community organizations who wish to advocate for the implementation of the Ohio Healthy Youth Environments Survey (OHYES!) in their community. Community organizations that may find this toolkit useful include, but are not limited to: local prevention agencies, community coalitions, Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOPs), Mental Health Boards, and local Health Departments.

This toolkit provides a brief overview of the Ohio Healthy Youth Environments Survey (OHYES!), the benefits of OHYES! for schools and communities, tips for the recruitment and enrollment process, frequently asked questions, as well as resources that may be helpful for community organizations and schools as they engage with OHYES!.

Our website is also a valuable tool for communities, families, and schools who want to learn more about OHYES! <https://ohyes.ohio.gov/>

The OHYES! team welcomes any feedback that you may have about how we can better support our community partners as you work with schools to implement OHYES!. We are constantly striving to improve our processes, resources, as well as our engagement with Ohio's communities and schools. Please contact the OHYES! team at info@ohyes.ohio.gov with any feedback or questions.



Introduction

What is OHYES!?

The **Ohio Healthy Youth Environments Survey (OHYES!)** is a free, voluntary, web-based survey to collect information that schools and communities can use to access resources to reduce risk behaviors and create healthy and safe community, school, and family environments. The OHYES! is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and is a joint initiative of the Ohio Department of Education, Ohio Department of Health, and OhioMHAS. The survey is designed to measure the health risk behaviors and environmental factors that impact youth health and safety. OHYES! gathers information on issues like substance use, behavioral health, unintentional and intentional injuries, adverse childhood experiences, physical health, activity and well-being, the school environment, and related environmental risk and protective factors.

Special care was taken in the selection of the questions and the design of the student questionnaire. Questionnaire items primarily originate from established surveys used throughout the United States—some for more than 25 years. These surveys were subjected to scientific research regarding reliability and validity and field tested extensively.

OHYES! Content Areas

Demographics	Alcohol & Tobacco/Vapor Products	Marijuana
Prescription Misuse and Illicit Drugs	Bullying, Safety & School Climate	Physical Health & Well-being
Mental Health and Suicide	Gambling	Parental Attitudes of Substance Use
Community, Family & Peer Factors	School Success	Sexual victimization & behavior (optional version only)

How Community Organizations Can Help

Community organizations can help by becoming Community Champions and advocating for area schools to participate in their free voluntary opportunity. We know that community members and organizations know their community best! As a community organization, you can help to inform schools about OHYES!, its benefits, and how to enroll. Community organizations and OHYES! staff will work together to get schools signed up to implement the survey.

How Does the Community Benefit?

Communities will be interested in survey results for assessing local youth needs and targeting efforts to build and sustain healthy home and school environments. Community organizations can use the data to write proposals to foundations, federal, state, and local entities, as well as other funding sources to acquire additional resources for their community efforts. OHYES! results provide data and information to better understand how to strengthen schools and make their communities safer and healthier; it also allows communities to measure the impact of their efforts.

How Do Schools Benefit?

OHYES! provides valuable data for schools. A growing number of children are showing up at school with a variety of health-related problems that make successful learning difficult. Gathering credible information on the scope and nature of these issues is essential to selecting strategies to improve school success and positive youth development. Research shows that cost effective youth prevention strategies should be based on **local, up-to-date data**— OHYES! will give timely insight into what students self-report as their health and safety risks. Administering the OHYES! sends a clear message to students that their voice matters. Schools can use their data for strategic planning, curriculum and program implementation, funding decisions, and more!



Key Points about OHYES!

OHYES! is **FREE** for schools; there is no fee to administer or receive school/district-level reports.

OHYES! is **available during the fall only**. Schools will need to select an administration day during September to December (check website for exact dates).

OHYES! is completely **voluntary**. That means schools choose if they want to participate. Additionally, parents have the option to opt out their student. Students also have the option to opt out, skip any questions, or quit the survey at any time.

OHYES! is available for **grades 7-12**; we recommend that at least grades 7, 9, and 11 participate.

OHYES! is administered **online**; students can take the survey at school on a laptop, tablet, or desktop computer.

OHYES! is relatively **quick to administer**. Most students complete the survey in 15-30 minutes. Factors such as how the student answers (if skip patterns are employed based on responses), age, and reading level can affect how long the survey takes.

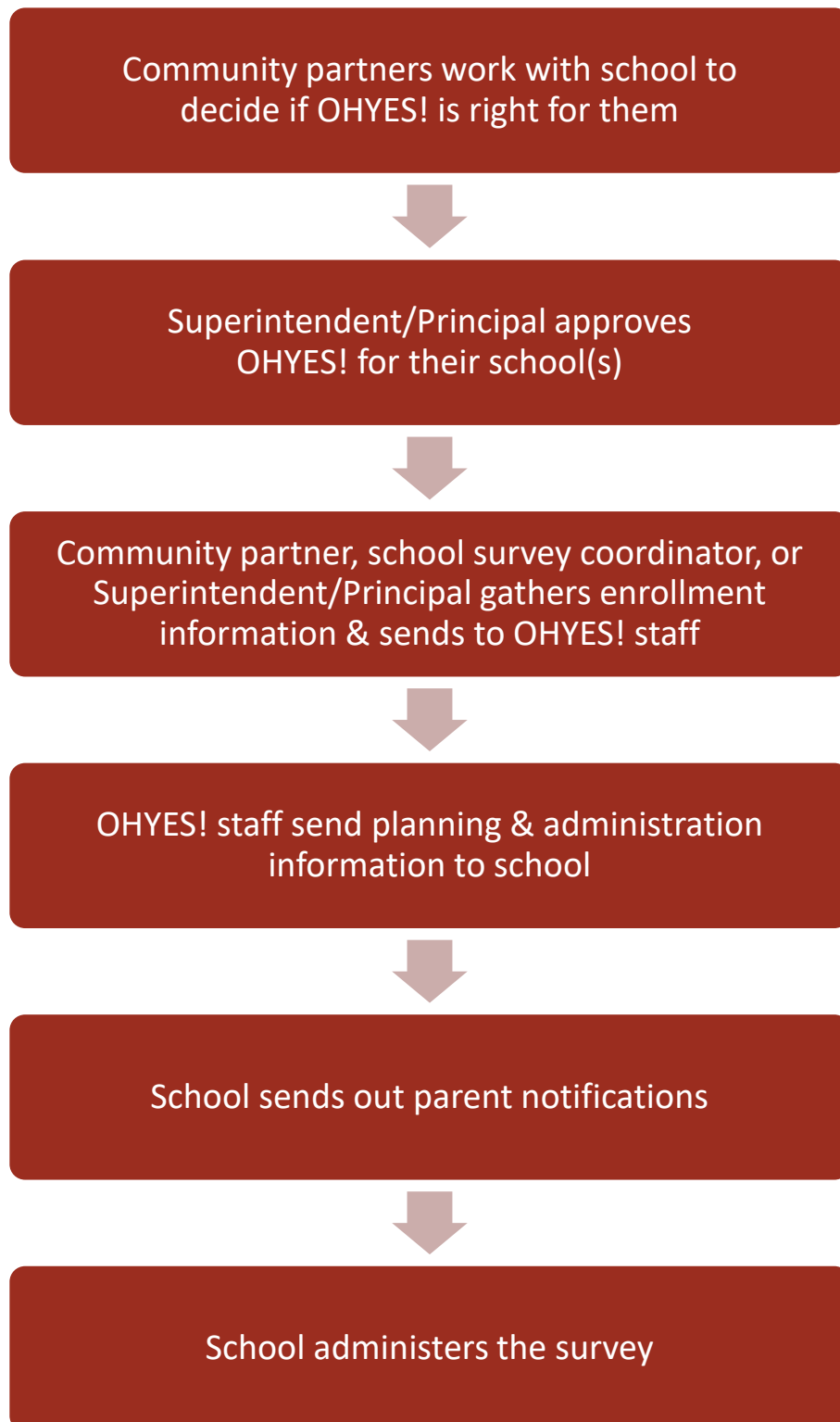
There are **two versions of the survey** – standard or optional (see Appendices A & B, respectively) The optional survey includes additional sex-related questions; schools select which version.

