



Partners for a Healthier
Community, Inc.

Springfield Youth Health Survey Responses to All Questions 2015



MARTIN LUTHER KING, JR.
family services

Community centered. Spirit inspired.



Gándara Center
Culturally Sensitive Care

Introduction

In February and March 2015, Partners for a Healthier Community led the implementation of the Youth Health Survey (YHS) to eighth graders enrolled in Springfield Public Schools. This survey was administered in collaboration with Springfield Public Schools, Springfield Department of Health and Human Services, Gandara Mental Health Center, Stop Access Springfield Coalition, Martin Luther King Jr. Family Services Drug Free Coalition and with the support of many volunteers from the community and other local agencies.

The YHS asks about physical activity, diet, mental health, drugs and alcohol, violence and bullying, as well as questions about family support and perception. Seventy-six percent (1,389) of the 1,822 eighth graders enrolled in Springfield Public Schools completed this survey. It is important to remember that all of this information was anonymous and self-reported by the students.

When possible, data in this report is compared to the 2013 Massachusetts Youth Health Survey. Please note that questions that follow a skip pattern are not comparable to statewide data due to variations in data cleaning methods.

Number of survey respondents: 1389 (Please Note: The responses of students who did not provide a grade-level or provided one other than 8th grade were not included in this report.)

Response rate estimate: 76% (1389/1822)

Visit <http://www.partnersforahealthiercommunity.org/youth-survey> for more information and a copy of the summary report, *Youth Health in Springfield, MA: Highlights from the 2015 Youth Health Survey of Eighth Graders*.

Background Information

1. School

School	Count	Percent
Balliet	23	1.67
Chestnut North	89	6.45
Chestnut South	46	3.33
Chestnut TAG	72	5.22
Duggan	145	10.51
Forest Park	155	11.23
Kennedy	127	9.20
Kiley	190	13.77
Renaissance	81	5.87
South End	68	4.93
Springfield Public Day Middle	15	1.09
STEM Middle	93	6.74
Van Sickle	251	18.19
Zanetti	25	1.81
Total	1380	100

2. What is the zip code of your home address?

Zip Code	Count	Percent
01101	7	0.65
01103	7	0.65
01104	181	16.70
01105	97	8.95
01107	117	10.79
01108	217	20.02
01109	255	23.52
01118	48	4.43
01119	46	4.24
01128	23	2.12
01129	26	2.40
01151	53	4.89
Other	7	0.65
Total	1084	100

3. In what grade are you?

Grade	Count	Percent
8 th	1389	100

Note: The responses of students who did not provide a grade-level or provided one other than 8th grade were not included in this report

4. How old are you?

	Springfield		Massachusetts
	Count	Percent	Percent
11 years	--	--	--
12 years	--	--	--
13 years	449	32.73	46.8
14 years	722	52.62	49.5
15 years	175	12.76	3.3
16 years	20	1.46	--
18 years or older	6	0.44	--
TOTAL	1372	100	

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--). In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--). due to questionable reliability.

5. What is your sex?

	Springfield		Massachusetts
	Count	Percent	Percent
Female	650	47.62	49.1
Male	715	52.38	50.9
TOTAL	1365	100	

6. How tall are you without your shoes on?

7. How much do you weight without your shoes on?

The responses to these questions were used to calculate Body Mass Index (BMI) Percentile (see table below).

Body Mass Index (BMI) Percentile

	Count	Percent
Underweight	48	5.9
Normal Weight	482	58.9
Overweight	197	24.1
Obese	92	11.2
TOTAL	819	100

Note: BMI Percentile is calculated using age, sex, height, and weight. BMI percentile was only available for those students who answered all related questions, and many students skipped these questions.

8. Are you Hispanic or Latino?**9. What is your race? (select one or more responses)**

The responses to questions 8 and 9 were analyzed together to yield combined race and ethnicity (see table below).

Combined Race and Ethnicity

Race/Ethnicity*	Springfield	Massachusetts
Hispanic or Latino	69.30%	13.40%
Black or African American	13.50%	—
White	7.30%	72.20%
Multiple Races	5.10%	2.50%
Asian or Pacific Islander	4.60%	4.70%
American Indian or Alaskan Native	—	—

*If student indicated Hispanic/Latino, whether alone or in combination with other races, the student was categorized as Hispanic/Latino.

