

2019 Minnesota Student Survey Tables

Juvenile Correctional Facilities

October 2019

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In Appreciation

The Minnesota Student Survey (MSS) Interagency Team is indebted to the students, parents, teachers, district assessment coordinators, school and district administrators, principals, and superintendents across the state that agreed to participate in and supported the MSS when it was administered in the first half of 2019. These data are made available as a result of their interest and time, and we are grateful for their efforts.

The planning and implementation of the 2019 Minnesota Student Survey administration resulted from an important collaborative effort among members of the MSS Interagency team, Minnesota Youth Council members, local educators and health professionals, researchers, and community members throughout the state of Minnesota – all of whom encouraged and supported school participation in the MSS.

Members of the MSS Interagency Team include: Lisa Burton, Megan Harms, and Maira Rosas-Lee at the Department of Education; Sharrilyn Helgertz and Ann Kinney at the Department of Health; Phyllis Bengtson, Emma Boley, and Eunkyung Park at the Department of Human Services; and Valerie Clark and Kristine Coulter at the Department of Public Safety.

Survey Participation

The 2019 Minnesota Student Survey (MSS) was administered in the first half of 2019 to students in juvenile correctional facilities. The grade 9 and 11 survey version was used for students who participated in these settings. The survey was voluntary; facilities and students could choose to opt out.

Mode of Administration

In 2019, facilities could choose to administer the online or on paper. Methods could not be mixed within a single facility. The survey questions online were the same as those in the paper version.

Items on the Tables

The tables in this report include the responses for all survey items. Items are ordered within the tables by an overarching subject area; the order that items appear on the tables is not necessarily in the order that they appeared on the survey. The table of contents is provided on pages v-vi.

New Questions and Year-to-Year Comparisons

While most MSS survey questions stayed the same between 2016 and 2019, other questions were updated with changes to the question or response options. Some entirely new questions were added, and some questions were dropped. New questions are noted on each table. **Caution must be used when making comparisons over time for any questions in which the wording has changed.**

Please note that although these surveys are given repeatedly over time, the student populations change between administrations of the survey.

Validity of Responses

Caution was taken to identify invalid responses and remove them from the survey results. Surveys were removed when responses were highly inconsistent, when there was a pattern of likely exaggeration, when the survey was completed outside of school hours (this did not apply to online students), or when the survey was clearly a test of the online system. In addition, surveys were removed when only the background section of the survey was answered.

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TABLE 1A DEMOGRAPHIC DESCRIPTION

		Gender			
		Ма	ıle	Fen	nale
		N	%	N	%
Total number of sur	veys	195	100%	83	100%
Age	11	3	2%	2	2%
	12	6	3%	2	2%
	13	13	7%	5	6%
	14	36	18%	20	24%
	15	35	18%	19	23%
	16	42	22%	20	24%
	17	45	23%	12	14%
	18	12	6%	3	4%
	21 or older	1	1%	0	0%
How do you describe yourself? (Mark ALL that	American Indian or Alaskan Native only	22	11%	17	20%
apply)	Asian or Asian American only	2	1%	1	1%
	Black, African or African American only	41	21%	8	10%
	Hispanic or Latino/a only	12	6%	3	4%
	White only	65	33%	22	27%
	Multiple races (checked more than one)	51	26%	32	39%
	No answer	2	1%	0	0%

TABLE 1B DEMOGRAPHIC DESCRIPTION^

		Male		Female	
		N	%	N	%
If you are American Indian or Alaskan Native, which	Anishinaabe/Ojibwe	34	17%	22	27%
group best describes you? (If	Dakota/Lakota				
more than one describes you,		10	5%	2	2%
mark ALL that	Other tribal affiliation				
apply)		8	4%	10	12%
If you are Asian or Asian American,	Chinese	1	1%	0	0%
which group best describes you? (If	Filipino	1	1%	1	1%
more than one describes you,	Lao	1	1%	0	0%
mark ALL that apply)	Vietnamese	2	1%	0	0%
αρρ.37	Other Asian	4	2%	1	1%
If you are Black, African or African	African American	48	25%	10	12%
American, which group best	Ethiopian – Oromo	0	0%	1	1%
describes you? (If more than one	Ethiopian – other	0	0%	1	1%
describes you, mark ALL that	Liberian	1	1%	1	1%
apply)	Nigerian	2	1%	0	0%
	Somali	2	1%	2	2%
	Other Black, African or African American	11	6%	4	5%
If you are Hispanic or Latino/Latina,	Mexican	22	11%	17	20%
which group best describes you? (If	Puerto Rican	2	1%	5	6%
more than one describes you,	Salvadoran	1	1%	0	0%
mark ALL that apply)	Spanish/Spanish- American	10	5%	3	4%
	Other Hispanic or Latino/Latina	1	1%	3	4%

[^] All questions on this table were new in 2019.

TABLE 2 **SEXUAL ORIENTATION; GENDER IDENTITY; GENDER EXPRESSION**

		Male	Female
		%	%
A person's appearance, style, dress, or the way	Very or mostly feminine	3%	42%
they walk or talk may	Somewhat feminine	4%	19%
affect how people describe them. How do you think other people at	Equally feminine and masculine	9%	34%
school would describe you?	Somewhat masculine	17%	3%
	Very or mostly masculine	68%	3%
How do you describe yourself?^	Heterosexual (straight)	82%	42%
yoursens	Bisexual	2%	33%
	Gay or lesbian	1%	6%
	Questioning/not sure	2%	3%
	Pansexual	1%	8%
	Queer	1%	0%
	I don't describe myself in any of these ways	10%	8%
	I am not sure what this question means	1%	0%
Are you transgender, genderqueer, or	Yes	3%	12%
genderfluid?^	No	89%	74%
	I am not sure about my gender identity	1%	4%
	I am not sure what this question means	8%	10%
IF TRANSGENDER, GENDERQUEER OR GENDERFLUID: How do you describe yourself?^^	Male, trans male, trans man, or trans masculine	20%	22%
	Female, trans female, trans woman, or trans feminine	40%	33%
	Non-binary, genderqueer, or genderfluid	40%	22%
	I prefer to describe my gender as something else	0%	22%

[^] Change in question wording from 2016. ^^ New question in 2019.

TABLE 3 SCHOOL PLANS; ACADEMIC ADVISING; IEP; ACADEMIC PERFORMANCE

		Male	Female
		%	%
What is the MAIN thing you plan to do right	I don't plan to graduate from high school	6%	3%
AFTER high school?	Get my GED	7%	9%
	Go to a two-year community or technical college	14%	14%
	Go to a four-year college or university	21%	30%
	Get a license or certificate in a career field	6%	11%
	Attend an apprenticeship program	1%	0%
	Join the military	11%	5%
	Work at a job	18%	18%
	Other	18%	11%
Has an adult in your school helped you think about education options for after high school (college or other	Yes	61%	65%
training program)?^		39%	35%
Has an adult in your school helped you find career-focused field experiences (job	Yes	48%	53%
shadowing, work-based learning, service learning, career camps, apprenticeships)?^	No	52%	47%
Do you receive special	Yes	49%	39%
education services as part of an individual	No	39%	41%
education plan or IEP?	Not sure	12%	20%
How would you describe	Mostly A's	20%	19%
your grades this school year?	Mostly B's	40%	36%
	Mostly C's	20%	28%
	Mostly D's	6%	3%
	Mostly F's	8%	4%
	Mostly Incompletes	6%	6%
	None of these letter grades	1%	4%

[^] New question in 2019.

TABLE 4 SCHOOL ATTENDANCE^

		Male	Female
		%	%
During the last 30 days, how many times did you miss a full day of	None	51%	45%
school? (Do not include school- sponsored activities like field trips,	Once or twice	21%	29%
sports, academic or music events)	3 to 5 times	11%	9%
	6 to 9 times	6%	8%
	10 or more times	10%	10%
During the last 30 days, how many times did you miss part of a day of	None	35%	28%
school such as coming late, leaving early or missing class time during	Once or twice	30%	24%
the day? (Do not include school- sponsored activities like field trips,	3 to 5 times	20%	31%
sports, academic or music events)	6 to 9 times	3%	6%
	10 or more times	13%	10%
AMONG THOSE WHO MISSED PART OF OR A FULL DAY OF SCHOOL: What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)	Illness (feeling physically sick), including problems with breathing or your teeth	27%	41%
	Medical, dental or other health-related appointment	28%	54%
	Vacation or trip	5%	5%
	Felt very sad, hopeless, anxious, stressed or angry	17%	46%
	Didn't get enough sleep	19%	38%
	Didn't feel safe at school	3%	4%
	Missed your ride or didn't have a way to get to school	16%	9%
	Had to work	5%	2%
	Had to take care of or help a family member or friend	3%	5%
	Had no place to shower or wash clothes	2%	2%
	Wanted to use alcohol or drugs	11%	18%
	Behind in schoolwork or not prepared for a test or class assignment	6%	11%
	Bored with or not interested in school	19%	30%
	Suspended from school	11%	11%
	Other reason	48%	16%

 $^{^{\}mbox{\scriptsize \Lambda}}$ All questions on this table were new in 2019.