OHYES! is **administered by the school** and students must take the OHYES! on the school's campus.

Schools have a lot of **flexibility** in administering OHYES!. Schools select which version of the survey (standard or optional), which grades participate, and which date to administer.

OHYES! uses a **passive parent consent process** which enables parents to opt out their child, if they choose. The opt out process puts less burden on the school compared to an opt in process.

How Schools Implement the OHYES! with Community Partners



Recruiting Schools

There are multiple ways that schools can participate, but OHYES! is most successful when communities get involved.

Existing Relationships

Advocate for and collaborate with schools to implement OHYES!. Community organizations have positive and longstanding relationships within their community. If your organization has existing relationships with schools in the area, this is a great opportunity to talk with them about OHYES!.

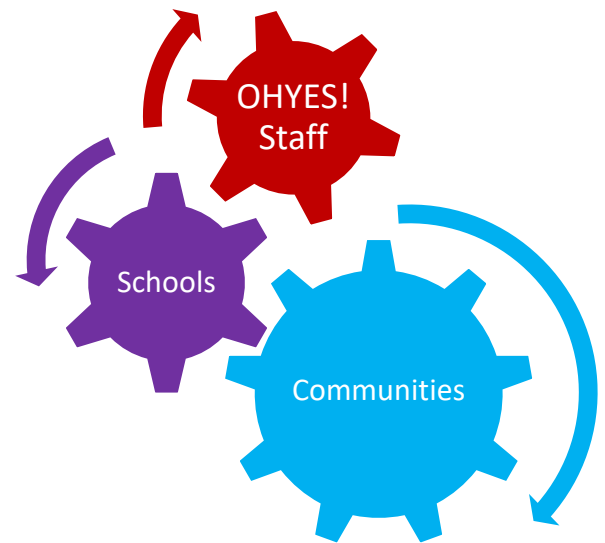
Reach out with an email, phone call, or set up an in-person meeting. This is a great opportunity to start the conversation about OHYES!. Get the school in contact with OHYES! staff (info@ohyes.ohio.gov) if they need more information. **Ultimately, we need permission from the superintendent or principal to sign up school(s)**, but often time these conversations start with school counselors, directors of social emotional learning, assistant principals, teachers, etc. With permission of the superintendent or principal, other school staff can act as survey coordinators on their behalf.

New Relationships

As a community organization, you are in a unique position to reach out to schools in your area about OHYES!. Schools may be more receptive to hearing about OHYES! from members of their own community. Start by reaching out with an email to the superintendent or principal of the school to introduce yourself, your organization, and OHYES!. If you don't hear back, it may be helpful to reach out to another member of the school staff (e.g., school counselor, assistant principal, etc.) and see if they would be willing to work with their principal or superintendent to enroll in the OHYES!. Again, if a school needs additional information, connect them with OHYES! staff at info@ohyes.ohio.gov.

Formal Partnerships

Successful data collection within a community often involves partnering with other organizations. Sometimes community organizations use a Memorandum of Understanding



Tips & Tricks

- Make a personal connection
- Let schools know the value of the OHYES! upfront
- Tell schools why you are invested in the OHYES! as a community partner
- Send the school a copy of the survey and other helpful materials

(MOU) to formalize data collection partnerships between themselves and the schools to collect and share data. These MOUs can specify data collection timelines, and roles and responsibilities each party will play in data collection.

While MOUs are not required between community organizations and schools, they often help prevent misunderstandings and complications, and formalize what level of results the community organization will receive (e.g., private district results or public county-summary results). Additionally, an MOU can also formalize any incentives that the community board or organization may offer schools (e.g., programming, funding) for partnering to collect data.

A webinar from Ohio University about Using MOUs to Formalize Partnerships for Data Collection is available on the Ohio Strategic Prevention Framework Partnerships for Success (Ohio SPF-PFS) website at: <https://www.pfs.ohio.gov/SPF-Phases/Assessment/1-Data-Collection/Using-an-MOU-to-Formalize-Partnerships-for-Data-Collection>. A School District Template is also available.

Recruitment Materials

The following are resources you can use when talking with schools about OHYES!. Use any of these resources for yourself, schools, and the community.

