

# 2014 BROWARD COUNTY YOUTH HEALTH & SCHOOL CLIMATE SURVEY

This survey is about your experiences in school. The survey asks about a number of things in your school. The survey will include questions about topics taught in schools, experiences with harassment and bullying and about sexual behaviors that cause AIDS, other sexually transmitted disease, and pregnancy. The information will be used to improve the school environment at your school so that students feel safer and will help to improve health behavior.

Because the survey is anonymous, no one will know your answers. **DO NOT** write your name on this survey. The answers you give will be kept private. Again, no one will know what you write. Answer the questions based on what you really do and what you really think.

Completing this survey is voluntary. That means you do not have to take it. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will **NOT** be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help!*

## DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this:



## Incorrect Marks



- If you change your answer, erase your old answer completely.

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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**SERIAL #**

## TELL US ABOUT YOURSELF

### 1. How old are you?

- A 12 years old or younger
- B 13 years old
- C 14 years old
- D 15 years old
- E 16 years old
- F 17 years old
- G 18 years old or older

### 2. What is your sex?

- A Female
- B Male

### 3. In what grade are you?

- A 9th grade
- B 10th grade
- C 11th grade
- D 12th grade
- E Ungraded or other grade

### 4. Are you Hispanic or Latino?

- A Yes
- B No

### 5. What is your race?

(Select one or more responses.)

- A American Indian or Alaska Native
- B Asian
- C Black or African American
- D Native Hawaiian or Other Pacific Islander
- E White

### 6. Who would you say you are attracted to?

- A Females
- B Males
- C Females and Males
- D I don't know

### 7. Which of the following best describes you?

- A Heterosexual (straight)
- B Gay or Lesbian
- C Bisexual
- D I don't know

## QUESTIONS ABOUT HEALTH EDUCATION & RELATED TOPICS

### 8. Have you ever been taught about AIDS or HIV infection in school?

- A Yes
- B No
- C I don't know

### 9. Have you ever been taught in school about how to use condoms?

- A Yes
- B No
- C I don't know

### 10. Have you seen any posters or messages related to HIV or STD prevention education in your school in the last 30 days?

- A Yes
- B No
- C I don't know

### 11. Have you seen any posters or messages related to HIV or STD testing in your school in the last 30 days?

- A Yes
- B No
- C I don't know

### 12. Have you seen any posters or messages related to HIV or STD testing in your community in the last 30 days?

- A Yes
- B No
- C I don't know

## QUESTIONS ABOUT SEXUAL BEHAVIOR AND SEXUAL HEALTH SERVICES

*The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex.*

### 13. Have you ever had sex?

- A Yes
- B No → If NO, skip to Question 14

#### 13a. During your life, with whom have you had sex?

- A Females
- B Males
- C Females and Males

#### 13b. The last time you had sex, did you or your partner use a condom?

- A Yes
- B No

14. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)
- A Yes
  - B No
  - C I don't know
15. Have you ever been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts?
- A Yes
  - B No
  - C I don't know
16. During this school year, did a staff member at your school (such as a teacher, counselor, nurse, coach or other school staff) provide you with a referral to HIV testing services or treatment?
- A Yes
  - B No → If NO, skip to Question 17
- 16a. Did you receive HIV testing because of the referral?
- A Yes
  - B No
  - C I don't want to say
- 16b. Did that person check to see that you received HIV testing?
- A Yes
  - B No
  - C I don't want to say
17. During this school year, did a staff member at your school (such as a teacher, counselor, nurse, coach or other school staff) provide you with a referral to STD testing services or treatment?
- A Yes
  - B No → If NO, skip to Question 18
- 17a. Did you receive STD testing because of the referral?
- A Yes
  - B No
  - C I don't want to say
- 17b. Did that person check to see that you received STD testing?
- A Yes
  - B No
  - C I don't want to say

18. During this school year, did a staff member at your school (such as a teacher, counselor, nurse, coach or other school staff) provide you with a referral to other sexual health services such as contraceptives like condoms or pills or HPV vaccine?
- A Yes
  - B No → If NO, skip to Question 19
- 18a. Did you receive other sexual health services because of the referral?
- A Yes
  - B No
  - C I don't want to say
- 18b. Did that person check to see that you received other sexual health services?
- A Yes
  - B No
  - C I don't want to say
19. During this school year, did a staff member at your school (such as a teacher, counselor, nurse, coach or other school staff) provide you with a referral to counseling, psychological, or social services?
- A Yes
  - B No → If NO, skip to Question 20
- 19a. Did you receive counseling, psychological, or social services because of the referral?
- A Yes
  - B No
  - C I don't want to say
- 19b. Did that person check to see that you received counseling, psychological, or social services?
- A Yes
  - B No
  - C I don't want to say

DO NOT WRITE IN THIS AREA



**SERIAL #**

## EXPERIENCES AT SCHOOL

Please select the answer that best describes your experiences at your school.