TABLE 5 DISCIPLINE; FEELINGS ABOUT SCHOOL

		Male	Female
		%	%
During the last 30 days, how many	None	57%	63%
times did you get sent out of the	Once or twice	24%	23%
classroom for discipline?^	3 to 5 times	7%	6%
	6 to 9 times	2%	5%
	10 or more times	10%	4%
How often do you care about doing	All of the time	25%	36%
well in school?	Most of the time	41%	40%
	Some of the time	26%	23%
	None of the time	8%	1%
How often do you go to class	All of the time	7%	6%
unprepared?	Most of the time	13%	13%
	Some of the time	52%	44%
	None of the time	27%	37%
How often do you pay attention in	All of the time	11%	10%
class?	Most of the time	55%	55%
	Some of the time	29%	35%
	None of the time	4%	0%

[^] New question in 2019.

TABLE 6 FEELINGS ABOUT SCHOOL

	ewide Data		
How much do you a		Male	Female
with each of the foll	owing statements?	%	%
If something interests me, I try	Strongly agree	50%	52%
to learn more about it.	Agree	47%	47%
	Disagree	2%	1%
	Strongly disagree	2%	0%
I think things I learn at school are	Strongly agree	14%	14%
useful.	Agree	59%	62%
	Disagree	21%	16%
	Strongly disagree	6%	8%
Being a student is one of the most	Strongly agree	11%	15%
important parts of who I am.	Agree	35%	35%
	Disagree	37%	30%
	Strongly disagree	17%	19%
Overall, adults at my school treat	Strongly agree	22%	17%
students fairly.	Agree	58%	58%
	Disagree	14%	23%
	Strongly disagree	6%	3%
Adults at my school listen to the	Strongly agree	18%	23%
students.	Agree	55%	51%
	Disagree	22%	21%
	Strongly disagree	4%	5%
The school rules are fair.	Strongly agree	13%	10%
	Agree	57%	59%
	Disagree	24%	27%
	Strongly disagree	6%	4%
At my school, teachers care	Strongly agree	27%	27%
about students.	Agree	54%	61%
	Disagree	16%	8%
	Strongly disagree	3%	4%
Most teachers at my school are	Strongly agree	18%	23%
interested in me as a person.	Agree	49%	48%
-	Disagree	26%	23%
	Strongly disagree	7%	5%

TABLE 7A PRESENCE OF A SCHOOL RESOURCE/POLICE OFFICER

		Male	Female
		%	%
Is there a police officer or School	Yes	42%	49%
Resource Officer (SRO) at your	No	39%	32%
school?	I don't know	18%	19%

TABLE 7B INTERACTIONS WITH A SCHOOL RESOURCE/POLICE OFFICER

INCLUDES ONLY THOSE WHO HAVE A SCHOOL RESOURCE (SRO) OR POLICE OFFICER AT THEIR SCHOOL		Male	Female
		%	%
If I knew about something unsafe	Strongly agree	12%	22%
or illegal at my school, I would tell	Agree	19%	30%
the SRO or police officer.	Disagree	29%	27%
	Strongly disagree	40%	22%
I would feel comfortable going	Strongly agree	10%	13%
to my school's SRO or police	Agree	35%	50%
officer if I was having problems or	Disagree	24%	21%
needed help.	Strongly disagree	31%	16%
I think it is a good idea to have an	Strongly agree	23%	32%
SRO or police officer at our school.	Agree	41%	45%
	Disagree	19%	13%
	Strongly disagree	17%	11%

TABLE 8 PERCEPTIONS OF SAFETY

How much do you	agree or disagree with	Male	Female
each of the following		%	%
I feel safe going to and from school.	Strongly agree	43%	35%
	Agree	51%	54%
	Disagree	4%	6%
	Strongly disagree	2%	4%
I feel safe at school.	Strongly agree	37%	32%
	Agree	56%	61%
	Disagree	5%	4%
	Strongly disagree	3%	4%
I feel safe in my neighborhood.	Strongly agree	39%	32%
	Agree	45%	53%
	Disagree	12%	14%
	Strongly disagree	4%	1%
I feel safe at home.	Strongly agree	50%	49%
	Agree	41%	32%
	Disagree	6%	13%
	Strongly disagree	3%	6%

TABLE 9A AFTER SCHOOL SUPERVISION

During a typical week, how often do you go to the following		Male	Female
places after school?		%	%
I stay at my school or go to another school	0 days	77%	76%
SCHOOL	1 day	5%	4%
	2 days	1%	4%
	3 to 4 days	4%	1%
	5 days	13%	15%
My home or another home such as a friend's, relative's or neighbor's	0 days	31%	29%
mend s, relative s or neighbor s	1 day	7%	4%
	2 days	12%	8%
	3 to 4 days	18%	14%
	5 days	31%	46%
A rec, community or other youth center	0 days	61%	61%
	1 day	13%	9%
	2 days	10%	12%
	3 to 4 days	6%	7%
	5 days	10%	12%
A park or other outdoor space	0 days	48%	51%
	1 day	19%	6%
	2 days	16%	14%
	3 to 4 days	10%	17%
	5 days	6%	12%
A library	0 days	75%	68%
	1 day	11%	19%
	2 days	7%	4%
	3 to 4 days	4%	8%
	5 days	3%	1%
A church, synagogue, mosque, or other spiritual/religious place		78%	74%
Special process	1 day	15%	15%
	2 days	4%	9%
	3 to 4 days	1%	1%
	5 days	2%	0%
A job	0 days	70%	81%
	1 day	5%	3%
	2 days	7%	5%
	3 to 4 days	8%	4%
	5 days	10%	7%

TABLE 10A BEING BULLIED FOR SPECIFIC REASONS

During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?		Male	Female
		%	%
Your race, ethnicity or national origin	Never	76%	74%
national origin	Once or twice	13%	18%
	About once a week	3%	3%
	Several times a week	5%	4%
	Every day	3%	1%
Your religion	Never	85%	83%
	Once or twice	9%	8%
	About once a week	1%	4%
	Several times a week	2%	4%
	Every day	3%	1%
Your gender (being male or female)	Never	88%	86%
maic or remaic)	Once or twice	7%	4%
	About once a week	1%	5%
	Several times a week	1%	4%
	Every day	4%	1%
Your gender expression (your style,	Never	78%	65%
dress, or the way you walk or talk)	Once or twice	10%	20%
	About once a week	6%	9%
	Several times a week	1%	3%
	Every day	4%	3%

TABLE 10B BEING BULLIED FOR SPECIFIC REASONS

During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?		Male	Female
		%	%
Because you are gay, lesbian, or bisexual or	Never	92%	76%
because someone	Once or twice	4%	11%
thought you were	About once a week	1%	5%
	Several times a week	1%	5%
	Every day	2%	3%
A physical or mental disability	Never	84%	76%
uisability	Once or twice	7%	11%
	About once a week	5%	3%
	Several times a week	1%	8%
	Every day	3%	3%
Your size or weight	Never	75%	65%
	Once or twice	12%	21%
	About once a week	4%	5%
	Several times a week	4%	6%
	Every day	5%	3%
Your physical appearance	Never	74%	62%
арреагапсе	Once or twice	12%	18%
	About once a week	4%	5%
	Several times a week	6%	8%
	Every day	3%	8%

TABLE 11A BEING CYBERBULLIED

		Male	Female
		%	%
During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat or other social media)^	Never	90%	85%
	Once or twice	6%	9%
	About once a week	2%	3%
	Several times a week	2%	3%
,	Every day	1%	1%

[^] Change in question wording from 2016.

TABLE 11B BEING BULLIED OR HARASSED AT SCHOOL

During the last 30 da	nys, on how many days	Male	Female
have other students	have other students at school		%
slapped, hit or	Never	83%	86%
they weren't	Once or twice	12%	11%
kidding around?	About once a week	3%	1%
	Several times a week	1%	1%
	Every day	2%	0%
threatened to beat you up?	Never	73%	75%
	Once or twice	17%	15%
	About once a week	5%	5%
	Several times a week	3%	4%
	Every day	2%	1%
spread mean rumors or lies	Never	72%	48%
about you?	Once or twice	14%	34%
	About once a week	9%	6%
	Several times a week	2%	5%
	Every day	4%	6%
made sexual jokes, comments	Never	81%	67%
or gestures towards you?	Once or twice	9%	22%
	About once a week	4%	3%
	Several times a week	5%	4%
	Every day	2%	5%
excluded you from friends, other	Never	79%	64%
students or activities?	Once or twice	11%	22%
	About once a week	5%	5%
	Several times a week	1%	4%
	Every day	3%	5%
Bullied once or more in the last 30	No	56%	36%
	Yes	44%	64%
Bullied weekly or more in the last 30	No	74%	71%
days^	Yes	26%	29%
Bullied daily in the last 30 days^	No	91%	88%

[^] These are computed variables based on combinations of responses to the first five questions on this table.