- Sample surveys:
 - OHYES! 110-item, standard version sample survey (see Appendix A)
 - OHYES! 120-item, optional version sample survey (see Appendix B)
 - Includes all items, the additional items are marked as “(Optional)”
 - Helpful to share with schools to see survey questions and standard vs. optional version of the survey
 - Schools can share this sample survey with parents
- One-page fact sheet (see Appendix C)
 - Brief overview of the OHYES!, text only
- OHYES! flyer (see Appendix D)
 - Brief overview of the OHYES! with visuals; best used with school administrators and staff
- OHYES! vs. YRBS/YTS (see Appendix F)
 - A brief overview of the Ohio Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) and how it compares to the OHYES!. It is helpful for schools to understand the similarities and differences between these two surveys. Administration of the Ohio YRBS/YTS occurs in fall of odd years (e.g., 2023, 2025, 2027)
- OHYES! video series
 - The Ohio Healthy Youth Environments Survey (OHYES!); <https://youtu.be/c-S2VfcFCas>

- Working with Schools on OHYES! Implementation; <https://youtu.be/3-eGJ0LTVyo>
- OHYES! Implementation Basics; <https://youtu.be/DWuhztcmhBg>
- OHYES! Consent and Confidentiality; <https://youtu.be/Q5FoSnNrTmw>
- Accessing OHYES! Public Access Reports; <https://youtu.be/pheM-0j4Lrg>
- For Superintendents and Principals: Accessing Reports and Data; <https://youtu.be/s0biz6gigGl>
- How to Interpret Survey Data Tables; <https://youtu.be/BGz0FdmQvVw>
- Creating Simple Tables and Multi-Way Tables Using the OHYES! Public Access Database; <https://youtu.be/SNTZtfW5t6U>



Enrollment Process

Once a relationship is established with a school and the superintendent or principal agrees to have their school participate in OHYES!, community organization staff and OHYES! staff will work together to enroll the school(s). Once a school decides to implement the survey, OHYES! staff will need a few pieces of information to complete the enrollment process

What Information is Needed?

For a school to successfully complete enrollment, OHYES! staff needs certain information from each school. A superintendent may sign up multiple schools in their district, or a principal may sign up their school. Schools will need to provide the following information* in an email to info@ohyes.ohio.gov:

- **Confirm school name(s), district and school IRN number(s)**
 - **The IRN number is the number that districts and schools are known by to ODE.**
- **Confirm Superintendent name and email contact, Principal name(s) and email contact(s)**
- **Indicate which survey version for each school (standard or optional)**
- **Identify which grades the school(s) will survey (grades 7-12 are eligible, at minimum we recommend grades 7, 9, and 11)**
- **Names and emails of 2 survey coordinators for each school**
- **Projected administration date (at least 1 month after enrollment to allow for 1 week of planning and the required 3-week parent notification)**

See **Appendix E for an example email*

Superintendent/Principal Approval

OHYES! policy requires that the superintendent or principal officially enrolls the school to participate. Ideally, the required enrollment information would be emailed to info@ohyes.ohio.gov from the principal or superintendent; alternatively, the principal or superintendent could provide the enrollment information to your community organization and be forwarded to OHYES! staff.

We recognize that it is often easier for schools to work through a coordinator (e.g., a member of school staff or your community organization). However, OHYES! staff still needs to confirm principal/superintendent approval of OHYES! for their school. In order to fulfil this requirement, a school staff member or staff of your community organization can provide the required enrollment information and CC the superintendent/principal(s) on the email to info@ohioyes.ohio.gov.

Tips & Tricks

- Offer to act as a survey coordinator for the school; ask to be copied on emails between schools and OHYES! staff
- Regularly check in with school throughout the enrollment process

What Happens After Enrollment?

School's Role

Once a school is enrolled, OHYES! staff will send them the planning and administration instructions and resources necessary for a successful implementation of OHYES!. The school will work to send out parent notifications at the appropriate time and collect any opt-outs from parents. On administration day(s) the school will administer the survey to students during the school day on campus; students may not take the survey at home. Schools may reach out to their community organization or OHYES! staff with questions throughout the planning and administration process. Lastly, schools should report back to OHYES! staff with any difficulties or concerns following survey administration.

Community Organization's Role

The majority of the community organization's role occurs before the enrollment process. It is possible that a school may reach out after enrollment with questions, concerns, or feedback. OHYES! staff are more than happy to help with any of these communications. After enrollment, it is helpful to check in with the school to make sure they received the instructions and materials for the planning and administration process. It is helpful to regularly follow-up with schools in the time period between enrollment and administration of the OHYES!.

Additionally, we would appreciate any feedback on the successes and challenges you had working with the schools in your area, this helps us refine our processes so that we can continue to better serve Ohio's schools and communities.

OHYES! Staff's Role

After OHYES! staff works with the school and community organization to complete enrollment, we will provide any necessary check-ins with the schools and be available for any questions that may arise. OHYES! staff will gather feedback from our community partners and schools to improve our processes and procedures for the next school year.

Reflecting on Data Collection

- It's important to debrief after OHYES! implementation to reflect on the experience
- Take notes on what worked well and what did not
- This helps create a sustainable data collection plan

What about the Data?

The data that is collected from schools who implement OHYES! is valuable to not only the school, but community organizations as well.

District/School Reports

OHYES! staff, in partnership with Ohio University (OU), produce reports for schools and school districts that are available to principals and superintendents; these reports are available in the early spring (following the fall implementation). OHYES! does not have access to district and building-level reports, but OHYES! coordinates the process to obtain these reports. Because OHYES! does not produce these reports, a memorandum of understanding (MOU) is required between the district/school and OU. OHYES! staff will contact schools to complete an MOU to receive school and district level reports; these are submitted to OHYES!, verified, then sent to our OU who will send out the link to the report to superintendents and principals.

District/School Data Warehouse Access

OHYES! will also provide superintendents and principals a login and password to access data for their own district or building-level data on the Ohio Department of Health Public Information Warehouse – Secure Gateway <https://ohyes.ohio.gov/Results/Database-Access-for-Superintendents-and-Principals>

Public Reports

Additionally, reports for all OHYES! participants and the Appalachian region are available for public download. County-level and behavioral health board reports are available for counties in which two or more school district participate in a given school year. These reports can be found on our website <https://ohyes.ohio.gov/Results/Public-Access-Reports>

Frequently Asked Questions

Why should schools and students participate?

The Ohio Healthy Youth Environments Survey (OHYES!) is a free, voluntary, web-based survey to collect information that schools and communities can use to determine services and resources to reduce risk behaviors and create healthy and safe community, school and family environments. By implementing the OHYES!, districts and schools are allowing students to voice the risks that they perceive to their health and wellness, as well as their sense of resiliency to live healthy lives. Administering the OHYES! sends a clear message to students that their voice matters.

Which schools or students are eligible to participate?

OHYES! is available at no cost to all Ohio schools for grades 7-12.

How are students selected to participate?

Student participation is anonymous and voluntary. Superintendents and principals decide which grades participate and when schools administer the survey.

Are students required to participate?

Student participation is completely voluntary. Students can skip any questions they do not feel comfortable answering. Parents who do not want students to participate are required to complete the Opt Out form and mail it to the school or have the student return it to the school. A form must be filled out for each individual student.

Is parental consent required?

Ohio law requires parents be informed of school surveys. Parents will be sent a letter by their child's school notifying them of the survey and their option to opt out each child. This OHYES! process meets the legal requirements and is commonly known as "passive consent," because it minimizes administrative burden on the schools and maintains student confidentiality, while maintaining sufficient response rates.

