

WISCONSIN 2019 YRBS OPTIONAL MODULES

This document contains the 4 optional modules that are available at both the high school and middle school levels. Participating schools may opt to select **any one of these modules**, or not to select any.

Unless otherwise noted, all questions in the four optional modules are included in both the high school and middle school levels.

This document also contains a short "high risk groups" extra module that is only available at the middle school level, and which can be used in addition to another full module.

NOTE: Formatting looks slightly different in the actual online survey. Anything in brackets [] will not appear on the survey itself.

OPTIONAL MODULE 1: DRUG FREE COMMUNITIES

This module contains questions that fulfill the core measures of the federal Drug Free Communities grant, and which are not already included on the standard high school and middle school YRBS surveys.

[Q1] *During the past 30 days, on how many days did you: take a prescription drug without a doctor's prescription? (Count OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.)*

- 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 4 questions ask about how much YOU THINK people risk harming themselves if they do certain things.

[Q2] *How much do you think people risk harming themselves physically or in other ways if they: have **five or more drinks** of an alcoholic beverage once or twice a week?*

- No risk
- Slight risk
- Moderate risk
- Great risk

[Q3] *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

[Q4] *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

[Q5] *How much do you think people risk harming themselves physically or in other ways if they: use prescription drugs not prescribed to them?*

- No risk
- Slight risk
- Moderate risk
- Great risk

The next 4 questions ask about how YOUR PARENTS would feel about you doing certain things. Make your best guess about how you think your parents would feel.

[Q6] *How wrong do your parents feel it would be for you to:* drink one or two drinks of an alcoholic beverage nearly every day? (Count beer, wine or hard liquor including vodka, whiskey, or gin.)

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

[Q7] *How wrong do your parents feel it would be for you to:* smoke tobacco?

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

[Q8] *How wrong do your parents feel it would be for you to:* smoke marijuana?

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

[Q9] *How wrong do your parents feel it would be for you to: use prescription drugs not prescribed to you?*

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

The next 4 questions ask about how YOUR FRIENDS would feel about you doing certain things. Make your best guess about how you think your friends would feel.

[Q10] *How wrong do your friends feel it would be for you to: drink one or two drinks of an alcoholic beverage nearly every day? (Count beer, wine or hard liquor including vodka, whiskey, or gin.)*

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

[Q11] *How wrong do your friends feel it would be for you to: smoke tobacco?*

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

[Q12] *How wrong do your friends feel it would be for you to: smoke marijuana?*

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

[Q13] *How wrong do your friends feel it would be for you to: use prescription drugs not prescribed to you?*

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

END OF THE DRUG FREE COMMUNITIES OPTIONAL MODULE

OPTIONAL MODULE 2: YOUTH TOBACCO

This module includes questions supplied by Wisconsin's Department of Health Services Youth Tobacco Prevention program and used on the Youth Tobacco Survey. For middle schoolers, it also includes YRBS questions on tobacco that appear on the high school survey but not the middle school survey.

[Q1] Have you **ever tried** smoking cigars, cigarillos, or little cigars, even one or two puffs?

Yes

No

[Q2] Have you **ever used** chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, even just a small amount?

Yes

No

[Q3] Which of the following tobacco products did you **try first**? Choose **ONLY ONE** answer.

I have never tried any tobacco products

Regular cigarettes (the kind that are lit and burned)

Electronic cigarettes, e-cigarettes, JUUL, or any other kind of electronic vaping device

Cigars, cigarillos, or little cigars

Chewing tobacco, snuff, snus, or dip

Tobacco or shisha in a hookah or waterpipe

Smoking tobacco in a regular pipe

Some other tobacco product not listed here

[Q4] In the **past 30 days**, how did you usually get your own tobacco products? Choose **ONLY ONE** answer.

- I have never used any tobacco products
- I bought them myself
- I had someone else buy them for me
- I borrow or bummed them
- Someone gave them to me without my asking
- I took them from a store or person
- I got them some other way

[Q5] Electronic cigarettes or e-cigarettes come in lots of flavors such as mint, candy, fruit, and chocolate. Do you think that you would try an electronic cigarette if it **did not have any flavor**?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

[Q6] During the **past 12 months**, how many times have you stopped smoking for **one day or longer** because you were trying to quit smoking cigarettes for good?