TABLE 12 BULLYING OR HARASSING OTHER STUDENTS AT SCHOOL

During the last 30 days, how many times at		Male	Female
school have YOU		%	%
pushed, shoved, slapped, hit or	Never	80%	81%
kicked someone when you weren't	Once or twice	16%	17%
kidding around?	About once a week	2%	0%
	Several times a week	2%	1%
threatened to beat someone up?	Never	63%	63%
	Once or twice	31%	27%
	About once a week	2%	5%
	Several times a week	3%	5%
	Every day	1%	0%
spread mean rumors or lies	Never	89%	82%
about someone else?	Once or twice	8%	10%
	About once a week	1%	1%
	Several times a week	0%	5%
	Every day	1%	1%
made sexual jokes, comments	Never	90%	87%
or gestures towards someone	Once or twice	6%	8%
else?	About once a week	3%	3%
	Several times a week	1%	1%
	Every day	1%	1%
excluded someone from	Never	81%	72%
friends, other students or	Once or twice	13%	19%
activities?	About once a week	4%	3%
	Several times a week	2%	4%
	Every day	0%	3%

TABLE 13A AVAILABILITY OF COMMUNITY PROGRAMS Minnesota Statewide Data

		Male	Female
		%	%
Does your school or community offer	Yes		
a variety of		42%	38%
programs for people your age to	No		
participate in		25%	27%
outside of the regular school	I don't know what programs are		
day?	available in my community	33%	35%

TABLE 13B ENRICHMENT ACTIVITIES

During a typical week, how often do you participate in the following activities outside of the regular school day?		Male	Female
		%	%
Sports teams, such as park and	0 days	63%	69%
rec teams, school teams, in-house	1 day	7%	9%
teams or traveling teams	2 days	4%	6%
	3 to 4 days	12%	4%
	5 or more days	15%	12%
School sponsored activities or clubs		86%	87%
that are not sports, such as	1 day	7%	4%
drama, music, chess or science	2 days	4%	8%
club	3 to 4 days	2%	0%
	5 or more days	1%	1%
Tutoring, homework help or	0 days	84%	91%
academic programs	1 day	6%	8%
	2 days	5%	1%
	3 to 4 days	1%	0%
	5 or more days	3%	0%
Leadership activities such as	0 days	88%	92%
student government, youth councils or committees	1 day	6%	1%
	2 days	3%	4%
	3 to 4 days	2%	1%
	5 or more days	2%	1%

TABLE 13C ENRICHMENT ACTIVITIES

During a typical week, how often do you participate in the following activities outside of the regular school day?		Male	Female
		%	%
Artistic lessons, such as music or	0 days	87%	82%
dance	1 day	6%	8%
	2 days	3%	5%
	3 to 4 days	3%	1%
	5 or more days	1%	4%
Physical activity lessons, such as	0 days	84%	94%
tennis or karate	1 day	6%	0%
	2 days	2%	3%
	3 to 4 days	5%	0%
	5 or more days	3%	4%
Other community clubs and	0 days	92%	89%
programs such as 4-H, Scouts, Y-	1 day	3%	4%
clubs or Community Ed	2 days	2%	4%
	3 to 4 days	3%	1%
	5 or more days	1%	1%
Religious activities such as	0 days	85%	72%
religious services, education or		9%	14%
youth group	2 days	3%	5%
	3 to 4 days	2%	4%
	5 or more days	1%	4%

TABLE 14 QUALITY OF YOUTH ACTIVITIES^

When you spend time d	oing activities outside of	Male	Female
the regular school day,	how often do you	%	%
feel safe?	Rarely or never	7%	8%
	Sometimes	14%	14%
	Often	29%	31%
	Very often	50%	47%
learn skills like teamwork or	Rarely or never	15%	14%
leadership?	Sometimes	34%	38%
	Often	26%	28%
	Very often	26%	20%
develop trusting relationships with	Rarely or never	16%	20%
peers your age?	Sometimes	28%	33%
	Often	33%	28%
	Very often	22%	19%
develop trusting relationships with	Rarely or never	18%	18%
adults?	Sometimes	36%	35%
	Often	26%	32%
	Very often	19%	14%
help make decisions?	Rarely or never	14%	17%
	Sometimes	33%	28%
	Often	32%	36%
	Very often	21%	20%
do something that gives you joy and	Rarely or never	12%	11%
energy?	Sometimes	23%	20%
	Often	27%	39%
	Very often	38%	30%
learn skills that you can use in a future	Rarely or never	15%	16%
job?	Sometimes	38%	24%
	Often	24%	36%
	Very often	23%	25%

 $^{^{\}wedge}$ These items are a subscale of the Constructive Use of Time Scale from the Developmental Assets Profile (DAP) (Search Institute, Minneapolis, MN).

TABLE 15 LIVING SITUATIONS

		Male	Female
		%	%
Have you ever been in foster care? (Mark ALL that apply)^	No	66%	36%
	Yes, during the last year	18%	40%
	Yes, more than a year ago	22%	47%
During the past 12 months, have you stayed in a shelter, somewhere	No	68%	62%
not intended as a place to live, or someone else's home because you had no other place to stay? (Mark	Yes, I was with my parents or adult family member	14%	12%
ALL that apply)	Yes, I was on my own without any adult family members	21%	32%
Have any of your parents or guardians ever been in jail or prison? (Mark ALL	None of my parents or guardians has ever been in jail or prison	35%	28%
that apply)	Yes, I have a parent or guardian in jail or prison right now	16%	24%
	Yes, I have had a parent or guardian in jail or prison in the past	56%	60%
IF YOU HAVE OR HAVE HAD A PARENT OR GUARDIAN IN JAIL OR PRISON: Did you live with a parent or guardian at the time they went to jail or prison?^	Yes	44%	52%
	No	56%	48%

[^] New question in 2019.

TABLE 16 COMMUNICATION WITH ADULTS

		Male	Female
		%	%
Which of these adults can you talk to about problems you are having? (Mark ALL that apply)^	Parent or guardian	69%	82%
	Adult at school	28%	35%
	Some other adult	31%	47%
	I don't have any adults that I can talk to about problems I am having	18%	1%

[^] New question in 2019.

TABLE 17 PERCEPTIONS OF FAMILY AND OTHERS CARING Minnesota Statewide Data

		Male	Female
How much do you feel		%	%
your parents care about you?	Not at all	5%	8%
	A little	10%	12%
	Some	5%	15%
	Quite a bit	16%	11%
	Very much	64%	55%
other adult relatives care about you?	Not at all	8%	7%
	A little	9%	9%
	Some	22%	21%
	Quite a bit	22%	22%
	Very much	39%	41%
friends care about you?	Not at all	8%	13%
	A little	8%	7%
	Some	20%	25%
	Quite a bit	33%	22%
	Very much	31%	33%
teachers/other adults at school care about you?	Not at all	14%	17%
•	A little	24%	22%
	Some	29%	29%
	Quite a bit	15%	14%
	Very much	18%	17%
adults in your community care about you?	Not at all	27%	24%
,	A little	31%	20%
	Some	17%	24%
	Quite a bit	11%	21%
	Very much	14%	11%

TABLE 18 ADVERSE CHILDHOOD EXPERIENCES

		Male	Female
		%	%
Do you live with anyone who drinks too much alcohol?	Yes	23%	27%
	No	77%	73%
Do you live with anyone who uses illegal drugs or abuses prescription	Yes	18%	32%
drugs?	No	82%	68%
Do you live with anyone who is depressed or has any other mental	Yes	36%	69%
health issues?^	No	64%	31%
Does a parent or other adult in your home regularly swear at you, insult	Yes	18%	36%
you or put you down?	No	82%	64%
Has a parent or other adult in your home ever hit, beat, kicked or	Yes	26%	34%
physically hurt you in any way?	No	74%	66%
Have your parents or other adults in your home ever slapped, hit, kicked,	Yes	27%	39%
punched or beat each other up?	No	73%	61%
Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something	Yes	16%	41%
sexual or done something sexual to you against your wishes?^^	No	84%	59%
Has any relative/family member ever pressured, tricked, or forced you to do	Yes	7%	32%
something sexual or done something sexual to you?^^	No	93%	68%
Have you ever traded sex or sexual activity to receive money, food, drugs,	Yes	8%	21%
alcohol, a place to stay, or anything else?^	No	92%	79%
ACEs Score-short^^^	None	18%	7%
	One	28%	23%
	Two	20%	10%
	Three	12%	11%
	Four or more	22%	49%

[^] New question in 2019.
^^ Change in question wording from 2016.
^^^ An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before age 18. The ACEs Score-short is a measure of cumulative exposure to adverse childhood conditions, and combines the responses to the first question about parental incarceration (See Table 15) responses to the first question about parental incarceration (See Table 15).

