

2025 IOWA YOUTH SURVEY 8th/11th Grade

Welcome

Welcome to the 2025 Iowa Youth Survey! The Iowa Youth Survey is administered and sponsored by the Iowa Department of Health and Human Services in partnership with the Iowa Department of Education.

You can complete the survey in either English or Spanish. Use the dropdown menu in the upper right to switch languages.

Instructions

For each question, please select the one response that comes closest to your honest answer. If you do not understand a question, please leave it blank. If you cannot answer truthfully or do not want to answer any question, please leave it blank.

Your teacher will not be able to answer questions about the survey once it has started.

The survey will not ask your name, birthday, address or student identification number. Your answers will be private. Special care will be taken to make sure your answers cannot be traced to you.

No information will ever be made public which could connect your answers to you. When the survey results are shared in public reports, your answers will be grouped with the answers of other Iowa students who took this survey. If survey results are shared with researchers or others for special studies, your privacy will be protected.

Please respond honestly. Your honest responses will help us understand the health behaviors of Iowa students and develop and improve programs to help young people like you and your classmates.

Thank you for completing this survey.

General Information

County name, school district number, and the building name are required for each survey.

Q1. Please select the name of the county where you live: [dropdown menu with all 99 counties]

Q2. Please enter your School District Number (4-digit number provided by your teacher):

Q3. Please enter your school building name:

The first few questions are about you.

Q4. What is your current grade in school?

- ☐ 8th
- ☐ 11th

Q5. How old are you?

- ☐ 12 years old or younger
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old
- ☐ 18 years old
- ☐ 19 years old or older

Q6. Which of the following best describes you?

- ☐ Female
- ☐ Male

Q7. How tall are you without your shoes on?

____ Feet ____ Inches

Q8. How much do you weigh without your shoes on?

____ Pounds

Q10. Are you Hispanic or Latino/a?

- ☐ Yes
- ☐ No

Q11. What is your racial identity? *Check all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Middle Eastern or North African
- ☐ White
- ☐ Other race(s) Please specify: _____

Q12. Do you have a parent/guardian currently in the military?

- ☐ Yes
- ☐ No [SKIP TO Q13]

Q12a. [IF Q12=YES] Thinking about your parent/guardian in the military, during the past 12 months, were they away for more than two weeks at a time for training or deployment?

- ☐ Yes
- ☐ No

Q13. Do you have any ongoing physical, mental, learning, or emotional disabilities?

- ☐ Yes
- ☐ No

“Homeless” means that you had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless shelter or other temporary shelter.

Q14. Have you ever been homeless?

- ☐ Yes
- ☐ No [SKIP TO Q15]

Q14a. [IF Q14=YES] Were you homeless at any time in the past 12 months?

- ☐ Yes
- ☐ No

Q15. Where are you currently living? (check only one)

- ☐ Independently (by myself, with a friend, roommate, boyfriend, girlfriend, fiancé, husband, wife, etc.)
- ☐ With family (birth parents, other relative such as grandparents, aunt, brother or sister, adoptive parents, legal guardian)
- ☐ In a foster home
- ☐ In a group setting (group home, residential care, or residential treatment facility)
- ☐ Independent Living Program, Supervised Independent Living Program or Transitional Living Program
- ☐ Couch surfing or moving from house to house (because I don't have a place to stay)
- ☐ Homeless (living in a shelter, motel, car, park, abandoned building, train or bus station, or other temporary place)
- ☐ Other

Q16. During the current school year, have you...? [Yes / No response for each]

- ☐ Worked in a paid job
- ☐ Volunteered to improve your community (either with an organization or on your own)
- ☐ Participated in extra-curricular activities at school or outside of school (sports, music, clubs, 4-H, scouts, etc.)
- ☐ Attended religious services, programs, or activities

Exercise and Nutrition

Q17. On how many of the past 7 days were you physically active for a total of 60 minutes (1 hour) or more per day? *Add up all the time you spent in any kind of moderate or intense physical activity like running, walking fast, swimming, riding a bicycle, etc.*

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

Q18. In the past 30 days, did you ever go hungry because there was not enough food in your home?

- ☐ Yes
- ☐ No

The next 2 questions ask about food you ate or drank in 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.

Q19. In the past 7 days, about how many times each day did you eat fruit (do not count fruit juice)?