How long is the survey?

The survey will be taken by computer during a class period or homeroom. The survey takes less than one period to complete including the instructions and answering the questions. Average completion time is about 20 minutes. Factors such as how the student answers (if skip patterns are employed based on responses), age, and reading level can affect how long the survey takes.

When and how frequently is the survey completed?

Schools may administer the OHYES! during regular school hours during the fall (October-December) of the school year. The OHYES! is available for annual administration to meet the local data needs of schools and communities.

Will students' names be used or linked to the surveys?

It is not possible to find out how individual students answer. The survey is anonymous. Students do not provide names, student ID number, or any other personal identifying information. Only a school-identifying number is used. It is not possible for surveyors to identify individual student responses. No one at the school will know how they answered any questions, including teachers or principals. Parents will also not know student responses. To protect student privacy, administrators follow protocols throughout the survey process (such as not walking around the classroom and looking at student responses).

Does the survey include personal questions?

All survey topics are chosen for their value in supporting resources and education that prevents unhealthy behaviors and promotes healthy behaviors. Questions include health behaviors and other serious issues affecting youth today such as unintentional and intentional injuries; physical activity and dietary behaviors; alcohol, tobacco, vaping, and other drug use; mental health and suicide; and related risk and protective factors. Students' answers may help identify areas of need that communities can address to help all youth be successful at school. An optional version of the survey includes items related to sexual orientation, sexual victimization, and sexual behavior; districts can decide to include a version of the survey without these sensitive questions. Youth always have the option of not answering questions that make them uncomfortable.

Does answering the survey influence students to try unhealthy behaviors?

There is no evidence that asking these questions will lead to an increase in the likelihood that youth will practice risky behaviors. The only way to determine if youth are at risk of certain topics and behaviors is to ask questions about these behaviors. To address the health problems among Ohio's youth, there must first be an understanding of their unique experiences and perspectives on all topics. OHYES! provide anonymous tools to gather this information.

How do students complete the OHYES!?

The OHYES! is a web-based application that requires a technology device (computer, laptop, Chromebook, iPad, etc.), an active internet connection and a compatible browser (Google Chrome, Mozilla Firefox, Safari). Many districts issue personal technology devices directly to students. If students bring their personal technology devices to school on survey administration day, it will streamline the survey process as most students will not have to go to a computer lab to take the survey.

<p>Is it possible to administer the OHYES! on a hybrid schedule?</p>	<p>The survey is available to all students who spend at least one day a week attending in-person classes. For school districts that are on a hybrid schedule and do not have all students attending on the same day, the OHYES! can be administered over several days so that all students who are attending in-person can participate.</p>
<p>What about our students receiving remote education? Can they still participate in the OHYES?</p>	<p>To protect student confidentiality, the survey can only be administered on school property. Students educated remotely or virtually are not eligible to participate.</p>
<p>How is the OHYES! similar or different than the Ohio Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)?</p>	<p>The Youth Risk Behavior Survey is a Centers for Disease Control (CDC)-supported surveillance system, administered nationally, in almost every state and in various tribes, territories, and large, urban school districts across the United States. The Ohio Department of Health (ODH) is in a cooperative agreement with the CDC to conduct the YRBS/YTS in Ohio every two years. This survey is conducted with a sample of high schools across the state. The CDC selects a sample middle schools and high schools, and 1-4 classrooms are randomly selected within each selected school. Ohio has participated in the YRBS since 1993 providing Ohio with important trend data and state-level results on Ohio's high school and middle school aged population. The YRBS/YTS state-level data allows for national comparisons and helps guide Ohio policy decisions. However, YRBS/YTS data is not available on the individual school district level and OHYES! was developed because local communities, districts, and schools wanted data specific to them. So, Education, Health and Mental Health and Addiction Services joined forces to provide this local survey tool.</p>
<p>What results are available?</p>	<p>Results are available for each school year. Reports for All-OHYES! participants and the Appalachian Region are available for public download and County and Behavioral Health Board reports are available where two or more school districts participated during a school-year. District- and school-level data are private. Superintendents and principals may request their own district- or building-level reports or may access their own data through the Ohio Department of Health Public Health Information Warehouse – Secure Gateway.</p>

Appendix A: OHYES! Standard Version (DRAFT)

Ohio Healthy Youth Environments Survey (For Fall 2022) – Standard Version

(Online only survey – This is an example)

1. How old are you?
 11 years old or younger – **Ineligible**
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old
 18 years old or older
2. In what grade are you?
 7th grade
 8th grade
 9th grade
 10th grade
 11th grade
 12th grade
 Ungraded or other grade
3. Are you Hispanic or Latino?
 Yes
 No
4. What is your race? (CHECK ALL THAT APPLY)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
5. How tall are you without your shoes on?
Feet: 3 4 5 6
Inches: 0 1 2 3 4 5 6
 7 8 9 10 11
6. How much do you weigh without your shoes on?
_____ Pounds
7. What is your sex?
 Female
 Male
 Transgender
 Gender Nonconforming

The next item ask about having a disability or a long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision, or attention problems.

8. Have you ever been told by a doctor, nurse or parent that you have a disability or long-term health problem?
 Yes
 No
 Not sure
9. 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
 Not sure

The next questions ask about safety and violence-related behaviors. (YRBS 2019)

10. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
 Yes
 No
11. In the past year, how often did you feel safe and secure at school?
 Never
 Rarely
 Sometimes
 Most of the time
 All of the time
12. During the past 30 days, on how many days did you not go school because you felt you would be unsafe at school or on your way to or from school?
 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days

13. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
14. During the past 12 months, how many times were you in a physical fight?
- 0 times – **SKIP TO #17**
 1 time
 2 to 5 times
 6 or more times
15. During the past 12 months, how many times were you in a physical fight on school property?
- 0 times
 1 time
 2 to 5 times
 6 or more times
16. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

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.

17. What types of bullying have you experienced in the past 12 months? (CHECK ALL THAT APPLY)
- You were hit, kicked, punched, or people took your belongings
 Teased, taunted, or called harmful names
 Spread mean rumors about or kept out of a "group"
 Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods
 Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person
 None of the above – **SKIP TO #20**

18. During the past 12 months, have you ever been bullied on school property?
- Yes
 No
19. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
 No

The next questions ask about vehicle safety.

20. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
21. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
- I did not drive a car or other vehicle during the past 30 days – **SKIP TO #23**
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
22. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?
- 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

The next questions ask about behavioral health.