TABLE 19 RELATIONSHIP VIOLENCE^

		Male	Female
		%	%
Have you been in a casual or serious relationship where your partner ever	Yes	20%	37%
physically hurt you on purpose?	No	80%	63%
Have you been in a casual or serious relationship where your partner ever	Yes	25%	48%
verbally hurt or controlled you?	No	75%	52%
Have you been in a casual or serious relationship where your partner ever pressured, tricked, or forced you to do something sexual, or did something sexual to you against your wishes?	Yes	9%	43%
	No	91%	57%
Have YOU ever pressured, tricked, or forced someone to do something sexual, or have YOU done something sexual to someone against their wishes?	Yes	12%	7%
	No	79%	87%
	Not sure	9%	6%

[^] All questions on this table were new in 2019.

TABLE 20 GENERAL HEALTH AND HEALTH CONDITIONS

Minnesota Statewide Data

		Male	Female
		%	%
How would you describe your health in general?	Excellent	36%	20%
	Very good	36%	24%
	Good	20%	41%
	Fair	7%	14%
	Poor	1%	1%
Do you have any physical disabilities, or long-term health problems (such as asthma, cancer,	Yes	23%	16%
diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.	No	77%	84%
Has a doctor or nurse ever told you that you have diabetes?^	Yes	4%	4%
	No	96%	96%
Has a doctor or nurse ever told you that you have pre-diabetes?^	Yes	4%	5%
	No	96%	95%
Has a doctor or nurse ever told you that you have asthma?	Yes	27%	20%
	No	73%	80%
Has a doctor or nurse ever told you that you have an allergy that requires	Yes	9%	4%
you to carry an epi-pen?	No	91%	96%
Do you have any long-term mental health, behavioral or emotional	Yes	46%	75%
problems? Long-term means lasting 6 months or more.	No	54%	25%
Weight status according to Body Mass Index (BMI)**	Normal or underweight	69%	30%
	Overweight	18%	36%
	Obese	13%	34%

[^] New question in 2019.

Not overweight: Less than the 85th percentile Overweight: 85th to less than the 95th percentile Obese: Equal to or greater than the 95th percentile

^{**} Body Mass Index (BMI) is a number calculated from a child's self-reported weight and height. BMI is calculated using a standard formula. BMI-for-age percentiles are used to interpret BMI numbers for children and teens. CDC BMI-for-age growth charts were used to determine weight status according to BMI for participants in the Minnesota Student Survey.

TABLE 21 RECEIPT OF TREATMENT; ORAL HEALTH

		Male	Female
		%	%
Have you ever been treated for a mental health, emotional or behavioral	No	43%	13%
problem? (Mark ALL that apply	Yes, during the last year	40%	71%
	Yes, more than a year ago	28%	38%
Have you ever been treated for an alcohol or drug problem? (Mark ALL that	No	59%	58%
apply)	Yes, during the last year	31%	32%
	Yes, more than a year ago	13%	18%
When was the last time you saw a dentist for a check-up, exam or teeth cleaning or	During the last year	64%	64%
other dental work?^	Between 1 and 2 years ago	17%	23%
	More than 2 years ago	15%	13%
	Never	4%	0%
Have you any of the following dental problems during the past 12 months?	Toothaches or pain	35%	45%
(Mark ALL that apply)^^	Decayed teeth or cavities	22%	24%
	Swollen, painful or bleeding gums	11%	20%
	Could not eat certain foods because of a dental problem	5%	15%
	Missed one or more school days because of a dental problem	5%	5%
	I have not had any of these dental health problems	52%	41%
IF ONE OR MORE DENTAL PROBLEMS: Have you had this dental problem treated	Yes	50%	40%
by a dentist?^^	No, but I will see a dentist	39%	38%
	No, I am not able to get dental treatment	11%	21%

[^] Change in question wording from 2016. ^^ New question in 2019.

TABLE 22 PHYSICAL ACTIVITY; SLEEP; USE OF INDOOR TANNING DEVICE

		Male	Female
		%	%
During the last 7 days, on how many days were you	0 days	10%	3%
physically active for a total of AT LEAST 60 MINUTES PER DAY?	1 day	2%	1%
MINOTES PER DAT!	2 days	2%	1%
	3 days	6%	8%
	4 days	11%	7%
	5 days	9%	12%
	6 days	9%	5%
	7 days	51%	62%
During a typical school night, how many hours of	4 hours or less	10%	12%
sleep do you get?	5 hours	8%	8%
	6 hours	11%	12%
	7 hours	22%	21%
	8 hours	31%	35%
	9 hours	11%	5%
	10 or more hours	8%	7%
During the last 12 months, how many times did you	0 times	98%	100%
use an indoor tanning device such as a sunlamp, sunbed or tanning booth?	20 to 39 times	1%	0%
	40 or more times	2%	0%

TABLE 23 EATING MEALS

		Male	Female
		%	%
During the last 30 days, have you had to skip meals because your	Yes	7%	5%
family did not have enough money to buy food?	No	93%	95%
During a typical school week, where do you	I usually don't eat lunch.	17%	17%
usually get your lunch? (Mark ALL that apply)	Regular school lunch from the cafeteria	71%	63%
	The a la carte line (buy individual items)	8%	3%
	School store or vending machine	12%	4%
	Fast food restaurant, gas station or somewhere else outside of school	12%	20%
	I bring lunch from home.	8%	20%
Do you currently get free or reduced-price lunch at	Yes	58%	59%
school?^	No	20%	20%
	Not sure	21%	22%

[^] Change in question wording from 2016.

TABLE 24A NUTRITION

		Male	Female
		%	%
During the last 7 days, how many times did you drink 100% fruit juices	I did NOT eat or drink this	14%	18%
such as orange, apple or grape juice? (Do not count punch, Kool-	1 to 3 times in the last 7 days	14%	23%
Aid, sports drinks or other fruit- flavored drinks)^	4 to 6 times in the last 7 days	18%	16%
· · · · · · · · · · · · · · · · · · ·	1 time per day	26%	27%
	2 times per day	13%	6%
	3 times per day	6%	4%
	4 or more times per day	7%	5%
During the last 7 days, how many times did you eat fruit? (Do not	I did NOT eat or drink this	9%	7%
count fruit juice)^	1 to 3 times in the last 7 days	20%	15%
	4 to 6 times in the last 7 days	17%	20%
	1 time per day	16%	12%
	2 times per day	16%	19%
	3 times per day	12%	15%
	4 or more times per day	10%	13%
During the last 7 days, how many times did you eat green salad,	I did NOT eat or drink this	15%	19%
potatoes, carrots or other vegetables? (Do not count French	1 to 3 times in the last 7 days	25%	33%
fries, fried potatoes, or potato chips)	4 to 6 times in the last 7 days	15%	15%
. ,	1 time per day	19%	9%
	2 times per day	11%	9%
	3 times per day	11%	8%
	4 or more times per day	6%	7%
During the last 7 days, how many times did you eat from a fast food	I did NOT eat or drink this	53%	65%
restaurant, including carry-out or delivery?	1 to 3 times in the last 7 days	30%	24%
•	4 to 6 times in the last 7 days	7%	1%
	1 time per day	4%	4%
	2 times per day	2%	1%
	3 times per day	2%	3%
	4 or more times per day	3%	1%
Servings of fruits, fruit juice and vegetables per day during the last 7	Less than five	69%	70%
days^^	Five or more	31%	30%

[^] Change in question wording from 2016. ^^ This is a computed variable based on combinations of responses to the first three questions on this table.