- ☐ I did not eat any fruit during the past 7 days
- ☐ Less than 1 time each day
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 times per day
- ☐ 5 or more times per day

Q20. In the past 7 days, about how many times each day did you eat green salad, carrots, potatoes or any other vegetables (do not count french fries, fried potatoes, or potato chips)?

- ☐ I did not eat any vegetables during the past 7 days
- ☐ Less than 1 time per day
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 times per day
- ☐ 5 or more times per day

Health Care

Q21. In the past year, have you seen a dentist for a check-up, exam, teeth cleaning, or other dental work?

- ☐ Yes
- ☐ No

Q22. In the past year, have you been to the doctor for a checkup?

- ☐ Yes
- ☐ No

For these next questions, please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency room. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, or playing sports.

QXX. Thinking about any head injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

- ☐ Yes [go to next question]
- ☐ No

Qxx [If yes to previous question] How old were you the first time you were knocked out or lost consciousness?

- ☐ [] = Years old

Beliefs and attitudes

This section of the survey asks you to describe your beliefs and attitudes. Please respond honestly about your beliefs and attitudes, not what you “think” is an acceptable answer to others.

Q24. Directions: Read each sentence carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided. There are no right or wrong answers.

For each sentence, please think about how you are in most situations.

1	2	3	4	5	6
None of the above	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

- a. I think I am doing pretty well.
- b. I can think of many ways to get the things in life that are most important to me.
- c. I am doing just as well as other kids my age.
- d. When I have a problem, I can come up with lots of ways to solve it.
- e. I think the things that I have done in the past will help me in the future.
- f. Even when others want to quit, I know that I can find ways to solve the problem.

Q25. For each of the following, please indicate how much you agree or disagree with each statement

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- A. It is important to help others
- B. I care about other peoples' feelings
- C. I feel sorry for people who have things stolen or damaged
- D. I am accepting of those different than myself
- E. It is wrong to discriminate against someone because of their race, appearance, culture, religion, etc.
- F. I can say “no” when someone wants me to do things I know are wrong or dangerous
- G. I feel I have a lot to be proud of
- H. Violence is an acceptable way to solve problems

School Questions

The questions in this section refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators, or other things connected to the school.

Q26. On an average school day, about how many hours of screen time do you spend for something that is NOT schoolwork? *By screen time we mean time spent watching shows or videos, using a computer/tablet, playing video games, social media, apps, or using a phone for something other than calling or texting.*

- ☐ 0 hours
- ☐ 1 – 3 hours
- ☐ 4 or more hours

Q27. For each of the following, please indicate how much you agree or disagree with each statement.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- A. I feel safe at school.
- B. I care about my school.
- C. I try to do my best in school.
- D. I plan to finish high school.
- E. My school lets my parent/guardian know if I'm doing a good job.
- F. My school lets my parent/guardian know if I've done something wrong.
- G. I feel close to people at my school.
- H. There is at least one adult at school that I could go to for help with a problem.
- I. Students try to make new students feel welcome in the school.
- J. My school has up-to-date computers and other electronic equipment available to students.
- K. We have space and facilities for extra-curricular activities at my school.
- L. My school building is well maintained .

Q28. For each of the following, please indicate how much you agree or disagree with each statement.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

- A. My teachers care about me.
- B. My teachers are available to talk with students one-on-one.
- C. My teachers notice when I am doing a good job and let me know about it.

Q29. For each of the following, please indicate how much you agree or disagree with each statement.

Staff in this school respect...

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly
Agree

- A. males and females equally
- B. racial/ethnic/skin color differences
- C. cultural/religious differences
- D. students with learning disabilities
- E. students with physical disabilities

Your Experiences

This section asks you to describe experiences you may have had. Please read each question carefully. If you do not feel comfortable answering honestly, you may skip the question.

Q30. During your life, how often has a parent or other adult in your home insulted you or put you down?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Q31. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Q32. 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?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Q33. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Q34. During your life, has anyone forced 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)

- A. Yes
- B. No

Q35. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?

- A. Yes
- B. No

Q36. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?

- A. Yes
- B. No

Q37. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- A. Yes
- B. No

Q38. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?

- A. Yes
- B. No

Q39. Have you ever been arrested for breaking the law?

- ☐ Yes
- ☐ No

Q40. Have you ever broken the law but not been arrested?

- ☐ Yes
- ☐ No

Q41. During an average week, how many days do you provide care for someone in your family or household who has a health problem or disability?