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--). In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

10. During the past 12 months, how would you describe your grades in school?

	Springfield		Massachusetts
	Count	Percent	Percent
Mostly A's	214	16.67	42.2
Mostly B's	367	28.58	36.4
Mostly C's	334	26.01	13.9
Mostly D's	133	10.36	--
Mostly F's	62	4.83	--
None of these grades	10	0.78	--
Not sure	164	12.77	4.2
TOTAL	1284	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

Lifestyle Questions

11. On an average school day, how many hours do you watch TV?

	Springfield		Massachusetts
	Count	Percent	Percent
I do not watch TV on an average school day	186	13.68	10.1
Less than 1 hour per day	206	15.15	18.1
1 hour per day	153	11.25	23.4
2 hours per day	293	21.54	24.7
3 hours per day	212	15.59	13.6
4 hours per day	99	7.28	5.3
5 or more hours per day	211	15.51	4.8
TOTAL	1360	100	

12. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, as smartphone, YouTube, Facebook or other social networking tools and the Internet.)

	Springfield		Massachusetts
	Count	Percent	Percent
I do not play video or computer games on an average school day	108	7.89	4.6
Less than 1 hour per day	93	6.80	13.0
1 hour per day	99	7.24	17.9
2 hours per day	182	13.30	18.8
3 hours per day	217	15.86	18.3
4 hours per day	164	11.99	10.4
5 or more hours per day	505	36.92	16.9
TOTAL	1368	100.00	

13. On an average weekend day, how many hours do you watch TV?

	Springfield		Massachusetts
	Count	Percent	Percent
I do not watch TV on an average weekend day	143	10.51	5.4
Less than 1 hour per day	152	11.17	10.3
1 hour per day	131	9.63	14.1
2 hours per day	231	16.97	24.0
3 hours per day	205	15.06	19.1
4 hours per day	145	10.65	12.7
5 or more hours per day	354	26.01	14.3
TOTAL	1361	100	

14. On an average weekend day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, as smartphone, YouTube, Facebook or other social networking tools and the Internet.)

	Springfield		Massachusetts
	Count	Percent	Percent
I do not play video or computer games on an average weekend day	86	6.30	--
Less than 1 hour per day	63	4.62	8.1
1 hour per day	82	6.01	11.9
2 hours per day	126	9.24	17.6
3 hours per day	157	11.51	16.3
4 hours per day	131	9.60	14.4
5 or more hours per day	719	52.71	29.5
TOTAL	1364	100	

15. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breath hard some of the time.)

	Springfield		Massachusetts
	Count	Percent	Percent
0 days	167	12.54	5.7
1 day	141	10.59	3.9
2 days	154	11.56	8.7
3 days	227	17.04	13.1
4 days	143	10.74	15.7
5 days	179	13.44	19.1
6 days	61	4.58	10.7
7 days	260	19.52	23.1
TOTAL	1332	100	

16. During the past 7 days, how many days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

	Springfield		Massachusetts
	Count	Percent	Percent
0 days	235	17.52	6.9
1 day	161	12.01	5.1
2 days	135	10.07	9.7
3 days	192	14.32	12.3
4 days	136	10.14	13.6
5 days	161	12.01	15.1
6 days	68	5.07	11.6
7 days	253	18.87	25.6
TOTAL	1341	100	

17. Now think about the last 5 days you were at school. On how many days did you walk, bike, rollerblade or ride a skateboard to get to school or get home from school?

	Springfield		Massachusetts
	Count	Percent	Percent
0 days	519	38.53	59.7
1 day	65	4.83	6.5
2 days	62	4.60	4.9
3 days	64	4.75	4.6
4 days	45	3.34	3.5
5 days	592	43.95	20.7
TOTAL	1347	100	

18. Yesterday, how many times did you eat vegetables? DEFINITION: Count all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes. Do NOT count: French fries, potato chips, or lettuce that is on a sandwich or sub.

	Springfield		Massachusetts
	Count	Percent	
I do not eat vegetables yesterday	613	45.34	22.6
1 time	323	23.89	29.3
2 times	240	17.75	31.8
3 or more times	176	13.02	16.2
TOTAL	1352	100	

19. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

	Springfield		Massachusetts
	Count	Percent	Percent
I do not eat fruit or drink 100% fruit juice yesterday	261	19.28	16.2
1 time	323	23.86	28.6
2 times	340	25.11	29.5
3 or more times	430	31.76	25.7
TOTAL	1354	100	

20. Yesterday, how many cans or glasses of non-diet soda did you drink? DEFINITION: A non-diet soda is a soda with sugar in it, such as Coke, Pepsi, Sprite, ginger ale, or root beer. Count a 20-ounce bottle as 2 glasses.