23. When you are stressed out, how do you manage it?
(CHECK ALL THAT APPLY)
- I do not have any stress
 - Physical activity (exercise, sports, skateboarding, motocross, etc.)
 - Meditate, pray, use relaxation techniques
 - Participate in hobbies or community service
 - Express myself through the arts and literature (dance, music, art, writing, etc.)
 - Get support from others
 - Avoid people who create "drama"
 - Limit exposure to social media (Facebook, Twitter, Instagram, etc.)
24. 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
25. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
26. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
27. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
28. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
- Not at all
 - Several days
 - More days than not
 - Nearly every day

29. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
- During the past 12 months
 - Between 12 and 24 months
 - More than 24 months
 - Never
 - Not sure
30. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
 - No – **SKIP TO #33**
31. During the past 12 months, how many times did you actually attempt suicide?
- 0 times – **SKIP TO #33**
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
32. If you attempted suicide during the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- Yes
 - No

The next questions ask about experiences with parents or other adults in your home.

33. Have you ever lived with someone who was having a problem with alcohol or drug use?
- Yes
 - No
34. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
- Yes
 - No
35. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- Yes
 - No
36. Have your parents become separated, divorced, or were never married?
- Yes
 - No

37. During your life, how often has a parent or other adult in your home insulted you, or put you down?

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

38. During the past 12 months, how many times has a parent or other adult in your home insulted you, or put you down?

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

39. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

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

40. During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

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

41. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

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

42. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

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

43. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?

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

The next items ask about times that you felt you were treated badly or unfairly.

44. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?

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

The next questions ask about tobacco use.

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

- Yes
- No – **SKIP TO #49**

46. 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

47. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, snus or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal or Camel Snus? (Do not count any electronic vapor products.)

- 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

48. During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?

- 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

The next questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

49. Have you ever used an electronic vapor product?

- Yes
- No – **SKIP TO #53**

50. During the past 30 days, on how many days did you use an electronic vapor product?

- 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

51. During the past 30 days, how did you usually get your electronic vapor products? (CHECK ALL THAT APPLY)

- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed them from someone else
- A person who can legally buy these products gave them to me
- I took them from a store or another person
- I got them some other way

52. What are the main reasons you have used electronic vapor products? (CHECK ALL THAT APPLY)

- Family member used them
- Friend used them
- I vape because I am bored
- I vape because my friends pressure me to
- To try to quit using other tobacco products
- They cost less than other tobacco products
- They are easier to get than other tobacco products
- They are less harmful than other forms of tobacco
- They are available in flavors, such as mint, candy, fruit, or chocolate
- I used them for some other reason

The next questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

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

- I have never had a drink of alcohol other than a few sips– **SKIP TO #59**
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

54. During the past 30 days did you drink one or more drinks of an alcoholic beverage?

- Yes
- No – **SKIP TO #58**

55. 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

56. During the past 30 days, on how many days did you have 4 or more drinks (for females) or 5 or more drinks (for males) of alcohol in a row, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 29 days
- 20 or more days

57. During the past 30 days, how did you usually get your alcohol? (CHECK ALL THAT APPLY)

- I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- Someone gave it to me
- I took it from a store or family member
- My parent gave it to me
- My friend's parent gave it to me
- I got it some other way

58. When do you usually drink alcohol? (CHECK ALL THAT APPLY)

- Before school
- During school
- After school
- Week nights
- Weekends

The next questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

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

- I have never tried marijuana – **SKIP TO #64**
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

60. During the past 30 days, have you used marijuana or hashish?

- Yes
- No – **SKIP TO #63**

61. During the past 30 days, how many times did you use marijuana?

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

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

- I smoked it in a joint, bong, pipe, or blunt
- I ate it in food such as brownies, cakes, cookies, or candy
- I drank it in tea, cola, alcohol, or other drinks
- I vaporized it
- I dabbed it using waxes or concentrates
- I used it some other way

63. When do you usually use marijuana? (CHECK ALL THAT APPLY)

- Before school
- During school
- After school
- Week nights
- Weekends

The next questions ask about prescription drugs.

64. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told you to use it?

- 0 times – **SKIP TO #69**
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

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

- Yes
- No

The next questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

66. During your life, how many times have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
- 0 times— **SKIP TO #69**
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
67. During the past 30 days, have you used prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
- Yes
 - No
68. When do you usually use prescription drugs not prescribed to you? (CHECK ALL THAT APPLY)
- Before school
 - During school
 - After school
 - Week nights
 - Weekends
69. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next questions ask about other drugs.

70. During the past year, have you used any of the following? (CHECK ALL THAT APPLY):
- ** I have not used any of these substances in the past year **
 - Any form of cocaine, including powder, crack or freebase
 - Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
 - Heroin (also called smack, junk, or China White)
 - Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
 - Ecstasy (also called MDMA, Molly)
 - Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms
 - Steroid pills or shots without a doctor's prescription
 - Synthetic marijuana use (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)
71. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places?
- On school property
 - On the school bus
 - At a friend's house
 - In my neighborhood
 - None of the above
72. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
- Yes
 - No
73. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?
- Yes
 - No

The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

74. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
75. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
76. How much do you think people risk harming themselves physically or in other ways if they use electronic vapor products every day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
77. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
78. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

79. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong

80. How wrong do your parents feel it would be for you to smoke tobacco?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
81. How wrong do your parents feel it would be for you to use electronic vapor products?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
82. How wrong do your parents feel it would be for you to smoke marijuana?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
83. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

84. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
85. How wrong do your friends feel it would be for you to smoke tobacco?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
86. How wrong do your friends feel it would be for you to use electronic vapor products?
- Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong

87. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

88. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

The next question asks about physical activity.

89. 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 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next questions ask about food you ate or drank during 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.

90. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)

- 1 to 4 servings per day
- 5 or more servings per day
- 0 – I do not like fruits or vegetables
- 0 – I cannot afford fruits or vegetables
- 0 – I do not have access to fruits or vegetables

91. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop).

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

92. During the past 7 days, on how many days did you eat breakfast?

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

The next questions ask about other health-related topics.

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

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

94. When was the last time you saw a doctor or a nurse for a physical exam when you were not sick or injured?

- During the past 12 months
- Between 12 and 24 months
- More than 24 months
- Never
- Not sure

95. **The next question asks 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.**

During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

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

96. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?

- During the past 12 months
 Between 12 and 24 months
 More than 24 months
 Never
 Not sure

The next questions ask about school.