- A. There is no one in my family or home who is chronically ill, elderly, or disabled who needs care.
- B. 0 days per week
- C. 1 or 2 days per week
- D. 3 to 5 days per week
- E. 6 or 7 days per week

Q42. 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?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Q43. During your life, how often have you felt that you were able to talk to a friend about your feelings?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

Safety and Bullying

The following questions are about bullying. Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance (such as the use of physical strength, access to embarrassing information, or popularity to control or harm others). Bullying can occur in person or through technology.

Q44. During the past 12 months, have you ever been bullied on school property?

- A. Yes
- B. No

Q45. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- A. Yes
- B. No

Q46. In the past 30 days, did you ever stay home because you felt unsafe going to school or being at school?

- ☐ Yes
- ☐ No

Q47. During the past 12 months, were you in a physical fight?

- ☐ Yes
- ☐ No [Skip to Q48]

[If yes to Q47] Q47a. During the past 12 months, were you in a physical fight on school property?

- ☐ Yes
- ☐ No

Mental Health

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about their future that they may consider attempting suicide, that is, taking some action to end their own life.

Q48. In the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?

- ☐ Yes
- ☐ No

Q49. In the past 12 months, have you thought about killing yourself?

- ☐ Yes
- ☐ No [SKIP TO Q53]

Q50. [IF YES to Q49] In the past 12 months, have you made a plan about how you would kill yourself?

- ☐ Yes
- ☐ No

Q51. [IF YES TO Q49] In the past 12 months, have you tried to kill yourself?

- ☐ Yes
- ☐ No

Q52. [IF YES to Q51] If you attempted to kill yourself in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ☐ Yes
- ☐ No

Q53. Are you able to get the mental health care you need, including treatment or counseling for your use of alcohol and drugs.

- ☐ Yes
- ☐ No

Gambling

Q54. During the past 30 days, have you...? [Yes / No response for each]

- A. Bet or wagered on sporting events (football, baseball, hockey, soccer, e-sports, etc.)
- B. Bet or wagered on an internet fantasy sports contest (including season-long and daily fantasy sports)
- C. Bet or wagered on card or dice games with friends or family (including poker)
- D. Spent money on in-game or in-app purchases to extend play (online/internet, apps, video gaming, loot boxes, etc.)
- E. Bet or wagered on games of skill such as pool, bowling, or dominoes
- F. Purchased lottery scratch off tickets or lotto numbers

Substance Use – Perceptions

Q55. Thinking about possible risks to physical or mental health, please indicate the level of risk for each of the following activities

Little or no risk Slight risk Moderate risk High risk

- A. Drinking 4 or more drinks of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin) within a couple of hours
- B. Smoking cigarettes
- C. Using marijuana (pot or weed)
- D. Gambling
- E. Using methamphetamines (crank)
- F. Using cocaine
- G. Using any other illegal drug
- H. Using prescription medication for non-medical reasons
- I. Use of e-vapor products (vapes, JUUL, Vuse, NJOY, Elf Bar, Esco Bars, e-cigarettes, e-hookahs, vape pens, or mods)

Q56. How easy or hard do you think it would be for someone your age to get each of the following:

Very Hard Hard Easy Very Easy Don't Know/Not sure

- A. Cigarettes
- B. E-cigarettes, JUUL, vape-pen, e-hookah, mod-box, or other electronic cigarettes
- C. Alcoholic beverages (beer, wine, or liquor)
- D. Marijuana (pot, weed, bud, hash)
- E. Any other illegal drug (methamphetamine, heroin, cocaine, etc.)
- F. A firearm (handgun, shotgun, rifle, etc.)
- G. Prescription medication that is not prescribed for you by a doctor or nurse
- H. Lottery or scratch tickets

Substance Use – Alcohol

Q57. Have you ever had a drink (more than a few sips) of alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ Yes
- ☐ No [SKIP TO Q61]

Q57a. [IF Q57=YES] How old were you when you first drank (more than a few sips of) alcohol (beer, wine, alcoholic drinks, or hard liquor such as vodka, whiskey, rum, tequila, gin)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14
- ☐ 15 or 16
- ☐ 17 or older

Q58. [IF Q57=YES] In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?

