

# Minnesota Student Survey – Level 1

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

**1. What is your grade in school right now?**

- a. 5th grade
- b. 6th grade

**2. How old are you?**

- a. 9 years old or younger
- b. 10 years old
- c. 11 years old
- d. 12 years old
- e. 13 years old
- f. 14 years old or older

**3. How do you describe yourself? (If more than one describes you, mark ALL that apply)**

- a. American Indian or Alaskan Native
- b. Asian or Asian American
- c. Black, African or African American
- d. Hispanic or Latino/a
- e. Native Hawaiian or Other Pacific Islander
- f. White

**\* If you are American Indian or Alaskan Native, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Anishinaabe/Ojibwe
- b. Dakota/Lakota
- c. Other tribal affiliation

**\* If you are Asian or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Asian Indian
- b. Burmese
- c. Chinese
- d. Filipino
- e. Hmong
- f. Karen
- g. Korean
- h. Lao
- i. Vietnamese
- j. Other Asian

**\* If you are Black, African or African American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. African American
- b. Ethiopian – Oromo
- c. Ethiopian – other
- d. Liberian
- e. Nigerian
- f. Somali
- g. Other Black, African or African American

**\* If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Colombian
- b. Ecuadoran
- c. Guatemalan
- d. Mexican
- e. Puerto Rican
- f. Salvadoran
- g. Spanish/Spanish-American
- h. Other Hispanic or Latino/Latina

**4. Are you male or female?**

- a. Male
- b. Female

**5. Do you receive special education services as part of an individual education plan or IEP?**

- a. Yes
- b. No
- c. Not sure

**6. Do you currently get free or reduced-price lunch at school?**

- a. Yes
- b. No
- c. Not sure

**7. How would you describe your grades this school year?**

- a. Mostly As
- b. Mostly Bs
- c. Mostly Cs
- d. Mostly Ds
- e. Mostly Fs
- f. Mostly Incompletes
- g. None of these letter grades

**8. During the last 30 days, how many times did you miss...?**

	None	Once or twice	3 to 5 times	6 to 9 times	10 or more times
A full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					
A part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					

**\* What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)**

- a. Illness (feeling physically sick), including problems with breathing or your teeth
- b. Medical, dental or other health-related appointment
- c. Vacation or trip
- d. Felt very sad, hopeless, anxious, stressed or angry
- e. Didn't get enough sleep
- f. Didn't feel safe at school
- g. Missed your ride or didn't have a way to get to school
- h. Had to work
- i. Had to take care of or help a family member or friend
- j. Had no place to shower or wash clothes
- k. Wanted to use alcohol or drugs
- l. Behind in schoolwork or not prepared for a test or class assignment
- m. Bored with or not interested in school
- n. Suspended from school
- o. Other reason

**9. During the last 30 days, how many times did you get sent out of the classroom for discipline?**

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

**10. How often do you...**

	All of the time	Most of the time	Some of the time	None of the time
Care about doing well in school?				
Pay attention in class?				
Go to class unprepared?				

**11. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strong disagree
If something interests me, I try to learn more about it.				
I think things I learn at school are useful.				
Being a student is one of the most important parts of who I am.				
Overall, adults at my school treat students fairly.				
Adults at my school listen to the students.				
The school rules are fair.				
At my school, teachers care about students.				
Most teachers at my school are interested in me as a person.				

**12. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel safe going to and from school.				
I feel safe at school.				
I feel safe in my neighborhood.				
I feel safe at home.				

**13. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?**

	Never	Once or twice	About one a week	Several times a week	Every day
Your race, ethnicity or national origin					
Your religion					
Your gender (being male or female)					
A physical or mental disability					
Your size or weight					
Your physical appearance					

**14. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat or other social media)**

- a. Never
- b. Once or twice
- c. About once a week
- d. Several times a week
- e. Every day

**15. During the last 30 days, how often have other students at school...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked you when they weren't kidding around?					
Threatened to beat you up?					
Spread mean rumors or lies about you?					
Excluded you from friends, other students or activities?					

**16. During the last 30 days, how many times at school have YOU...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around?					
Threatened to beat someone up?					
Spread mean rumors or lies about someone else?					
Excluded someone from friends, other students or activities?					

**17. During a typical week, how often are you home alone or somewhere unsupervised after school?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days

**18. During a typical week, how often do you go to the following places after school?**

	0 days	1 day	2 days	3 to 4 days	5 days
I stay at my school or go to another school					
My home or another home such as a friend's, relative's or neighbor's					
A rec, community or other youth center					
A park or other outdoor space					
A library					
A church, synagogue, mosque, or other spiritual/religious place					

**19. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?**

- a. Yes
- b. No
- c. I don't know what programs are available in my community

**20. During a typical week, how often do you participate in the following activities outside of the regular school day?**

	0 days	1 day	2 days	3 to 4 days	5 or more days
Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams					
School sponsored activities or clubs that are not sports, such as drama, music, chess or science club					
Tutoring, homework help or academic programs					
Leadership activities such as student government, youth councils or committees					
Artistic lessons, such as music or dance					
Physical activity lessons, such as tennis or karate					
Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed					
Religious activities such as religious services, education or youth group					

**21. When you spend time doing activities outside of the regular school day, how often do you...**

	Rarely or never	Sometimes	Often	Very often
Feel safe?				
Learn skills like teamwork or leadership?				
Develop trusting relationships with peers your age?				
Develop trusting relationships with adults?				
Help make decisions?				
Do something that gives you joy and energy?				
Learn skills that you can use in a future job?				