97. I enjoy coming to school.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

98. I feel like I belong at my school.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

99. I can go to adults at my school for help if I needed it.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

100. My school provides various opportunities to learn about and appreciate different cultures and ways of life.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

101. My parents talk to me about what I do in school.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

102. My parents push me to work hard at school.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

103. During the past 12 months, how often did your parents check on whether you had done your homework?

- Never or almost never
 Sometimes
 Often
 All the time

The next questions ask about gambling.

104. During the past 12 months, how often did you gamble money or things while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming including skins or loot boxes?

- I did not gamble money or personal items during the past 12 months – **SKIP TO #109**
 Less than once a month
 About once a month
 About once a week
 Daily

105. During the last 12 months, have you ever gambled more than you planned to?

- Yes
 No

106. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money or things?

- Yes
 No

107. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money or things that you've won, or other signs of gambling?

- Yes
 No

108. Have you ever lied to people important to you about how much you gamble?

- Yes
- No

The next questions ask about other home or school related topics.

109. On how many of the past 7 days did you take part in organized activities such as sports teams, school clubs, community center groups, music, art, or dance lessons, drama, church, or other activities?

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

110. How often, if ever, do your parents limit the times of day or length of time when you can use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media?

- Never
- Rarely
- Sometimes
- Often

Appendix B: OHYES! Optional Version (DRAFT)

Ohio Healthy Youth Environments Survey (For Fall 2022) – Optional Version

(Online only survey – This is an example)

1. How old are you?
 11 years old or younger – **Ineligible**
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old
 18 years old or older
2. In what grade are you?
 7th grade
 8th grade
 9th grade
 10th grade
 11th grade
 12th grade
 Ungraded or other grade
3. Are you Hispanic or Latino?
 Yes
 No
4. What is your race? (CHECK ALL THAT APPLY)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
5. How tall are you without your shoes on?
Feet: 3 4 5 6
Inches: 0 1 2 3 4 5 6
 7 8 9 10 11
6. How much do you weigh without your shoes on?
_____ Pounds
7. What is your sex?
 Female
 Male
 Transgender
 Gender Nonconforming
8. * Which of the following best describes you?
 Heterosexual (straight)
 Gay or lesbian
 Bi-sexual
 I describe my sexual identity some other way
 I am not sure about my sexual identity (questioning)
 I do not know what this question is asking

The next item ask about having a disability or a long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision, or attention problems.

9. Have you ever been told by a doctor, nurse or parent that you have a disability or long-term health problem?
 Yes
 No
 Not sure
10. 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
 Not sure

The next questions ask about safety and violence-related behaviors. (YRBS 2019)

11. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
 Yes
 No
12. In the past year, how often did you feel safe and secure at school?
 Never
 Rarely
 Sometimes
 Most of the time
 All of the time
13. During the past 30 days, on how many days did you not go school because you felt you would be unsafe at school or on your way to or from school?
 0 days
 1 day
 2 or 3 days
 4 or 5 days
 6 or more days

14. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
15. During the past 12 months, how many times were you in a physical fight?
- 0 times – **SKIP TO #17**
 1 time
 2 to 5 times
 6 or more times
16. During the past 12 months, how many times were you in a physical fight on school property?
- 0 times
 1 time
 2 to 5 times
 6 or more times
17. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- I did not date or go out with anyone during the past 12 months
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
18. * During the past 12 months, how many times did someone you were dating or going out with 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 during the past 12 months
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

19. * Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
- Yes
 No
20. * During the past 12 months, how many times did anyone 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.)
- 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times

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.

21. What types of bullying have you experienced in the past 12 months? (CHECK ALL THAT APPLY)
- You were hit, kicked, punched, or people took your belongings
 Teased, taunted, or called harmful names
 Spread mean rumors about or kept out of a "group"
 Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods
 Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person
 None of the above – **SKIP TO #24**
22. During the past 12 months, have you ever been bullied on school property?
- Yes
 No
23. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
 No

The next questions ask about vehicle safety.

24. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
25. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
- I did not drive a car or other vehicle during the past 30 days – **SKIP TO #27**
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
26. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?
- 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

The next questions ask about behavioral health.

27. When you are stressed out, how do you manage it? (CHECK ALL THAT APPLY)
- I do not have any stress
 - Physical activity (exercise, sports, skateboarding, motocross, etc.)
 - Meditate, pray, use relaxation techniques
 - Participate in hobbies or community service
 - Express myself through the arts and literature (dance, music, art, writing, etc.)
 - Get support from others
 - Avoid people who create “drama”
 - Limit exposure to social media (Facebook, Twitter, Instagram, etc.)
28. 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

29. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
30. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
31. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
32. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
33. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
- During the past 12 months
 - Between 12 and 24 months
 - More than 24 months
 - Never
 - Not sure
34. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
 - No – **SKIP TO #37**
35. During the past 12 months, how many times did you actually attempt suicide?
- 0 times – **SKIP TO #37**
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
36. If you attempted suicide during the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- Yes
 - No

The next questions ask about experiences with parents or other adults in your home.

37. Have you ever lived with someone who was having a problem with alcohol or drug use?
 Yes
 No
38. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
 Yes
 No
39. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
 Yes
 No
40. Have your parents become separated, divorced, or were never married?
 Yes
 No
41. During your life, how often has a parent or other adult in your home insulted you, or put you down?
 Never
 Rarely
 Sometimes
 Most of the time
 Always
42. During the past 12 months, how many times has a parent or other adult in your home insulted you, or put you down?
 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
43. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
 Never
 Rarely
 Sometimes
 Most of the time
 Always

44. During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
 0 times
 1 time
 2 or 3 times
 4 or 5 times
 6 or more times
45. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
 Never
 Rarely
 Sometimes
 Most of the time
 Always
46. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
 Never
 Rarely
 Sometimes
 Most of the time
 Always
47. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
 Never
 Rarely
 Sometimes
 Most of the time
 Always

The next items ask about times that you felt you were treated badly or unfairly.

48. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?
 Never
 Rarely
 Sometimes
 Most of the time
 Always

49. * During your life, how often have you felt that you were treated badly or unfairly because you are or people think you are LGBTQIA and this could include being treated badly because of who you are sexually attracted to or because you express your gender in a way that is different than what people expect?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next questions ask about tobacco use.