	Springfield		Massachusetts
	Count	Percent	Percent
I do not drink any non-diet soda yesterday	791	58.81	68.4
1 can or glass	258	19.18	17.6
2 cans or glasses	165	12.27	9.4
3 or more cans or glasses	131	9.74	4.6
TOTAL	1345	100	

21. Yesterday, how many cans or glasses of sugar-sweetened flavored drinks did you have? DEFINITION: Flavored drinks include punch, sports drinks, sweetened ice tea, flavored milk, and other fruit-flavored drinks like Kool-Aid and Hawaiian Punch. Do NOT count 100% fruit juice. Count a 20-ounce bottle as 2 glasses.

	Springfield		Massachusetts
	Count	Percent	Percent
I do not drink any flavored drinks yesterday	440	33.03	45.7
1 can or glass	385	28.9	33.8
2 cans or glasses	280	21.02	14.1
3 or more cans or glasses	227	17.04	6.4
TOTAL	1332	100	

22. Yesterday, how many drinks did you have that contained caffeine? DEFINITION: Count coffee, tea, sodas, energy drinks such as 5-hour Energy, Red Bull, Monster, or Rockstar, or other drinks with caffeine added. *

	Count	Percent
I do not have any drinks containing caffeine yesterday	759	57.11
1 drink containing caffeine	302	22.72
2 drinks containing caffeine	152	11.44
3 or more drinks containing caffeine	116	8.73
TOTAL	1329	100

**There is no statewide comparative data because this question was not asked in the 2013 MYHS.*

23. On an average school night, how many hours of sleep do you get? *

	Count	Percent
4 or less hours	119	9.07
5 hours	127	9.68
6 hours	219	16.69
7 hours	303	23.09
8 hours	328	25
9 hours	145	11.05
10 or more hours	71	5.41
TOTAL	1312	100

**There is no statewide comparative data because this question was not asked in the 2013 MYHS.*

Questions About How You Feel

24. During the past 12 months, have you felt you needed to talk to an adult about how you were feeling, how things were going in your life, or problems you might have had?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	448	35	36.5
No	832	65	63.5
TOTAL	1280	100	

25. During the past 12 months, did you talk to any of the following people about things like that?

	Springfield					
	Yes		No		Total	
	Count	Percent	Count	Percent	Count	Percent
An adult family member	285	48.31	305	51.76	590	100
A school psychologist, school counselor, or school nurse	107	19.24	449	80.76	556	100
Teacher or some other adult at school not mentioned above *	103	18.63	450	81.37	556	100
A psychologist, therapist, counselor, doctor or nurse (not in school)	136	24.33	423	75.67	559	100
Some other adult in the community (not in school)	83	15.04	469	84.96	552	100

26. During the past 12 months, how many times did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)

	Springfield		Massachusetts
	Count	Percent	Percent
0 times	976	75.72	85.3
1 or 2 times	139	10.78	6.0
3 to 5 times	75	5.82	3.3
6 to 9 times	34	2.64	2.0
10 to 19 times	17	1.32	--
20 or more times	48	3.72	2.2
TOTAL	1289	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

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

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	437	33.82	19.5
No	855	66.18	80.5
TOTAL	1292	100	

28. During the past 12 months, did you ever seriously consider attempting suicide?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	178	13.9	12.0
No	1103	86.1	88.0
TOTAL	1281	100	

29. During the past 12 months, how many times did you actually attempt suicide?

	Springfield		Massachusetts
	Count	Percent	Percent
0 times	1149	89.63	94.3
1 time	55	4.29	2.8
2 to 3 times	53	4.13	1.8
4 to 5 times	13	1.01	--
6 or more times	12	0.94	--
TOTAL	1282	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

30. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

	Springfield	
	Count	Percent
Yes	40	17.94
No	183	82.06
TOTAL		

Personal Safety

31. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	118	9.39	17.6
No	803	63.88	67.3
I did not play on a sports team during the past 12 months	336	26.73	15.1
TOTAL	1257	100	

32. If you suffered such a blow to your head during sports in the past 12 months, what happened?

	Springfield	
	Count	Percent
I stopped playing sports that day, and also got checked by a doctor, nurse or health care provider	39	32.23
I stopped playing sports that day, but did NOT get checked by a doctor, nurse or health care provider	25	20.66
I continued playing sports that day	57	47.11
TOTAL	121	100