TABLE 24B NUTRITION^

Device the least 7 days have no		Male	Female
During the last 7 days, how ma a glass of milk?	I did NOT eat or drink this	%	470/
a giaco oi	1 to 3 times in the last 7 days	9%	17%
	4 to 6 times in the last 7 days	14% 16%	17% 14%
	1 time per day	12%	16%
	2 times per day	12%	16%
	3 times per day	22%	11%
	4 or more times per day	14%	9%
a can, bottle or glass of pop or	I did NOT eat or drink this	39%	50%
soda, such as Coke, Pepsi or Sprite?	1 to 3 times in the last 7 days	49%	34%
	4 to 6 times in the last 7 days	5%	8%
	1 time per day	4%	5%
	2 times per day	2%	1%
	3 times per day	1%	0%
	4 or more times per day	1%	1%
a can, bottle or glass of a sports drink, such as Gatorade or	I did NOT eat or drink this	61%	71%
Powerade?	1 to 3 times in the last 7 days	23%	24%
	4 to 6 times in the last 7 days	10%	1%
	1 time per day	2%	4%
	2 times per day	3%	0%
	4 or more times per day	1%	0%
a can, bottle or glass of an energy drink, such as Rockstar, Red Bull,	I did NOT eat or drink this	77%	88%
Monster or Full Throttle?	1 to 3 times in the last 7 days	12%	5%
	4 to 6 times in the last 7 days	4%	0%
	1 time per day	3%	4%
	2 times per day	3%	0%
	3 times per day	1%	1%
	4 or more times per day	0%	1%
a can, bottle or glass of coffee or tea that had sugar, syrups, or honey	I did NOT eat or drink this	67%	76%
added to it?	1 to 3 times in the last 7 days	18%	14%
	4 to 6 times in the last 7 days	6%	3%
	1 time per day	5%	5%
	2 times per day	2%	1%
	3 times per day 4 or more times per day	1%	0%
a can, bottle or glass of	I did NOT eat or drink this	1%	0%
sweetened fruit drinks, such as Kool-Aid, Capri Sun and lemonade?	1 to 3 times in the last 7 days	45%	55%
recor-Aid, Supri Sun and Ismonade.	4 to 6 times in the last 7 days	26%	26%
	1 time per day	12%	7%
	2 times per day	8% 4%	8% 1%
	3 times per day	2%	0%
	4 or more times per day	3%	3%
a bottle or glass of water?	I did NOT eat or drink this	7%	1%
-	1 to 3 times in the last 7 days	9%	8%
	4 to 6 times in the last 7 days	12%	4%
	1 time per day	8%	3%
	2 times per day	8%	7%
	3 times per day	13%	9%
	4 or more times per day	44%	68%
	l		

[^] All questions on this table were new in 2019.

TABLE 25 VEHICLE SAFETY^

		Male	Female
		%	%
When driving a car, truck or SUV, how often do you send or read text	I don't drive a car, truck or SUV	39%	60%
messages or emails?	I never do this	23%	13%
	Rarely	13%	10%
	Sometimes	13%	13%
	Often	8%	3%
	Always	4%	1%
When driving a car, truck or SUV, how often do you make or answer a	I don't drive a car, truck or SUV	41%	59%
phone call?	I never do this	18%	14%
	Rarely	13%	6%
	Sometimes	11%	7%
	Often	10%	7%
	Always	6%	7%
How often do you wear a seat belt when you are driving or riding in a	I don't ride in a car, truck or SUV	13%	22%
car, truck or SUV?	I never do this	5%	5%
	Rarely	12%	7%
	Sometimes	10%	11%
	Often	17%	16%
	Always	43%	39%

[^] All questions on this table had wording changes from 2016.

TABLE 26A SELF DESCRIPTION^

In general, how does each		Male	Female
statements describe you?		%	%
I feel in control of my life and future.	Not at all or rarely	16%	23%
	Somewhat or sometimes	30%	43%
	Very or often	30%	22%
	Extremely or almost always	23%	12%
I feel good about myself.	Not at all or rarely	15%	24%
	Somewhat or sometimes	24%	24%
	Very or often	37%	28%
	Extremely or almost always	23%	23%
I feel good about my future.	Not at all or rarely	16%	12%
	Somewhat or sometimes	31%	32%
	Very or often	34%	31%
	Extremely or almost always	20%	24%
I deal with disappointment without getting too upset.	Not at all or rarely	16%	24%
minout gotting too upool	Somewhat or sometimes	41%	43%
	Very or often	28%	21%
	Extremely or almost always	16%	12%
I find good ways to deal with things that are hard in my life.	Not at all or rarely	19%	20%
annigo anat ano mara in miy inio.	Somewhat or sometimes	41%	47%
	Very or often	27%	19%
	Extremely or almost always	13%	15%
l am thinking about what my purpose is in life.	Not at all or rarely	15%	19%
F b	Somewhat or sometimes	33%	25%
	Very or often	31%	20%
	Extremely or almost always	21%	36%

[^] These items are adapted from the Developmental Assets Profile (DAP) under a license agreement with Search Institute, Minneapolis, MN.

TABLE 26B SELF DESCRIPTION^

In general, how does each	h of the following	Male	Female
statements describe you?		%	%
I say no to things that are dangerous or unhealthy.	Not at all or rarely	25%	29%
	Somewhat or sometimes	37%	33%
	Very or often	21%	19%
	Extremely or almost always	16%	19%
I build friendships with other people.	Not at all or rarely	15%	21%
pespess	Somewhat or sometimes	30%	20%
	Very or often	38%	32%
	Extremely or almost always	18%	28%
I express my feelings in proper ways.	Not at all or rarely	22%	23%
, , , , , , , , , , , , , , , , , , ,	Somewhat or sometimes	43%	44%
	Very or often	28%	25%
	Extremely or almost always	7%	8%
I plan ahead and make good choices.	Not at all or rarely	22%	29%
	Somewhat or sometimes	45%	33%
	Very or often	23%	24%
	Extremely or almost always	10%	13%
I stay away from bad influences.	Not at all or rarely	30%	33%
	Somewhat or sometimes	40%	32%
	Very or often	16%	21%
	Extremely or almost always	13%	15%
I resolve conflicts without anyone getting hurt.	Not at all or rarely	17%	23%
,	Somewhat or sometimes	41%	36%
	Very or often	31%	27%
	Extremely or almost always	10%	14%

[^] These items are adapted from the Developmental Assets Profile (DAP) under a license agreement with Search Institute, Minneapolis, MN.

TABLE 26C SELF DESCRIPTION^

In general, how does each	h of the following	Male	Female
statements describe you?		%	%
I accept people who are different from me.	Not at all or rarely	10%	4%
	Somewhat or sometimes	19%	14%
	Very or often	41%	32%
	Extremely or almost always	31%	51%
I am sensitive to the needs and feelings of others.	Not at all or rarely	28%	16%
and roomings or ourore.	Somewhat or sometimes	35%	31%
	Very or often	22%	25%
	Extremely or almost always	15%	28%
I feel valued and appreciated by others.	Not at all or rarely	21%	24%
,	Somewhat or sometimes	34%	35%
	Very or often	34%	28%
	Extremely or almost always	11%	13%
I am included in family tasks and decisions.	Not at all or rarely	23%	23%
	Somewhat or sometimes	35%	28%
	Very or often	25%	28%
	Extremely or almost always	17%	20%
I am given useful roles and responsibilities.	Not at all or rarely	18%	14%
	Somewhat or sometimes	31%	26%
	Very or often	34%	40%
	Extremely or almost always	18%	21%

[^] These items are adapted from the Developmental Assets Profile (DAP) under a license agreement with Search Institute, Minneapolis, MN.

TABLE 27A EMOTIONAL WELL-BEING AND DISTRESS

Over the last two weeks, ho	ow often have you been	Male	Female
bothered by?		%	%
little interest or pleasure in doing things?	Not at all	45%	29%
	Several days	37%	35%
	More than half the days	7%	21%
	Nearly every day	10%	15%
feeling down, depressed or hopeless?	Not at all	46%	28%
	Several days	29%	29%
	More than half the days	10%	16%
	Nearly every day	15%	27%
feeling nervous, anxious or on edge?^	Not at all	33%	15%
J	Several days	35%	31%
	More than half the days	14%	17%
	Nearly every day	18%	37%
not being able to stop or control worrying?^	Not at all	43%	28%
, ,	Several days	27%	13%
	More than half the days	16%	27%
	Nearly every day	14%	32%

[^] New question in 2019.