50. During the past 30 days, did you smoke all or part of a cigarette?
- Yes
 - No – **SKIP TO #52**
51. 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
52. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, snus or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal or Camel Snus? (Do not count any electronic vapor products.)
- 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
53. During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?
- 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

The next questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

54. Have you ever used an electronic vapor product?
- Yes
 - No – **SKIP TO #58**
55. During the past 30 days, on how many days did you use an electronic vapor product?
- 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
56. During the past 30 days, how did you usually get your electronic vapor products? (CHECK ALL THAT APPLY)
- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - I got them on the Internet
 - I gave someone else money to buy them for me
 - I borrowed them from someone else
 - A person who can legally buy these products gave them to me
 - I took them from a store or another person
 - I got them some other way
57. What are the main reasons you have used electronic vapor products? (CHECK ALL THAT APPLY)
- Family member used them
 - Friend used them
 - I vape because I am bored
 - I vape because my friends pressure me to
 - To try to quit using other tobacco products
 - They cost less than other tobacco products
 - They are easier to get than other tobacco products
 - They are less harmful than other forms of tobacco
 - They are available in flavors, such as mint, candy, fruit, or chocolate
 - I used them for some other reason

The next questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

58. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips— **SKIP TO #64**
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
59. During the past 30 days did you drink one or more drinks of an alcoholic beverage?
- Yes
 - No — **SKIP TO #63**
60. 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
61. During the past 30 days, on how many days did you have 4 or more drinks (for females) or 5 or more drinks (for males) of alcohol in a row, within a couple of hours?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 29 days
 - 20 or more days

62. During the past 30 days, how did you usually get your alcohol? (CHECK ALL THAT APPLY)
- I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station
 - I bought it at a public event such as a concert or sporting event
 - I gave someone else money to buy it for me
 - Someone gave it to me
 - I took it from a store or family member
 - My parent gave it to me
 - My friend's parent gave it to me
 - I got it some other way
63. When do you usually drink alcohol? (CHECK ALL THAT APPLY)
- Before school
 - During school
 - After school
 - Week nights
 - Weekends

The next questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

64. How old were you when you first tried marijuana?
- I have never tried marijuana — **SKIP TO #69**
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
65. During the past 30 days, have you used marijuana or hashish?
- Yes
 - No — **SKIP TO #68**
66. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

67. During the past 30 days, how did you usually use marijuana?
- I smoked it in a joint, bong, pipe, or blunt
 - I ate it in food such as brownies, cakes, cookies, or candy
 - I drank it in tea, cola, alcohol, or other drinks
 - I vaporized it
 - I dabbed it using waxes or concentrates
 - I used it some other way
68. When do you usually use marijuana? (CHECK ALL THAT APPLY)
- Before school
 - During school
 - After school
 - Week nights
 - Weekends

The next questions ask about prescription drugs.

69. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told you to use it?
- 0 times – **SKIP TO #74**
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
70. During the past 30 days, have you used prescription drugs not prescribed to you?
- Yes
 - No

The next questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

71. During your life, how many times have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
- 0 times – **SKIP TO #74**
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

72. During the past 30 days, have you used prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?
- Yes
 - No

73. When do you usually use prescription drugs not prescribed to you? (CHECK ALL THAT APPLY)
- Before school
 - During school
 - After school
 - Week nights
 - Weekends

74. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next questions ask about other drugs.

75. During the past year, have you used any of the following? (CHECK ALL THAT APPLY):
- ** I have not used any of these substances in the past year **
 - Any form of cocaine, including powder, crack or freebase
 - Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
 - Heroin (also called smack, junk, or China White)
 - Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
 - Ecstasy (also called MDMA, Molly)
 - Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms
 - Steroid pills or shots without a doctor's prescription
 - Synthetic marijuana use (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)
76. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places?
- On school property
 - On the school bus
 - At a friend's house
 - In my neighborhood
 - None of the above

77. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?
- Yes
 No
78. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?
- Yes
 No

The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.

79. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- No risk
 Slight risk
 Moderate risk
 Great risk
80. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?
- No risk
 Slight risk
 Moderate risk
 Great risk
81. How much do you think people risk harming themselves physically or in other ways if they use electronic vapor products every day?
- No risk
 Slight risk
 Moderate risk
 Great risk
82. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?
- No risk
 Slight risk
 Moderate risk
 Great risk

83. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
- No risk
 Slight risk
 Moderate risk
 Great risk

The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.

84. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- Not at all wrong
 A little bit wrong
 Wrong
 Very wrong
85. How wrong do your parents feel it would be for you to smoke tobacco?
- Not at all wrong
 A little bit wrong
 Wrong
 Very wrong
86. How wrong do your parents feel it would be for you to use electronic vapor products?
- Not at all wrong
 A little bit wrong
 Wrong
 Very wrong
87. How wrong do your parents feel it would be for you to smoke marijuana?
- Not at all wrong
 A little bit wrong
 Wrong
 Very wrong
88. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
- Not at all wrong
 A little bit wrong
 Wrong
 Very wrong

The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.

89. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

90. How wrong do your friends feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

91. How wrong do your friends feel it would be for you to use electronic vapor products?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

92. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

93. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

The next questions ask about sexual behavior.

94. * Have you ever had sexual intercourse?

- Yes
- No – **SKIP TO #99**

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

- I have had sexual intercourse, but not during the past three months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

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

- Yes
- No

97. * The last time you had sexual intercourse, did you or your partner use a condom?

- Yes
- No

98. * The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?

- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- An IUD (such as Mirena or Paraguard) or Implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)
- Withdrawal
- Not sure
- Not applicable

The next question asks about physical activity.

99. 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 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next questions ask about food you ate or drank during 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.

100. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)

- 1 to 4 servings per day
- 5 or more servings per day
- 0 – I do not like fruits or vegetables
- 0 – I cannot afford fruits or vegetables
- 0 – I do not have access to fruits or vegetables

101. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop).
- I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

102. During the past 7 days, on how many days did you eat breakfast?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

The next questions ask about other health-related topics.

103. On an average school night, how many hours of sleep do you get?
- 4 hours or less
 - 5 hours
 - 6 hours
 - 7 hours
 - 8 hours
 - 9 hours
 - 10 or more hours
104. When was the last time you saw a doctor or a nurse for a physical exam when you were not sick or injured?
- During the past 12 months
 - Between 12 and 24 months
 - More than 24 months
 - Never
 - Not sure

105. **The next question asks 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.**

During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

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

106. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months
- More than 24 months
- Never
- Not sure

The next questions ask about school.

107. I enjoy coming to school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

108. I feel like I belong at my school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

109. I can go to adults at my school for help if I needed it.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

110. My school provides various opportunities to learn about and appreciate different cultures and ways of life.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

111. My parents talk to me about what I do in school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

112. My parents push me to work hard at school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

113. During the past 12 months, how often did your parents check on whether you had done your homework?

- Never or almost never
- Sometimes
- Often
- All the time

The next questions ask about gambling.

114. During the past 12 months, how often did you gamble money or things while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming including skins or loot boxes?