33. How often do you wear a seatbelt when riding in a car driven by someone else?

	Springfield		Massachusetts
	Count	Percent	Percent
Never	93	7.08	2.1
Rarely	168	12.79	5.5
Sometimes	253	19.25	10.0
Most of the time	348	26.48	24.7
Always	452	34.4	57.7
TOTAL	1314	100	

34. Did any of the following happen to you in the past 12 months?

	Springfield						Massachusetts	
	Yes		No		Total		Yes	No
	Count	Percent	Count	Percent	Count	Percent	Percent	Percent
You were physically hurt by someone in your family	130	10.53	1104	89.47	1234	100	10.4	89.6
You witnessed violence in your family	176	14.27	1057	85.73	1233	100	9.5	90.5

35. During the past 12 months, how many times have you been bullied at school? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)

	Springfield		Massachusetts
	Count	Percent	Percent
0 times	865	67.26	62.1
1 time	84	6.53	11.6
2 or 3 times	105	8.16	11.1
4 or 5 times	58	4.51	5.2
6 or 7 times	27	2.10	1.8
8 or 9 times	16	1.24	--
10 or 11 times	8	0.62	--
12 or more times	123	9.56	6.5
TOTAL	1286	100.00	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

36. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	155	12.00	17.0
No	1137	88.00	83.0
TOTAL	1292	100.00	

37. Has someone you were dating or going out with done any of the following: monitored your cell phone use, called or texted you multiple times a day to monitor your whereabouts, prevented you from doing things with friends, got angry if you were talking to someone else, or prevented you from going to school? *

	Count	Percent
I have never been on a date or gone out	245	19.2
Yes, this has happened to me in the last 12 months	139	10.89
Yes, this has happened to me, but longer ago than the past 12 months	69	5.41
Yes, this has happened to me in the past 12 months and longer ago than that	67	5.25
No, this has not happened to me	756	59.25
TOTAL	1276	100

**There is no statewide comparative data because this question was not asked in the 2013 MYHS.*

38. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, kicked, or forced into sexual activity.) *

	Springfield		Massachusetts
	Count	Percent	Percent
I have never been on a date or gone out with anyone	235	18.67	27.7
Yes, this has happened to me in the last 12 months	41	3.26	2.7
Yes, this has happened to me, but longer ago than the past 12 months	23	1.83	--
Yes, this has happened to me in the past 12 months and longer ago than that	16	1.27	--
No, this has not happened to me	944	74.98	67.2
TOTAL	1259	100	

*The wording in the 2013 MYHS version, used for the statewide comparison, varies for this question, and thus, is not directly comparable. The 2013 YHS does not explicitly mention being forced into sexual activity.

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

39. Did you do any of the following in the past 12 months?

	Springfield						Massachusetts	
	Yes		No		Total		Yes	No
	Count	Percent	Count	Percent	Count	Percent	Percent	Percent
Bully or push someone around	128	10.31	1114	89.69	1242	100	10.5	89.5
Use texting, e-mail, or social networking sites to make fun of, threaten or insult another kid, or try to hurt another kid's reputation	73	5.9	1164	94.1	1237	100	6.6	93.4
Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with	42	3.41	1191	96.59	1233	100	--	--

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

Questions About Your Family and Peers

40. How would your parent(s) react if they found out you regularly drank alcohol. Would they be:

	Springfield		Massachusetts
	Count	Percent	Percent
Extremely upset	945	75.78	83.7
Fairly upset	171	13.71	12.6
A little upset	81	6.5	2.5
Not upset at all	50	4.01	--
TOTAL	1247	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

41. Do you think most people your age do the following?

	Springfield						Massachusetts	
	Yes		No		Total		Yes	No
	Count	Percent	Count	Percent	Count	Percent	Percent	Percent
Drink alcohol	839	67.44	405	32.56	1244	100	38.5	61.5
Smoke cigarettes	584	47.36	649	52.64	1233	100	34.5	65.5
Smoke marijuana	912	73.43	330	26.57	1242	100	46.2	53.8
Use other illegal drugs	518	42.56	699	57.44	1217	100	23.1	76.9
Bully, threaten or push around other kids	840	67.8	399	32.2	1239	100	62.7	37.3