TABLE 28 SELF-INFLICTED INJURY; SUICIDAL THOUGHTS AND SUICIDAL BEHAVIOR

		Male %	Female %
During the last 12	0 times	66%	44%
months, how many	1 or 2 times		
times did you do something to		10%	16%
purposely hurt or injure yourself without	3 to 5 times	7%	7%
wanting to die, such as	6 to 9 times	5%	11%
cutting, burning, or bruising yourself on	10 to 19 times	4%	3%
purpose?	20 or more times	9%	20%
Have you ever seriously considered	No	62%	24%
attempting suicide? (Mark ALL that apply)	Yes, during the last year	22%	50%
	Yes, more than a year ago	27%	54%
Have you ever actually attempted suicide?	No	68%	30%
(Mark ALL that apply)	Yes, during the last year	18%	41%
	Yes, more than a year ago	23%	49%

TABLE 29 PROBLEMATIC AND ANTISOCIAL BEHAVIOR

During the last 12 m	nonths. how often	Male	Female
have you		%	%
run away from home?	Never	54%	27%
memo:	Once or twice	23%	22%
	3 to 5 times	14%	22%
	6 to 9 times	6%	12%
	10 or more times	4%	18%
damaged or destroyed	Never	46%	31%
property?	Once or twice	22%	28%
	3 to 5 times	17%	20%
	6 to 9 times	7%	12%
	10 or more times	8%	8%
hit or beat up another person?	Never	35%	31%
porconii	Once or twice	28%	39%
	3 to 5 times	17%	18%
	6 to 9 times	8%	4%
	10 or more times	11%	8%
taken something from a store	Never	45%	39%
without paying for it?	Once or twice	15%	20%
	3 to 5 times	10%	9%
	6 to 9 times	3%	7%
	10 or more times	26%	24%

TABLE 30A GAMBLING BEHAVIOR

During the last 12 mont	hs. how often have vou	Male	Female
done the following gam	bling/betting activities?	%	%
Played cards, bet on sports teams or games	Not at all	59%	74%
of personal skill like video gaming, pool,	Less than once a month	17%	12%
golf or bowling	About once a month	6%	4%
	About once a week	6%	3%
	2 to 6 times a week	8%	4%
	Daily	5%	4%
Bought lottery tickets or scratch offs	Not at all	84%	83%
or scratch ons	Less than once a month	5%	7%
	About once a month	5%	4%
	About once a week	2%	3%
	2 to 6 times a week	3%	3%
	Daily	2%	1%
Gambled in a casino	Not at all	86%	93%
	Less than once a month	4%	4%
	About once a month	5%	0%
	About once a week	2%	1%
	2 to 6 times a week	1%	0%
	Daily	1%	1%
Gambled for money online	Not at all	90%	100%
Offinie	Less than once a month	6%	0%
	About once a month	3%	0%
	2 to 6 times a week	1%	0%
	Daily	1%	0%

TABLE 30B GAMBLING BEHAVIOR

INCLUDES ONLY THOS	E WHO HAVE GAMBLING ACTIVITIES	Male	Female
DURING THE LAST 12 I		%	%
hidden your gambling/betting from	Never	85%	75%
your parents, other family members or	Sometimes	8%	21%
teachers?	Many times	1%	0%
	All of the time	6%	4%
felt that you might have a problem with	Never	85%	88%
gambling/betting?	Sometimes	13%	8%
	Many times	1%	4%
	All of the time	1%	0%
skipped hanging out with friends who do	Never	85%	96%
not gamble/bet to hang out with friends who do gamble/bet?	Sometimes	10%	4%
	Many times	3%	0%
	All of the time	3%	0%

TABLE 31 SUMMARY OF SUBSTANCE USE**

		Male	Female
		%	%
Use of conventional tobacco products (cigarettes, cigars, smokeless tobacco) during	No	62%	66%
the past 30 days	Yes	38%	34%
Use of any tobacco products, including e-	No	52%	62%
cigarettes and hookah, during the past 30 days	Yes	48%	38%
Frequent binge drinking in the past year (typically drank 5 or more drinks at a	No	89%	84%
time and drank on 10 or more occasions during the past year)	Yes	11%	16%
Any alcohol and/or other drug use during the past year (excluding tobacco)	No alcohol or marijuana or other drug use in the past year	30%	32%
	Used only alcohol in the past year	4%	1%
	Used alcohol and marijuana in past year, but not other drugs	10%	5%
	Used marijuana or other drugs but not alcohol in the past year	21%	14%
	Used alcohol and marijuana or other drugs in the past year	35%	48%

^{**} These are all computed variables based on combinations of responses to two or more survey items.

TABLE 33 TOBACCO USE

During the last 30 days, on how many days did you		Male %	Female %
smoke a cigarette?	0 days	67%	68%
	1 to 2 days	10%	8%
	3 to 9 days	6%	5%
	10 to 19 days	4%	7%
	20 to 29 days	3%	3%
	All 30 days	10%	9%
smoke cigars, cigarillos or little cigars?	0 days	75%	85%
	1 to 2 days	6%	4%
	3 to 9 days	5%	7%
	10 to 19 days	3%	1%
	20 to 29 days	4%	1%
	All 30 days	6%	1%
use chewing tobacco, snuff or dip?	0 days	92%	96%
	1 to 2 days		
	3 to 9 days	4%	3%
	10 to 19 days	1%	1%
	20 to 29 days	1%	0%
	All 30 days	1%	0%
vape or use an e-cigarette like JUUL, suorin, blu, VUSE, or logic?^	0 days	2%	0%
vape of abe an obligations into obset, subtini, bia, voset, or logic.	1 to 2 days	63%	69%
	3 to 9 days	7%	7%
	10 to 19 days	5%	8%
	20 to 29 days	7%	5%
		4%	1%
use a health are waterning to ample takens?	All 30 days	14%	9%
use a hookah or a waterpipe to smoke tobacco?	0 days	91%	92%
	1 to 2 days	0%	3%
	3 to 9 days	2%	1%
	10 to 19 days	4%	1%
	20 to 29 days	1%	1%
	All 30 days	2%	1%
During the last 30 days, on how many days did you smoke cigarettes or use other tobacco products that were flavored to taste	0 days or no tobacco use	75%	72%
like mint or menthol?	1 to 2 days	8%	5%
	3 to 9 days	3%	5%
	10 to 19 days	5%	3%
	20 to 29 days	3%	1%
	All 30 days	7%	14%
During the last 30 days, on how many days did you use any tobacco product that was some other flavor, like candy, fruit, chocolate,	0 days or no tobacco use	76%	82%
clove, spice or alcoholic drinks?	1 to 2 days	6%	4%
	3 to 9 days	5%	3%
	10 to 19 days	6%	1%
	20 to 29 days	3%	1%
	All 30 days	4%	8%

[^] Change in question wording from 2016.

TABLE 33A ACCESS TO E-CIGARETTES^

INCLUDES ONLY THOSE V	VHO VAPED OR USED	Male	Female
E-CIGARETTES IN THE LA		%	%
When you vaped or used an e-cigarette during the last 30 days, how did you	I bought it at gas stations or convenience stores	21%	5%
get it? (Mark ALL that apply)	I bought it at grocery, discount or drug stores	11%	0%
	I bought it on the internet	25%	10%
	I bought it at vape shops or other stores that sell only e-cigarettes	23%	20%
	I got it from friends	63%	70%
	I got it from my parents	9%	20%
	I got it from other family members	13%	10%
	I got it from someone I didn't know	13%	35%
	I got it by getting someone else to buy it for me	36%	30%
	I took it from my home	11%	5%
	I took it from a friend's home	13%	15%
	I took it from stores	11%	5%
	I got it some other way	34%	45%

[^] All questions on this table were new in 2019.

TABLE 35 ALCOHOL USE FREQUENCY AND QUANTITY

		Male	Female
		%	%
During the last 30 days, on how many	0 days	77%	76%
days did you drink one or more drinks of an	1 to 2 days	9%	8%
alcoholic beverage?	3 to 5 days	4%	5%
	6 to 9 days	2%	3%
	10 to 19 days	3%	4%
	20 to 29 days	1%	1%
	All 30 days	3%	3%
During the last 12 months, on how many	0	52%	46%
occasions (if any) have you had	1 to 2	15%	14%
alcoholic beverages to	3 to 5	6%	1%
William.	6 to 9	6%	7%
	10 to 19	8%	9%
	20 to 39	7%	9%
	40 or more	7%	14%
If you drink beer/wine/wine	No alcohol use	54%	47%
coolers/liquor, generally how much	1 glass/can/drink	11%	10%
do you drink at one time?	2 glasses/cans/drinks	7%	7%
	3 glasses/cans/drinks	7%	6%
	4 glasses/cans/drinks	7%	8%
	5 or more glasses/cans/drinks	14%	22%
Binge drinking (4 or more drinks in a row	0 days	83%	81%
(females) or 5 or more drinks in a row (males)	1 day	3%	7%
within a couple of hours)^	2 days	4%	4%
	3 to 5 days	5%	3%
	6 to 9 days	3%	3%
	10 to 19 days	2%	3%
	20 or more days	1%	0%

[^] Change in question wording from 2016

TABLE 36 ACCESS TO ALCOHOL^

INCLUDES ONLY THOSE WHO USED ALCOHOL IN		Male	Female
THE LAST 30 DAYS		%	%
When you used alcohol during the last 30 days, how did you get it? (Mark	I bought alcohol at gas stations or convenience stores	17%	6%
ALL that apply)	I bought alcohol at bars or restaurants	8%	0%
	I bought alcohol at stores	22%	11%
	I bought alcohol on the Internet	8%	0%
	I got alcohol from friends	61%	100%
	I got alcohol from my parents	6%	22%
	I got alcohol from other family members	14%	28%
	I got alcohol by getting someone else to buy for me	47%	72%
	I got alcohol at parties	61%	56%
	I took alcohol from my home	22%	33%
	I took alcohol from a friend's home	14%	17%
	I took alcohol from stores	25%	6%
	I got alcohol some other way	42%	39%

[^] All questions on this table were new in 2019.