20. I feel close to people at this school.

- (A) Strongly disagree
- (B) Disagree
- (C) Neither agree nor disagree
- (D) Agree
- (E) Strongly agree

21. I am accepted and feel like I belong at this school.

- (A) Strongly disagree
- (B) Disagree
- (C) Neither agree nor disagree
- (D) Agree
- (E) Strongly agree

22. I feel happy at this school.

- (A) Strongly disagree
- (B) Disagree
- (C) Neither agree nor disagree
- (D) Agree
- (E) Strongly agree

23. Staff (such as a teacher, counselor, nurse, coach or other school staff) at this school treats students fairly.

- (A) Strongly disagree
- (B) Disagree
- (C) Neither agree nor disagree
- (D) Agree
- (E) Strongly agree

24. Staff (such as a teacher, counselor, nurse, coach or other school staff) at this school care about me.

- (A) Strongly disagree
- (B) Disagree
- (C) Neither agree nor disagree
- (D) Agree
- (E) Strongly agree

25. Do you feel safe at your school?

- (A) Yes → If YES, skip to Question 26
- (B) No

25a. Do you feel unsafe at your school because of your sexual orientation?

- (A) Yes
- (B) No

26. Do you avoid spaces at school because you feel uncomfortable or unsafe in the space?

- (A) Yes
- (B) No → If NO, skip to Question 27

26a. Which of the following spaces at school do you avoid because you feel uncomfortable or unsafe in the space?

(Please mark all that apply.)

- Cafeteria or lunch room
- Locker rooms
- Hallways/stairwells
- School athletic fields or facilities
- School buses
- Physical Education (PE) or gym class
- School grounds, not including athletic fields (example: parking lots)
- Another space not listed above
- I don't avoid anywhere at school because of feeling uncomfortable or unsafe

27. How often do you avoid school functions (dances, assemblies, etc.) because you feel uncomfortable or unsafe?

- (A) Always
- (B) Most of the time
- (C) Some of the time
- (D) Never

28. During the past 30 days, on how many days did you not go to school?

- (A) 0 days → If 0 days, skip to Question 30
- (B) 1 day
- (C) 2 or 3 days
- (D) 4 or more days

29. During the past 30 days, on how many days did you not go to school because you felt unsafe at school or unsafe on your way to or from school?

- (A) 0 days
- (B) 1 day
- (C) 2 or 3 days
- (D) 4 or more days

30. How often do you hear the word “gay” used in a negative way (such as “That’s so gay” or “You’re so gay”) in school?

- (A) Always
- (B) Most of the time
- (C) Some of the time
- (D) Never

## QUESTIONS ABOUT HARRASSMENT AND 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.*

31. How many students do you hear make homophobic remarks?
- A Most of the students
  - B Some of the students
  - C A few of the students
  - D None of the students → Skip to Question 34
32. When you hear homophobic remarks, how often does another student intervene or do something about it?
- A Always
  - B Most of the time
  - C Some of the time
  - D Never
33. When homophobic remarks are made and a teacher or other school staff person is present, how often does the teacher or staff person intervene or do something about it?
- A Always
  - B Most of the time
  - C Some of the time
  - D Never
34. How often do you hear homophobic remarks from teachers or school staff?
- A Always
  - B Most of the time
  - C Some of the time
  - D Never
35. How many teachers or other school staff at your school do you know who are openly lesbian, gay, bisexual or transgender (LGBT)?
- A None
  - B One
  - C Between 2 and 5
  - D Between 6 and 10
  - E More than 10
36. Does your school have a Gay-Straight Alliance (GSA) or another type of club that addresses lesbian, gay, bisexual, transgender, and questioning (LGBTQ) student issues?
- A Yes
  - B No
  - C I don't know
37. This school year, have you seen a sticker or poster anywhere in your school promoting safe spaces?
- A Yes
  - B No
  - C I don't know

38. How many times have you seen or heard of students being bullied?
- A 0 times
  - B 1 time
  - C 2-3 times
  - D 4-5 times
  - E 6 or more times
39. Do students at school bully you:
- A Always
  - B Most of the time
  - C Some of the time
  - D Never
40. Has a teacher or another adult at school told your class about bullying this school year?
- A Yes
  - B No
  - C I don't know
41. Do you know how to report a bullying incident?
- A Yes
  - B No
42. During the past 3 months, how many times on school property were you harassed or bullied?
- A 0 times
  - B 1 time
  - C 2-3 times
  - D 4-5 times
  - E 6 or more times
43. During the past 3 months, how many times outside of school property were you harassed or bullied?
- A 0 times
  - B 1 time
  - C 2-3 times
  - D 4-5 times
  - E 6 or more times

44. During the past 3 months, how many times did you experience cyber-bullying?

- A 0 times
- B 1 time
- C 2-3 times
- D 4-5 times
- E 6 or more times

45. Do you think you were harassed or bullied during the past 3 months because of any of the following reasons?

*(Please mark all that apply.)*

- A Your race or ethnicity or because people think you are of a certain race or ethnicity
- B Your family's income or economic status
- C Your religion or because people think you are of a certain religion
- D Your disability or because people think you have a disability
- E Your gender
- F Your sexual orientation or what others think about your sexual orientation
- G How you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)
- H Other reason
- I None of the above

46. A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender?

- A Yes
- B No
- C I don't know

DO NOT WRITE IN THIS AREA



SERIAL #