- I did not gamble money or personal items during the past 12 months – **SKIP TO #119**
- Less than once a month
- About once a month
- About once a week
- Daily

115. During the last 12 months, have you ever gambled more than you planned to?

- Yes
- No

116. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money or things?

- Yes
- No

117. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money or things that you've won, or other signs of gambling?

- Yes
- No

118. Have you ever lied to people important to you about how much you gamble?

- Yes
- No

The next questions ask about other home or school related topics.

119. On how many of the past 7 days did you take part in organized activities such as sports teams, school clubs, community center groups, music, art, or dance lessons, drama, church, or other activities?

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

120. How often, if ever, do your parents limit the times of day or length of time when you can use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media?

- Never
- Rarely
- Sometimes
- Often

Appendix C: OHYES! Fact Sheet

The Ohio Health Youth Environments Survey (OHYES!) is a free, voluntary, web-based survey to collect information that schools and communities can use to access resources to reduce risk behaviors and create healthy and safe community, school, and family environments. ***Youth are the experts! When schools and communities do the OHYES! with students, we allow students to voice what matters.***

The OHYES! is:

- Free to schools
- Voluntary
- Anonymous
- Available for grades 7-12
- Online
- Quick (15-30 minutes)
- 110-item standard or 120-item optional version (includes sexual victimization and behavior)
- Administered by schools
- School flexibility (grades, dates)
- Passive parent consent

OHYES! content areas:

- Demographics
- Substance Use (alcohol, tobacco & vapor products, marijuana, prescription drugs, illicit drugs)
- Mental Health and Suicide
- Gambling
- Bullying
- Environmental (Adverse Childhood Experiences, safety & violence, family & peer factors, community events)
- School (school climate & safety, school success)
- Physical Health and Well-being
- Sexual-related (optional version)

OHYES! data can help schools:

- Healthy Vibrant Graduates
- Strategic planning
- The Whole Child Framework
- Curriculum and program implementation
- Comprehensive Continuous Improvement Plan (CCIP)
- Ohio Improvement Process (OIP)
- District and building leadership teams
- Positive Behavioral Interventions and Supports (PBIS)
- Every Student Succeeds Act (ESSA) Title IV Part A
- Partner with agencies, boards, law enforcement
- Funding decisions

Local community uses for OHYES! data:

- Health, safety, and behavioral health data show picture of whole child
- Needs assessment
- Community health assessments (CHA) and community health improvement plans (CHIP)
- Data used to meet state/federal grant requirements
- Over time data can show trends
- Partner with local organizations
- Use for grant writing
- Use with Youth-Led Prevention groups

OHYES! website: <https://ohyes.ohio.gov/>

Appendix D: OHYES! Flyer

STUDENTS ARE NOT IMMUNE TO THE GROWING MENTAL HEALTH CHALLENGES IN OHIO

Some face anxiety and depression firsthand. Others feel the impact of our state's struggles with suicide and substance use.



WITH THE HELP OF DATA FROM THE OHIO HEALTHY YOUTH ENVIRONMENTS SURVEY, KNOWN AS OHYES!, DISTRICT LEADERS CAN RESPOND BY:

- Identifying trends in mental health and environmental challenges among students
- Tailoring positive behavioral interventions and mental health supports
- Advancing school culture and climate goals
- Making strategic use of Student Wellness and Success funds
- Partnering with local mental health and health organizations to improve student health

OHYES! IS OFFERED BY THE OHIO DEPARTMENTS OF EDUCATION, MENTAL HEALTH AND ADDICTION SERVICES, AND HEALTH.

The survey is:

- Free, voluntary and web-based
- Designed for students in grades 7-12
- About 30-35 minutes in duration

IMPORTANT DATES

September 12 – December 21, 2022 – Administration
The OHYES! can be administered from September 12 through December 21, 2022.

November 21 – Registration Deadline

March 2023 – Results

OHIO HEALTHY YOUTH ENVIRONMENTS SURVEY FALL 2022

[OHYES.OHIO.GOV](https://ohyes.ohio.gov)
[INFO@OHYES.OHIO.GOV](mailto:info@ohyes.ohio.gov)

OHYES!
Ohio Healthy Youth Environments Survey

Appendix E: Sample Email

Subject: Ohio Healthy Youth Environments Survey (OHYES!) Enrollment Information

Dear Superintendent XX (or Principal XX),

Thank you for your interest in participating in the Ohio Healthy Youth Environments Survey (OHYES!) for the 2022-2023 academic year. Please email me the following information:

- **Confirm school name(s), district and school IRN number(s)**
 - **The IRN number is the number that districts and schools are known by to ODE.**
- **Confirm Superintendent name and email contact, Principal name(s) and email contact(s)**
- **Indicate which survey version for each school (standard or optional)**
- **Identify which grades the school(s) will survey (grades 7-12 are eligible, at minimum we recommend grades 7, 9, and 11)**
- **Names and emails of 2 survey coordinators for each school**
- **Projected administration date (at least 1 month after enrollment to allow for 1 week of planning and the required 3-week parent notification)**

Once I have received the enrollment information, I will have the OHYES! team send out the planning and administration instructions that include the live survey link and the school survey manual and supports to you and any additional school staff serving as survey coordinators. The school manual and supporting documents are also available on the OHYES! website (<https://ohyes.ohio.gov/>) under the Schools and Downloads tabs.

Please don't hesitate to reach out to myself, or the OHYES! team (info@ohio.ohio.gov) with any questions.

With appreciation,

(Your Name and Signature Line)



- Administered by Ohio Department of Health
- **State-level representative sample**
- CDC provides the sample of schools selected to participate with 1-4 classrooms selected per school
- Schools are typically notified that they have been selected 1 or 2 weeks before the beginning of the school year
- Allows for direct comparison to national data
- Every 2 years (every Fall of odd years)
- **State-wide results**



- Administered by Ohio Mental Health and Addiction Services
- **Representative only to the students that took the survey: Local sample/census**
- All Ohio schools eligible
- Schools select version, grades, classrooms, date
- Recruit every 2 years (ever fall even years)
- Available annually upon request
- **Local results**

Both state and local data are necessary!

Using Ohio YRBS/YTS Data

- Ohio YRBS/YTS being part of a nation-wide surveillance system allows for the results to be directly compared to national data.
- The Ohio YRBS/YTS data is used at state and local levels to:
 - Compare Ohio's progress to achieving national objectives
 - Assess trends in priority health-risk behaviors among high school students
 - Evaluate the impact of school board and community interventions and
 - Provide data for informed legislative, policy, and practice decisions