TABLE 37 USE OF MARIJUANA AND PRESCRIPTION DRUGS Minnesota Statewide Data

		Male	Female
		%	%
During the last 30 days, on how many days did you	0 days	71%	71%
use marijuana or hashish? (Do NOT count medical	1 to 2 days	6%	4%
marijuana prescribed for you by a doctor)	3 to 5 days	4%	5%
,	6 to 9 days	2%	3%
	10 to 19 days	4%	3%
	20 to 29 days	6%	1%
	All 30 days	8%	13%
During the last 12 months, on how many occasions (if	0	46%	50%
any) have you used marijuana or hashish? (Do	1 to 2	7%	4%
NOT count medical marijuana prescribed for	3 to 5	4%	3%
you by a doctor)	6 to 9	5%	1%
	10 to 19	3%	4%
	20 to 39	6%	3%
	40 or more	29%	35%
During the last 30 days, on how many days did you	0 days	82%	78%
use prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?^	1 to 2 days	4%	5%
	3 to 5 days	3%	5%
	6 to 9 days	4%	8%
	10 to 19 days	4%	0%
	20 to 29 days	1%	3%
	All 30 days	2%	0%

[^] Change in question wording from 2016.

TABLE 38 PRESCRIPTION DRUG USE

During the last 12 months, on how many occasions (if any) have you used any of the following prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?		Male	Female
		%	%
Stimulants such as Amphetamines	0	85%	77%
(bennies, speed, uppers) or diet pills	1 to 2	5%	7%
uppers) or diet pills	3 to 5	4%	8%
	6 to 9	3%	3%
	10 to 19	2%	3%
	20 or more	1%	3%
ADHD or ADD drugs (Ritalin, Adderall,	0	80%	71%
hyper pills)	1 to 2	7%	3%
	3 to 5	7%	10%
	6 to 9	3%	5%
	10 to 19	1%	3%
	20 or more	2%	8%
Pain relievers such as OxyContin, Percocet,	0	81%	75%
Vicodin or others	1 to 2	3%	3%
	3 to 5	6%	11%
	6 to 9	5%	3%
	10 to 19	3%	4%
	20 or more	3%	4%
Tranquilizers such as Valium, Xanax,	0	71%	69%
Klonopin, Ativan, anxiety pills, sedatives or benzos (downers)	1 to 2	6%	4%
	3 to 5	5%	10%
	6 to 9	6%	6%
	10 to 19	6%	3%
	20 or more	6%	8%

TABLE 39 HALLUCINOGEN, ECSTASY, COCAINE AND HEROIN USE

During the last 12 mont	hs, on how many	Male	Female
occasions (if any) have	you used	%	%
used LSD (acid), PCP (wet sticks or dipped	0	75%	70%
joints), or other psychedelics	1 to 2	9%	11%
(mushrooms, angel	3 to 5	8%	4%
dust)?	6 to 9	6%	8%
	10 to 19	1%	0%
	20 or more	1%	7%
used MDMA (E, X, ecstasy, Molly), GHB	0	80%	77%
(G, Liquid E, Liquid X, roofies) or Ketamine	1 to 2	10%	8%
(Special K)?	3 to 5	6%	7%
	6 to 9	2%	0%
	10 to 19	2%	4%
	20 or more	1%	4%
used crack, coke or cocaine in any form?	0	86%	77%
	1 to 2	6%	3%
	3 to 5	2%	5%
	6 to 9	2%	5%
	10 to 19	1%	4%
	20 or more	3%	5%
used heroin (smack, junk, China White)?	0	95%	89%
,	1 to 2	2%	1%
	3 to 5	1%	4%
	10 to 19	2%	1%
	20 or more	1%	4%

TABLE 40 METHAMPHETAMINE, OVER-THE-COUNTER DRUG, SYNTHETIC DRUG AND INHALANT USE

During the last 12 months, on how many occasions		Male	Female
(if any) have you		%	%
used methamphetamine (meth, glass, crank, crystal	0	87%	75%
meth, ice)?	1 to 2	5%	11%
	3 to 5	1%	4%
	6 to 9	1%	1%
	10 to 19	1%	5%
	20 or more	5%	3%
used over-the-counter drugs such as cough syrup,	0	73%	72%
cold medicine or diet pills that you took only to get	1 to 2	9%	7%
high?	3 to 5	4%	8%
	6 to 9	2%	7%
	10 to 19	6%	4%
	20 or more	6%	3%
used synthetic marijuana (K2, Gold) that you took only	0	86%	77%
to get high?^	1 to 2	4%	4%
	3 to 5	3%	8%
	6 to 9	2%	4%
	10 to 19	1%	1%
	20 or more	3%	5%
used any other synthetic drugs such as bath salts	0	96%	97%
(Ivory Wave, White Lightning) that you took only	1 to 2	2%	1%
to get high?^	3 to 5	0%	1%
	6 to 9	2%	0%
	20 or more	1%	0%
sniffed glue or huffed or inhaled the contents of	0	91%	85%
aerosol spray cans or other gases to get high?	1 to 2	6%	7%
gases to get mgm?	3 to 5	1%	4%
	6 to 9	1%	3%
	20 or more	3%	1%

[^] Change from 2016 from one question to two.

TABLE 41 PERCEIVED RISK OF HARM FROM SUBSTANCE USE

How much do you think p	eople risk harming	Male	Female
themselves physically or	in other ways if they	%	%
smoke one or more packs of cigarettes per	No risk	34%	14%
day?	Slight risk	19%	23%
	Moderate risk	18%	19%
	Great risk	29%	43%
have five or more drinks of an alcoholic	No risk	35%	22%
beverage once or twice per week?	Slight risk	23%	23%
	Moderate risk	21%	26%
	Great risk	21%	29%
use marijuana once or twice per week?	No risk	58%	43%
	Slight risk	17%	22%
	Moderate risk	6%	14%
	Great risk	19%	20%
use prescription drugs not prescribed for them?	No risk	33%	19%
	Slight risk	16%	13%
	Moderate risk	22%	27%
	Great risk	28%	41%
vape or use e- cigarettes?^	No risk	41%	30%
	Slight risk	32%	23%
	Moderate risk	16%	22%
	Great risk	11%	25%

[^] New question in 2019.

TABLE 42A PERCEPTIONS OF PARENTS' DISAPPROVAL OF SUBSTANCE USE

		Male	Female
		%	%
How wrong do your parents feel it would be for you to smoke	Not at all wrong	19%	23%
cigarettes?	A little bit wrong	17%	14%
	Wrong	23%	17%
	Very wrong	41%	46%
How wrong do your parents feel it would be for you to have one	Not at all wrong	15%	14%
or more drinks of alcoholic beverage nearly every day?	A little bit wrong	12%	11%
	Wrong	24%	20%
	Very wrong	50%	54%
How wrong do your parents feel it would be for you to use	Not at all wrong	23%	26%
marijuana?	A little bit wrong	19%	16%
	Wrong	22%	12%
	Very wrong	37%	46%
How wrong do your parents feel it would be for you to use	Not at all wrong	13%	16%
prescription drugs not prescribed for you?	A little bit wrong	3%	6%
	Wrong	25%	14%
	Very wrong	60%	64%
How wrong do your parents feel it would be for you to vape or	Not at all wrong	28%	35%
use e-cigarettes?^	A little bit wrong	19%	12%
	Wrong	21%	13%
	Very wrong	32%	41%

[^] New question in 2019.

TABLE 42B PERCEPTIONS OF FRIENDS' DISAPPROVAL OF SUBSTANCE USE

		Male	Female
		%	%
How wrong do your friends feel it would be for you to smoke	Not at all wrong	46%	56%
cigarettes?	A little bit wrong	23%	14%
	Wrong	15%	10%
	Very wrong	16%	20%
How wrong do your friends feel it would be for you to have one or	Not at all wrong	37%	43%
more drinks of alcoholic beverage nearly every day?	A little bit wrong	23%	21%
	Wrong	22%	10%
	Very wrong	19%	26%
How wrong do your friends feel it would be for you to use	Not at all wrong	66%	61%
marijuana?	A little bit wrong	9%	11%
	Wrong	9%	9%
	Very wrong	15%	19%
How wrong do your friends feel it would be for you to use	Not at all wrong	33%	38%
prescription drugs not prescribed for you?	A little bit wrong	19%	14%
	Wrong	22%	20%
	Very wrong	26%	28%
How wrong do your friends feel it would be for you to vape or use	Not at all wrong	62%	61%
e-cigarettes?^	A little bit wrong	14%	12%
	Wrong	10%	7%
	Very wrong	15%	20%

[^] New question in 2019.