Questions about Alcohol

42. During your life, on how many days have you had at least one drink of alcohol?

	Springfield		Massachusetts
	Count	Percent	Percent
0 days	785	69.53	69.9
1 or 2 days	168	14.88	15.0
3 to 9 days	80	7.09	8.1
10 to 19 days	33	2.92	3.1
20 to 39 days	25	2.21	--
40 to 99 days	16	1.41	--
100 or more days	16	1.42	--
TOTAL	1129	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

43. How old were you when you had your first drink of alcohol other than a few sips?

	Springfield	
	Count	Percent
8 years or younger	38	10.89
9 or 10 years	59	16.91
11 or 12 years	87	24.93
13 or 14 years	151	43.27
15 or 16 years	14	4.01
17 years old or older	--	--
TOTAL	349	100

44. During the past 30 days, on how many days did you have at least one drink of alcohol?

	Springfield	
	Count	Percent
0 days	981	84.79
1 or 2 days	106	9.16
3 to 5 days	34	2.94
6 to 9 days	13	1.12
10 to 19 days	9	0.78
20 to 29 days	--	--
All 30 days	14	1.21
TOTAL	1157	100

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--).

45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

Springfield		
	Count	Percent
0 days	1052	91.88
1 days	42	3.67
2 days	21	1.83
3 to 5 days	17	1.48
6 to 9 days	--	--
10 to 19 days	--	--
20 or more days	13	1.14
TOTAL	1145	100

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--).

46. Which of the following are ways you get alcohol?

	Springfield					
	Yes		No		Total	
	Count	Percent	Count	Percent	Count	Percent
I buy it from a supermarket or a convenience store	40	7.68	481	92.32	521	100
I buy it from a liquor store or package store	45	8.82	465	91.18	510	100
I buy it from bars or clubs or restaurants	25	4.91	484	95.09	509	100
I have someone else buy it for me	119	22.75	404	77.25	523	100
I get it through my friends	155	29.52	370	70.48	525	100
I get it at home	150	28.96	368	71.04	518	100
I get it at parties	218	41.44	308	58.56	526	100

47. In the past 30 days, did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	155	12.53	12.4
No	1082	87.47	87.6
TOTAL	1237	100	

48. How much do you think people risk harming themselves (physically or in other ways) if they have 5 or more drinks of alcohol in a row?

	Springfield		Massachusetts
	Count	Percent	Percent
No risk	199	16.56	6.2
Slight risk	247	20.55	14.2
Moderate risk	371	30.87	31.6
Great risk	385	32.03	48.0
TOTAL	1202	100	

Drug Questions

49. How old were you when you tried marijuana for the first time?

	Springfield		Massachusetts
	Count	Percent	Percent
I have never tried marijuana	873	74.87	85.9
8 years or younger	23	1.97	--
9 or 10 years old	37	3.17	--
11 years old	81	6.95	4.6
12 years old	144	12.35	7.3
13 years old	8	0.69	--
14 years old	--	--	--
TOTAL	1166	100	

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--). In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

50. In the past 30 days, have you used marijuana?

	Springfield	
	Count	Percent
Yes	137	11.48
No	1056	88.52
TOTAL	1193	100

51. In the past 30 days, did you ride in a car or other vehicle driven by someone who had been using marijuana?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	220	18.24	7.5
No	986	81.76	92.5
TOTAL	1206	100	

52. How old were you when you first used inhalants?

	Springfield		Massachusetts
	Count	Percent	Percent
I have never used inhalants	1043	90.54	94.8
9 years or younger	59	5.12	--
10 years old	10	0.87	--
11 years old	8	0.69	--
12 years old	10	0.87	--
13 years old	12	1.04	--
14 years old	10	0.87	--
15 years old	--	--	--
16 years old	--	--	--
17 years old	--	--	--
18 years old or older	--	--	--
TOTAL	1152	100	

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--). In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

53. In the past 30 days, have you used inhalants?

	Springfield	
	Count	Percent
Yes	47	4.02
No	1123	95.98
TOTAL	1170	100

54. In your lifetime, have you used heroin?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	16	1.36	--
No	1164	98.64	--
TOTAL	1180	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

55. In the past 30 days, have you used heroin?

Springfield		
	Count	Percent
Yes	18	1.49
No	1194	98.51
TOTAL	1212	100

56. In your lifetime, have you ever used any form of cocaine?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	21	1.76	--
No	1169	98.24	--
TOTAL	1190	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

