

# Youth Health Screen

This is a community youth health survey conducted by the Washington County Health Department. Our goal is to evaluate the current needs and future programs in our community. It should take you no more than 15 minutes to complete.

Your answers are completely anonymous. There are no means to connect any data to you or track individuals who answer this survey and your school/organization will not be provided individual responses. Please answer each question to the best of your ability and as honestly as possible.

Have questions before you answer anything? Want to know how we are using this information? Feel free to contact us:

Gabriel Cabrera, MBA  
gcabrera@wccgov.org  
(740) 374-2782 ext. 3344

Andrea Sites  
asites@wccgov.org

---

\* Indicates required question

## School

Please mark which school you attend. If you are answering from the Washington County Career Center, please mark 'Other' and tell us which district you attended in 9th grade.

1. School \*

*Mark only one oval.*

- Belpre Elementary School
- Belpre High School/Junior High School
- Beverly Elementary School
- Fort Frye Middle School
- Fort Frye High School
- Frontier Junior High/High School
- Lowell Elementary School
- Marietta Elementary School
- Marietta High School
- Matamoras Elementary School
- Newport Elementary School
- Phillips Elementary School
- Salem-Liberty Elementary School
- Waterford Elementary School
- Waterford High School
- Warren Elementary School
- Warren Local High School
- Warren Middle School
- Washington Elementary School
- Other: \_\_\_\_\_

**Demographic Information**

Please read and answer the following:

2. Age \*

*Mark only one oval.*

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

3. How do you get to school? \*

*Mark only one oval.*

- Bike/Skate
- Drive my self
- Dropped off by parents
- Ride the bus
- Ride with a friend
- Ride with a sibling
- Walk
- Other: \_\_\_\_\_

4. Gender Identity \*

*Mark only one oval.*

- Female
- Male
- Prefer not to say
- Other: \_\_\_\_\_

5. Ethnicity \*

*Mark only one oval.*

- Hispanic/Latino/Latina/Latinx
- Not Hispanic/Latino/Latina/Latinx

6. Race - Select all that apply \*

*Check all that apply.*

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Some Other Race

7. Do you identify as a member of the LGBTQIA+ community? \*

*Mark only one oval.*

- Yes
- No
- Prefer not to say

8. Height (in inches)

---

9. Weight (to the nearest pound)

---

10. How often have you participated in the following activities in the past 12 months? \*

*Check all that apply.*

	None	1 hour a week	2 hours a week	3 hours a week	4 or more hours a week
<b>School Sports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Sports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electives (Art, Band, Choir, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Extracurriculars Activities and Clubs (4H, FFA, Yearbook, Scouts, etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religious Gatherings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Volunteer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work a Job</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tobacco/Nicotine Use

Please read and answer the following:

11. On average, over the past 30 days, how many times a day do you smoke? \*

*Mark only one oval.*

- 1
- 2
- 3
- 4
- 5+
- None

12. On average, over the past 30 days, how many times a day do you vape? \*

*Mark only one oval.*

- 1
- 2
- 3
- 4
- 5+
- None

13. On average, over the past 30 days, how many times a day do you use chewing tobacco (otherwise known as snuff)? \*

*Mark only one oval.*

1

2

3

4

5+

None

14. Where do you get your tobacco/vape products? \*

*Mark only one oval.*

A Friend buys them for me.

A Parent buys them for me.

A Sibling buys them for me.

Another relative buys them for me

I buy them for myself

I don't smoke/vape.







18. Over the past 30 days, how often have you seen any of the following people use a \* chewing tobacco/snuff.

*Check all that apply.*

	1 Time	2 Times	3 Times	4 Times	5 or More Times	None/They don't
<b>Male Parent/Legal Guardian</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Female Parent/Legal Guardian</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sibling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Friend</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teacher, Pastor, or other Adult you Trust</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How much do you think people risk harming themselves physically or mentally \* when they use tobacco/nicotine products regularly?

*Mark only one oval.*

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

20. How wrong would your parents/legal guardians feel it would be for you to smoke/vape? \*

*Mark only one oval.*

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

21. How wrong would your friends feel it would be for you to smoke/vape? \*

*Mark only one oval.*

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

### Household Information

Please read and answer the following:

22. Who is/are your primary care giver(s)? Mark all that apply. \*

*Check all that apply.*

- Mom
- Dad
- Aunt
- Uncle
- Grandmother
- Grandfather
- Cousin
- Sibling
- Other: \_\_\_\_\_

23. Are your parents,

*Mark only one oval.*

- Divorced
- Married
- Separated
- Unmarried
- Other: \_\_\_\_\_

24. How many people, including you, live in your house? \*

*Mark only one oval.*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+

25. About how much does your family earn each year? \*

*Mark only one oval.*

- Less than \$10,000
- Between \$10,000 and \$19,999
- Between \$20,000 and \$29,999
- Between \$30,000 and \$39,999
- Between \$40,000 and \$49,999
- Between \$50,000 and \$59,999
- Between \$60,000 and \$69,999
- Between \$70,000 and \$79,999
- Between \$80,000 and \$89,999
- Between \$90,000 and \$99,999
- More than \$100,000
- I don't know

26. Does your family receive any sort of family assistance when it comes to housing, food, etc.?

*Mark only one oval.*

- Yes
- No
- Maybe
- I don't know

27. If you answered yes to the previous question, do you know what programs your family participates in?

---

---

---

---

---

### **Mental Welfare**

How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom, mark in the box beneath the answer that best describes how you have been feeling.