TABLE 43 PERCEPTIONS ABOUT ALCOHOL USE

		Male	Female
		%	%
How do you feel about the following statement?	Strongly agree	43%	51%
Parents and other adults should clearly	Agree	24%	17%
communicate with their children about the importance of not using	Neither agree nor disagree	25%	24%
alcohol.	Disagree	4%	4%
	Strongly disagree	5%	4%
How do you feel about the following statement?	Strongly agree	36%	39%
Drinking alcohol is never a good thing for anyone my	Agree	24%	21%
age to do.	Neither agree nor disagree	24%	29%
	Disagree	8%	4%
	Strongly disagree	8%	7%
In your opinion, how do you think MOST	Strongly agree	22%	19%
STUDENTS in your school feel about the following statement? Parents and	Agree	29%	28%
other adults should clearly communicate with their	Neither agree nor disagree	29%	37%
children about the importance of not using alcohol.	Disagree	12%	12%
diconoi.	Strongly disagree	7%	3%
In your opinion, how do you think MOST	Strongly agree	25%	25%
STUDENTS in your school feel about the following statement? Drinking alcohol is never a good thing for anyone my age to do.	Agree	23%	22%
	Neither agree nor disagree	30%	32%
	Disagree	12%	13%
	Strongly disagree	9%	7%

TABLE 44 USE OF TOBACCO, ALCOHOL, MARIJUANA AND E-CIGARETTES

		Male	Female
How often do you use each	of the following?	%	%
Tobacco (cigarettes, chew)	Never	41%	33%
	Tried once or twice	10%	10%
	Once or twice a year	3%	10%
	Once a month	4%	0%
	Twice a month	4%	3%
	Once a week	9%	6%
	Daily	29%	38%
Alcohol (beer, wine, liquor)	Never	42%	35%
	Tried once or twice	14%	6%
	Once or twice a year	6%	12%
	Once a month	6%	10%
	Twice a month	13%	6%
	Once a week	16%	19%
	Daily	3%	12%
Marijuana (pot, hash, hash oil)	Never	34%	33%
	Tried once or twice	5%	7%
	Once or twice a year	4%	4%
	Once a month	3%	3%
	Twice a month	6%	6%
	Once a week	8%	12%
	Daily	40%	34%
Vaping device or e- cigarette [^]	Never	39%	36%
	Tried once or twice	10%	14%
	Once or twice a year	4%	3%
	Once a month	1%	4%
	Twice a month	8%	1%
	Once a week	10%	9%
	Daily		_

[^] New question in 2019.

TABLE 45 PERCEPTIONS OF OTHERS' USE OF TOBACCO, ALCOHOL, MARIJUANA AND E-CIGARETTES

In your opinion, how often o		Male	Female
STUDENTS in your school i		%	%
Tobacco (cigarettes, chew)	Never	31%	20%
	Tried once or twice	8%	8%
	Once or twice a year	5%	8%
	Once a month	0%	16%
	Twice a month	7%	8%
	Once a week	11%	8%
	Daily	39%	32%
Alcohol (beer, wine, liquor)	Never	25%	24%
	Tried once or twice	15%	4%
	Once or twice a year	3%	8%
	Once a month	7%	16%
	Twice a month	13%	16%
	Once a week	13%	8%
	Daily	24%	24%
Marijuana (pot, hash, hash oil)	Never	23%	21%
,	Tried once or twice	11%	4%
	Once or twice a year	3%	4%
	Once a month	5%	13%
	Twice a month	5%	4%
	Once a week	5%	21%
	Daily	48%	33%
Vaping device or e- cigarette^	Never	20%	20%
	Tried once or twice	8%	8%
	Once or twice a year	3%	4%
	Once a month	4%	8%
	Twice a month	4%	12%
	Once a week	4%	8%
	Daily	57%	40%

[^] New question in 2019.

TABLE 46A CONSEQUENCES OF SUBSTANCE USE

		Male	Female
During the last 12 months		%	%
have you found that you had to use a lot more alcohol or drugs than before to get the same effect?	Did not use past 12 months	31%	32%
	Yes	25%	36%
	No	43%	32%
have you tried to cut down on your use of alcohol or drugs but couldn't?	Did not use past 12 months	31%	32%
	Yes	19%	15%
	No	50%	52%
have you continued to use alcohol or drugs even though you knew it was	Did not use past 12 months	31%	32%
hurting your relationships with friends or family?	Yes	25%	37%
	No	44%	31%
were there any times when you felt such a strong desire or urge to	Did not use past 12 months	31%	32%
drink alcohol or to use a drug that you couldn't	Yes	28%	34%
resist or could not think of anything else?	No	41%	34%
how many times have you spent all or most of	Did not use past 12 months	31%	32%
the day using alcohol or drugs, or getting over their effects?	0 times	37%	22%
	1 time	5%	8%
	2 times	6%	10%
	3 or more times	20%	28%
how many times have you given up important social or recreational	Did not use past 12 months	31%	33%
activities like sports or being with friends or	0 times	45%	25%
relatives to use alcohol or drugs or to get over their effects?	1 time	8%	13%
	2 times	4%	1%
	3 or more times	12%	28%
how many times have you missed work or school, or neglected other	Did not use past 12 months	31%	33%
major responsibilities because of alcohol or drug use?	0 times	46%	26%
	1 time	6%	7%
	2 times	4%	7%
	3 or more times	13%	27%

TABLE 46B CONSEQUENCES OF SUBSTANCE USE

		Male	Female
During the last 12 months, how many times		%	%
how many times have you driven a motor vehicle after using alcohol or drugs?	Did not use past 12 months	28%	30%
	0 times	40%	41%
	1 time	8%	3%
	2 times	6%	11%
	3 or more times	19%	15%
how many times have you hit someone or	Did not use past 12 months	31%	33%
become violent while using alcohol or drugs?	0 times	47%	39%
	1 time	7%	13%
	2 times	6%	3%
	3 or more times	8%	13%
how many times have you used so much alcohol	Did not use past 12 months	31%	33%
or drugs that the next day you could not remember	0 times	40%	20%
what you had said or done?	1 time	4%	11%
	2 times	8%	11%
	3 or more times	16%	24%
how many times have you used more alcohol or drugs than you intended	Did not use past 12 months	31%	33%
to?	0 times	40%	26%
	1 time	7%	9%
	2 times	5%	12%
haur many times has	3 or more times	17%	20%
how many times has alcohol or drug use left	Did not use past 12 months	32%	32%
you feeling depressed, agitated, paranoid, or unable to concentrate?	0 times	41%	28%
	1 time	8%	8%
	2 times	6%	13%
	3 or more times	13%	18%

TABLE 47A SEXUAL BEHAVIOR

		Male	Female
		%	%
Have you ever had sexual intercourse ('had sex')?	Yes	83%	75%
	No	17%	25%
During the last 12 months, with how many different people have you had sexual intercourse?^	None	27%	31%
	1 person	15%	19%
	2 persons	16%	10%
	3 persons	7%	7%
	4 persons	8%	6%
	5 persons	6%	7%
	6 or more persons	21%	18%

[^] New question in 2019.

TABLE 47B SEXUAL BEHAVIOR

INCLUDES ONLY THOSE WHO HAVE EVER HAD SEXUAL INTERCOURSE		Male	Female
		%	%
Have you talked with your partner(s) about protecting yourselves from getting sexually transmitted infections/HIV/AIDS?	Never	27%	39%
	Not with every partner	29%	22%
	At least once with every partner	44%	39%
Have you talked with your partner(s) about	Never	28%	31%
preventing pregnancy?	Not with every partner	36%	27%
	At least once with every partner	36%	42%
The LAST time you had sexual intercourse, what	No method was used to prevent pregnancy	25%	30%
method or methods did you or your partner use to	Birth control pills	32%	19%
prevent pregnancy? (Mark ALL that apply)^	Condoms	36%	32%
	Depo-Provera shot (or any birth control shot), Nuva Ring (or any birth control ring), Implanon (or any implant) or any IUD	10%	28%
	Withdrawal (pull-out)	33%	40%
	Some other method	5%	9%
	Not sure	8%	6%
The LAST time you had sexual intercourse, did you or your partner use a condom?	Yes	40%	29%
	No	60%	71%
Did you drink alcohol or use drugs before you had sexual intercourse the LAST time?	Yes	43%	43%
	No	57%	57%

[^] Change in question from 2016 from "Mark only one" to "Mark ALL that apply".