57. In the past 30 days, have you used any form of cocaine?

Springfield		
	Count	Percent
Yes	12	1.00
No	1183	99.00
TOTAL	1195	100

58. In your lifetime, have you ever taken amphetamines or methamphetamines?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	26	2.22	--
No	1147	97.78	--
TOTAL	1173	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

59. In the past 30 days, have you taken amphetamines or methamphetamines?

Springfield		
	Count	Percent
Yes	14	1.18
No	1169	98.82
TOTAL	1183	100

60. In your lifetime, have you ever used ecstasy?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	30	2.56	--
No	1144	97.44	--
TOTAL	1174	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

61. In the past 30 days, have you used ecstasy?

Springfield			
	Count	Percent	
Yes	15	1.27	
No	1167	98.73	
TOTAL	1182	100	

62. In your lifetime, have you ever taken over-the-counter medication to get high?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	45	3.81	6.2
No	1136	96.19	93.8
TOTAL	1181	100	

63. In the past 30 days, have you taken over-the-counter medication to get high?

Springfield			
	Count	Percent	
Yes	22	1.86	
No	1161	98.14	
TOTAL	1183	100	

64. In your lifetime, have you ever taken prescription drugs that weren't your own?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	119	10.21	6.2
No	1047	89.79	93.8
TOTAL	1166	100	

65. In your lifetime, which of the following prescription drugs have you taken that weren't your own?

	Springfield					
	Yes		No		Total	
	Count	Percent	Count	Percent	Count	Percent
Narcotics	43	3.75	1105	96.25	1148	100
Ritalin or Adderall	24	2.09	1123	97.91	1147	100
Steroids	14	1.23	1128	98.77	1142	100
Other Prescription Drugs	97	8.38	1061	91.62	1158	100

66. In the past 30 days, have you taken prescription drugs that weren't your own?

	Springfield	
	Count	Percent
Yes	52	4.45
No	1161	95.55
TOTAL	1168	100

67. In the past 30 days, which of the following prescription drugs have you taken that weren't your own?

	Springfield					
	Yes		No		Total	
	Count	Percent	Count	Percent	Count	Percent
Narcotics	19	1.71	1090	98.29	1109	100
Ritalin or Adderall	18	1.63	1088	98.37	1106	100
Steroids	10	0.90	1095	99.10	1105	100
Other Prescription Drugs	41	3.69	1069	96.31	1110	100

68. In your lifetime, how many times have you used a needle to inject any *illegal* drug into your body?*

	Springfield	
	Count	Percent
0 times	1156	98.13
1 time	7	0.59
2 or more times	15	1.27
TOTAL	1178	100

*There is no statewide comparative data because this question was not asked in the 2013 MYHS.

69. How easy or difficult would it be for you to get each of the following?

69a: Beer, Wine, or Other Alcohol

	Springfield		Massachusetts
	Count	Percent	Percent
Very easy	170	14.57	18.2
Fairly easy	171	14.65	23.8
Fairly difficult	129	11.05	13.9
Very difficult	68	5.83	11.2
Impossible	178	15.25	10.5
Don't know	451	38.65	22.4
TOTAL	1167	100	

69b: Marijuana

	Springfield		Massachusetts
	Count	Percent	Percent
Very easy	233	19.80	12.0
Fairly easy	132	11.21	11.0
Fairly difficult	81	6.88	6.8
Very difficult	44	3.74	10.1
Impossible	253	21.50	27.7
Don't know	434	36.87	32.3
TOTAL	1177	100	

70. How much do you think people risk harming themselves if they occasionally use:**70a: Marijuana**

	Springfield		Massachusetts
	Count	Percent	Percent
No Risk	295	25.76	12.3
Slight Risk	316	27.60	21.0
Moderate Risk	241	21.05	32.3
Great Risk	293	25.59	34.5
Total	1145	100	

70b: Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, etc. from prescriptions that aren't your own)

	Springfield		Massachusetts
	Count	Percent	Percent
No Risk	117	10.57	--
Slight Risk	149	13.46	9.6
Moderate Risk	315	28.46	29.3
Great Risk	526	47.52	57.4
Total	1107	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

70c: Ritalin or Adderall (from prescriptions that aren't your own)

	Springfield		Massachusetts
	Count	Percent	Percent
No Risk	130	11.74	4.8
Slight Risk	174	15.72	13.4
Moderate Risk	321	29.00	31.9
Great Risk	482	43.54	49.9
Total	1107	100	

70d: Tranquilizers (such as Valium, Xanax, Klonopin, Ativan and Librium from prescriptions that aren't your own)