**22. How would you describe your health in general?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

- 23. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)**
- a. Toothaches or pain
  - b. Decayed teeth or cavities
  - c. Swollen, painful or bleeding gums
  - d. Could not eat certain foods because of a dental problem
  - e. Missed one or more school days because of a dental problem
  - f. I have not had any of these dental health problems
- \* Have you had this dental problem treated by a dentist?**
- a. Yes
  - b. No, but I will see a dentist
  - c. No, I am not able to get dental treatment
- 24. When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?**
- a. During the last year
  - b. Between 1 and 2 years ago
  - c. More than 2 years ago
  - d. Never
- 25. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.**
- a. Yes
  - b. No
- 26. During the last 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)**
- a. 0 days
  - b. 1 day
  - c. 2 days
  - d. 3 days
  - e. 4 days
  - f. 5 days
  - g. 6 days
  - h. 7 days
- 27. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?**
- a. Yes
  - b. No
- 28. During a typical school week, where do you usually get your lunch? (Mark ALL that apply)**
- a. I usually don't eat lunch
  - b. Regular school lunch from the cafeteria
  - c. The a la carte line (buy individual items)
  - d. School store or vending machine
  - e. Fast food restaurant, gas station or somewhere else outside of school
  - f. I bring lunch from home

**29. During the last 7 days, how many times did you...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Drink <b>100% fruit juices</b> such as orange, apple or grape? (Do <b>not</b> count punch, Kool-Aid, sports drinks or other fruit flavored drinks)							
Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice)							
Eat <b>green salad, potatoes, carrots or other vegetables</b> ? (Do <b>not</b> count French Fries, fried potatoes, or potato chips)							
Eat from a <b>fast food restaurant</b> , including carry-out or delivery?							

**30. During the last 7 days, how many times did you drink...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
A glass of <b>milk</b> ? (Count the milk you drank in a cup, from a carton, or with cereal.)							
A can, bottle or glass of <b>pop or soda</b> , such as Coke, Pepsi or Sprite? (Do <b>not</b> count diet pop or diet soda)							
A can, bottle or glass of a <b>sports drink</b> , such as Gatorade or Powerade? (Do <b>not</b> count low-calorie sports drinks such as Propel or G2)							
A can, bottle or glass of an <b>energy drink</b> , such as Rockstar, Red Bull, Monster or Full Throttle?							
A can, bottle or glass of <b>coffee or tea</b> that had sugar, syrups, or honey added to it? (Count coffee and tea you added a sweetener to or already had sweetener, such as Arizona Iced Tea or Frappuccinos. Do <b>not</b> count artificial sweeteners like Splenda, or diet drinks.)							
A can, bottle or glass of a <b>sweetened fruit drink</b> , such as Kool-Aid, Capri Sun or lemonade? (Do <b>not</b> count 100% fruit juice, such as 100% pure orange juice.)							
A bottle or glass of <b>water</b> ?							



**31. Has a doctor or nurse ever told you that you have...**

	Yes	No
Diabetes?		
Pre-diabetes?		
Asthma?		
An allergy that requires you to carry an epi-pen?		

**32. How often do you wear a seat belt when you are riding in a car, truck or SUV?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always
- f. I am never in a car, truck or SUV

**33. During a typical school night, how many hours of sleep do you get?**

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

**34. How much do you feel...**

	Not at all	A little	Some	Quite a bit	Very much
Your parents care about you?					
Other adult relatives care about you?					
Friends care about you?					
Teachers/other adults at school care about you?					
Adults in your community care about you?					

**35. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)**

- a. Parent or guardian
- b. Adult at school
- c. Some other adult
- d. I don't have any adults that I can talk to about problems I am having

**36. In general, how does each of the following statements describe you?**

	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
I can shape and influence what happens in my life and future.				
I think about what I want to do in my life when I grow up.				
I feel good about myself.				
I say no to things that are dangerous or unhealthy.				
I build friendships with other people.				
I express my feelings in proper ways.				
I feel good about my future.				
I deal with disappointment without getting too upset.				
I find good ways to deal with things that are hard in my life.				
I plan ahead and make good choices.				
I stay away from bad influences.				
I resolve conflicts without anyone getting hurt.				
I feel valued and appreciated by others.				
I accept people who are different from me.				
I am included in family tasks and decisions.				
I am given useful roles and responsibilities.				
I am sensitive to the needs and feelings of others.				

**37. Thinking on back the last 30 days, how much do you agree or disagree?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I worry a lot					
I sometimes feel sad without knowing why					

**38. Have you ever been in foster care? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**39. During the last 12 months, how often have you...**

	Never	Once or twice	3 to 5 times	6 to 9 times	10 or more times
Run away from home?					
Damaged or destroyed property?					
Hit or beat up another person?					
Taken something from a store without paying for it?					

**40. During the last 30 days, have you smoked any cigarettes?**

- a. Yes
- b. No

**41. During the last 7 days, on how many days were you in the same room as someone who was smoking cigarettes?**

- a. 0 days
- b. 1 or 2 days
- c. 3 or 4 days
- d. 5 or 6 days
- e. All 7 days

**42. During the last 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?**

- a. 0 days
- b. 1 or 2 days
- c. 3 or 4 days
- d. 5 or 6 days
- e. All 7 days

**43. During the last 12 months, have you...**

	Yes	No
Had alcoholic beverages to drink such as beer, wine, wine coolers, and liquor?		
Used marijuana (pot, weed) or hashish (hash, hash oil)?		
Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?		
Used prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?		

**\* indicates question will be skipped if it does not apply to the student based on previous answers.**