- I did not smoke during the past 12 months
- I did not try to quit during the past 12 months
- 1 time
- 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

[Q7] During the **past 7 days**, on how many days did someone smoke tobacco products in your home while you were there?

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

[Q8] During the **past 7 days**, on how many days did you ride in a vehicle where someone was smoking a tobacco product?

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

[Q9] During the **past 12 months**, have your parents or guardians talked with you, even once, about not using any kind of tobacco product?

- Yes
- No

[Q10] Do you agree or disagree that: All tobacco products are dangerous.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

[Q11 BELOW ONLY APPEARS ON MIDDLE SCHOOL VERSION OF THIS MODULE]

[Q11] Have you **ever used** an electronic vapor product? (Count electronic cigarettes, e-cigarettes, JUUL, or any other kind of electronic vaping device.)

Yes

No

END OF THE YOUTH TOBACCO OPTIONAL MODULE

OPTIONAL MODULE 3: ADVERSITY AND PROTECTIVE FACTORS

This module covers the general area of perceived adversity, stress, and protective factors. It draws from the California Healthy Kids Survey, from the Centers for Disease Control's (CDC) YRBS optional question list, and from questions developed by the Department of Public Instruction (DPI). Adversity, mental health, and resilience emerged as key areas of interest during stakeholder feedback sessions.

[Q1] *During the past 7 days, on how many days did you: do something that you felt really good at? (Count schoolwork, sports, hobbies, work, volunteering, chores, helping people in your life, or anything else that you feel really good at.)*

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

The next two questions ask you to think back over things you may have experienced since this time last year, or over the past 12 months.

[Q2] During the past 12 months, has anyone close to you planned, attempted, or died by suicide?

- Yes
- No
- Not sure

[Q3] During the past 12 months, did you ever: sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned? [HS version]

[MS version: "...kicked out, ran away, or left behind?"]

- Yes
- No
- Not sure

The next three questions ask how often you feel "very stressed" about different parts of your life.

[Q4] How often do you feel very stressed about school or schoolwork?

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

[Q5] How often do you feel very stressed about friends or classmates?

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

[Q6] How often do you feel very stressed about your family or life at home?

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

The next questions ask whether you agree or disagree with the statement.

[Q7] I can work out my problems.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

[Q8] I feel alone in my life.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

[Q9] In my home, there is a parent or other adult who listens to me when I have something to say.

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

[Q10] I plan to go to college or some other school after high school. (Count a 4-year college, community college, or vocational training.)

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

END OF THE ADVERSITY AND PROTECTIVE FACTORS OPTIONAL MODULE

OPTIONAL MODULE 4: SCHOOL CLIMATE

This module draws from questions on the Department of Education School Climate Survey and the Safe and Supportive Schools (S3) cluster of Wisconsin's previous Online YRBS system. The Safe and Supportive Schools cluster was used extensively in the previous Online YRBS system. This module draws on topics or questions not already covered in the standard YRBS surveys. Some of the questions have been modified slightly for clarity.

The next questions ask whether you agree or disagree with the statement.

[Q1] Violence is a problem at this school.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q2] The things I'm learning in school are important to me.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q3] There are lots of chances for students in my school to talk with a teacher one-on-one.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q4] Students at this school get teased or picked on for being different.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q5] There are lots of chances to be part of class discussions or activities.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q6] There are lots of chances for students at this school to get involved in sports, clubs, and other activities outside of class.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q7] My teacher(s) notices when I am doing a good job and lets me know about it.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q8] This school feels friendly and welcoming.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q9] Staff at this school enforce the rules for student behavior.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

[Q10] My teachers expect me to do my best all the time.

- Strongly agree
- Agree
- Not Sure
- Disagree
- Strongly disagree

END OF THE SCHOOL CLIMATE OPTIONAL MODULE

MIDDLE SCHOOL EXTRA MODULE: HIGH RISK GROUPS

This module contains four questions related to high risk sub-populations. The high school survey already includes these questions. The middle school survey can include this module on its own or in combination with one of the four main modules described above.

[Q1] Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Not sure

[Q2] Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking

[Q3] Do you receive Special Education services through an Individualized Education Plan (IEP) or 504 plan?

- Yes, I do
- Not anymore, but I used to
- No, and I never have
- Not sure

[Q4] Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)

Yes

No

Not sure

END OF THE HIGH RISK GROUPS EXTRA MIDDLE SCHOOL MODULE