- ☐ Yes
- ☐ No [SKIP TO Q61]

Q59. [IF Q58 = YES] During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- ☐ B. 1 or 2 drinks
- ☐ C. 3 drinks
- ☐ D. 4 drinks
- ☐ E. 5 drinks
- ☐ F. 6 or 7 drinks
- ☐ G. 8 or 9 drinks
- ☐ H. 10 or more drinks

Q60. [IF Q58=YES] In the past 30 days, did you get alcohol in the following ways?
[Yes / No response for each]

- A. I bought it.
- B. I gave someone money to buy it.
- C. A parent/guardian gave it to me.
- D. I took it from my parent/guardian's cabinet/refrigerator.
- E. I got it at a party.
- F. A friend who is under 21 gave it to me.
- G. A friend who is 21 or over gave it to me.

Q61. In the past year, have you driven a car or other motorized vehicle (ATV, tractor, moped) after using any amount of alcohol, recreational or non-prescribed drugs?

- ☐ I have not driven a car in the past 12 months.
- ☐ Yes
- ☐ No

Q62. In the past year, have you ridden in a car or other motorized vehicle (ATV, tractor, moped) driven by someone else after they used any amount of alcohol, recreational or non-prescribed drugs?

- A. Yes
- B. No

Substance Use: Tobacco

Q63. Have you ever smoked tobacco (cigarettes or cigars), used an e-vapor device (JUUL, vape-pen, e-hookah, mod box), or used smokeless tobacco (ZYN, On!, chewing tobacco, snuff)

- ☐ Yes
- ☐ No

Q64. [IF Q63=YES] In the past 30 days, have you: [Yes / No response for each]

- A. Smoked cigarettes
- B. Smoked menthol cigarettes (menthol cigarettes taste like mint)
- C. Smoked cigars
- D. Used chewing tobacco, snuff, dip, dissolvable tobacco products, or nicotine pouches (such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo)
- E. Smoked tobacco using a water pipe or hookah
- F. Used e-vapor products (vapes, JUUL, Vuse, NJOY, Elf Bar, Esco Bars, e-cigarettes, e-hookahs, vape pens, or mods)

Q65. [IF YES TO Q64.g] In the past 30 days have you stopped using e-vapor products or one day or longer because you were trying to quit?

- ☐ Yes
- ☐ No

Q66. [IF YES TO Q63 or Q64] How old were you when you first...?

Never 8 or younger 9 or 10 11 or 12 13 or 14 15 or 16 17 or older

- A. Smoked cigarettes
- B. Smoked menthol cigarettes (menthol cigarettes taste like mint)
- C. Smoked cigars
- D. Used chewing tobacco, snuff, dip, dissolvable tobacco products, or nicotine pouches (such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo)
- E. Smoked tobacco using a water pipe or hookah
- F. Used e-vapor products (vapes, JUUL, Vuse, NJOY, Elf Bar, Esco Bars, e-cigarettes, e-hookahs, vape pens, or mods)

Substance Use: Marijuana and Other Drugs

Q67. Have you ever used marijuana (pot, weed)?

- ☐ Yes
- ☐ No [SKIP TO Q68]

Q67a. [IF YES TO Q67] In the past 30 days, have you used marijuana (pot, weed)?

- ☐ Yes
- ☐ No

Q67b. [IF YES TO Q67] How old were you when you first tried marijuana (pot, weed)?

- ☐ 8 or younger
- ☐ 9 or 10
- ☐ 11 or 12
- ☐ 13 or 14
- ☐ 15 or 16
- ☐ 17 or older

Q68. Have you ever...? [Yes / No response for each]

- A. Sniffed glue, breathed the contents of gases or sprays in order to get high
- B. Used over-the-counter medications differently from the way the directions indicate
- C. Used prescription medications that were not prescribed for you by your doctor
- D. Used a prescription opioid (oxycodone, hydrocodone, Oxycontin, codeine, etc.) for non-medical reasons
- E. Used any other opioid (heroin or fentanyl)
- F. Used cocaine (blow, crack, rock, coke [not Coca Cola])
- G. Used methamphetamines (speed, crystal meth, crank, ice, meth)
- H. Used amphetamines other than methamphetamines for non-medical purposes or that were not prescribed to you (like Vyvanse, Adderall, Ritalin, Percocet)
- I. Used mushrooms (shrooms, psilocybin)
- J. Used MDMA (Ecstasy/Molly)

Thank you for completing the survey.

You will now be redirected to the [Your Life Iowa](#) website. This is a free and confidential resource that may be useful to you or someone you know.