	Springfield		Massachusetts
	Count	Percent	Percent
No Risk	130	11.74	3.4
Slight Risk	132	11.92	9.8
Moderate Risk	302	27.28	28.9
Great Risk	543	49.05	57.9
Total	1107	100	

70e: Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high)

	Springfield		Massachusetts
	Count	Percent	Percent
No Risk	134	11.97	4.9
Slight Risk	207	30.47	14.6
Moderate Risk	273	24.40	30.1
Great Risk	505	45.13	50.5
Total	1119	100	

70f: Heroin

	Springfield		Massachusetts
	Count	Percent	Percent
No Risk	116	10.27	3.4
Slight Risk	86	7.62	3.5
Moderate Risk	180	15.94	16.8
Great Risk	747	66.16	76.3
Total	1129	100	

Questions about Gambling

71. During the past 12 months, how many times have you done any of the following for money or anything of value?

71a: Played Lottery or scratch tickets

	Springfield		Massachusetts
	Count	Percent	Percent
0 times	838	71.87	60.8
1-5 times	238	20.41	29.5
6-10 times	23	1.97	4.6
More than 10 times	67	5.75	5.0
Total	1166	100	

71b: Gambled at a casino

	Springfield		Massachusetts
	Count	Percent	Percent
0 times	1103	96.92	98.8
1-5 times	18	1.58	--
6-10 times	--	--	--
More than 10 times	17	1.49	--
Total	1138	100	

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--). In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--). due to questionable reliability.

71c: Engaged in one of these activities: Betting on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines; Playing cards or bingo for money or prizes; Gambling on the internet.

	Springfield		Massachusetts
	Count	Percent	Percent
0 times	850	74.17	68.4
1-5 times	188	16.40	22.8
6-10 times	26	2.27	4.6
More than 10 times	82	7.16	4.2
Total	1146	100	

Questions about Tobacco

72. Have you ever tried cigarette smoking, even one or two puffs?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	193	16.72	14.0
No	961	83.28	86.0
TOTAL	1154	100	

73. About how many cigarettes have you smoked in your entire life?

	Springfield	
	Count	Percent
1 or more puffs but never a whole cigarette	117	53.92
1 cigarette	24	11.06
2 to 5 cigarettes	36	16.59
6 to 15 cigarettes	9	4.15
16 to 25 cigarettes	9	4.15
26 to 99 cigarettes	7	3.23
100 or more cigarettes	15	6.91
TOTAL	217	100

74. During the past 30 days, on how many days did you smoke cigarettes?

	Springfield	
	Count	Percent
0 days	1095	95.97
1 or 2 days	24	2.10
3 to 5 days	11	0.96
6 to 9 days	--	--
10 to 19 days	--	--
20 to 29 days	--	--
All 30 days	11	0.96
TOTAL	1141	100

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--).

75. Do you think that you will try a cigarette soon?

	Springfield		Massachusetts
	Count	Percent	Percent
I have already tried smoking cigarettes	105	9.05	9.2
Yes	51	4.40	3.1
No	1004	86.55	87.8
TOTAL	1160	100	

76. Do you think that you will smoke a cigarette at any time during the next year?

	Springfield		Massachusetts
	Count	Percent	Percent
Definitely yes	22	1.91	2.2
Probably yes	60	5.20	4.7
Probably not	158	13.70	16.0
Definitely not	913	79.18	77.2
TOTAL	1153	100	

77. If one of your best friends offered you a cigarette, would you smoke it?

	Springfield		Massachusetts
	Count	Percent	Percent
Definitely yes	33	2.88	--
Probably yes	64	5.59	5.9
Probably not	159	13.89	15.9
Definitely not	889	77.64	76.2
TOTAL	1145	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

78. Does anyone who lives with you now smoke cigarettes?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	474	41.43	29.5
No	670	58.57	70.5
TOTAL	1144	100	

79. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

	Springfield		Massachusetts
	Count	Percent	Percent
0 days	758	66.84	69.5
1 or 2 days	183	16.14	17.0
3 or 4 days	65	5.73	6.3
5 or 6 days	24	2.12	--
7 days	104	9.17	5.6
TOTAL	1134	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

80. Have you ever used chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits or Copenhagen?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	18	1.62	2.9
No	1096	93.38	97.1
TOTAL	1114	100	

81. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

	Springfield	
	Count	Percent
0 days	1101	98.92
1 or 2 days	6	0.54
3 to 5 days	--	--
6 to 9 days	--	--
10 to 19 days	--	--
20 to 29 days	--	--
All 30 days	6	0.54
TOTAL	1113	100

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--).

82. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	77	6.91	7.4
No	1037	93.09	92.6
TOTAL	1114	100	

83. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

	Springfield	
	Count	Percent
0 days	1084	96.87
1 or 2 days	18	1.61
3 to 5 days	8	0.71
6 to 9 days	--	--
10 to 19 days	--	--
20 to 29 days	--	--
All 30 days	9	0.80
TOTAL	1119	100

Note: In the Springfield data, responses with a count of 5 or fewer were suppressed and are presented as (--).

Questions about Advertising

84. In the past 30 days, have you seen or heard any ads or promotions for alcohol on TV, the Internet, the radio, or in newspapers or magazines?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	662	57.87	72.6
No	482	42.13	27.4
TOTAL	1114	100	

85. In the past 30 days, have you seen or heard any anti-alcohol and/or anti-drug messages on TV, the Internet, the radio, or in newspapers or magazines?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	685	60.78	59.2
No	442	39.22	40.8
TOTAL	1114	100	

Health Questions

86. Would you say that in general your health is:

	Springfield		Massachusetts
	Count	Percent	Percent
Excellent	304	26.41	27.1
Very good	422	36.66	46.7
Good	328	28.50	22.2
Fair	80	6.95	3.6
Poor	17	1.48	--
TOTAL	1151	100	--

87. Do you have any physical disabilities or long-term health problems? "Long-term" refers to difficulties that have lasted or are expected to last 6 months or more.

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	158	13.88	10.6
No	623	54.75	75.5
Not Sure	357	31.37	13.9
TOTAL	1138	100	

88. Do you have any long-term emotional problems or learning disabilities?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	188	16.51	12.4
No	723	63.48	75.8
Not Sure	228	20.02	11.8
TOTAL	1139	100	

89. Have you ever been told by a doctor, nurse or other health care professional that you have diabetes?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	34	2.99	--
No	1023	89.82	--
Not Sure	82	7.20	--
TOTAL	1139	100	

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

90. How would you describe your weight?

	Springfield		Massachusetts
	Count	Percent	Percent
Very underweight	37	3.30	2.0
Slightly underweight	143	12.75	15.7
About the right weight	625	55.70	57.6
Slightly overweight	250	22.28	21.4
Very overweight	67	5.97	3.3
TOTAL	1122	100	--

Note: In the Massachusetts data, percent estimates with a coefficient of variation of 0.25 or greater were presented as (--) due to questionable reliability.

91. During the past 30 days, have you done any of the following things at least once to lose or maintain your weight?**91a: Increase your intake of fruits and vegetables**

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	616	56.57	57.1
No	473	43.43	42.9
TOTAL	1089	100	

91b: Reduce the number of calories you eat

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	336	31.34	38.1
No	736	68.66	61.9
TOTAL	1072	100	

91c: Cut out between meal snacking

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	389	36.19	39.9
No	686	63.81	60.1
TOTAL	1075	100	

91d: Decrease fat intake

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	366	34.69	36.7
No	689	65.31	63.3
TOTAL	1055	100	

91e: Exercise

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	733	67.93	79.2
No	346	32.07	20.8
TOTAL	1079	100	

91f: Fast (that is going 24 hours or more without eating)

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	172	16.29	9.3
No	884	83.71	90.7
TOTAL	1056	100	

91g: Vomit or throw up on purpose after eating

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	67	6.28	4.2
No	1000	93.72	95.8
TOTAL	1067	100	

91h: Take diet pills without a doctor's permission

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	43	4.04	2.5
No	1022	95.96	97.5
TOTAL	1065	100	

91i: Take laxatives

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	40	3.78	1.6
No	1019	96.22	98.4
TOTAL	1059	100	

92. In the past 12 months, have you been examined by a dentist or dental hygienist?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	895	79.91	92.8
No	225	20.09	7.2
TOTAL	1120	100	

93. In the past 12 months, have you had a cavity in any tooth?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	407	36.05	24.7
No	558	49.42	68.8
Not Sure	164	14.53	6.5
TOTAL	1129	100	

94. In the past 12 months, have you received dental care from a dental hygienist or dentist while at school?

	Springfield		Massachusetts
	Count	Percent	Percent
Yes	160	14.32	7.1
No	957	85.68	92.9
TOTAL	1117	100	



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