Acknowledgments

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Utah Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH)
Utah State Office of Education (USOE)

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Introduction

In the spring of 2013, the Utah Department of Health, the Department of Human Services’ Division of Substance Abuse and Mental Health and the Utah State Office of Education partnered to conduct the School Health and Risk Prevention (SHARP) survey project in public schools throughout the state. This project included the Prevention Needs Assessment (PNA), the results of which are presented in this report. The PNA surveyed a random sample of students in grades 6, 8, 10, and 12 on substance abuse, tobacco use, asthma, diabetes, healthy weight, physical activity, nutrition, tanning, violence, and injury. The survey consisted of self-administered paper-pencil questionnaires. The SHARP partnership provided the Utah Department of Health an opportunity to create a new report that shows adolescent rates for important health indicators by local health district, grade, and sex. Additional information on the methodology used to conduct the survey and analyze the survey data can be found on page 65.

Results on selected indicators from four overarching categories are presented here: Lifestyles (computer screen time, physical activity, youth obesity, family meals, tanning, tobacco use), Chronic Conditions (asthma, diabetes), Violence and Injuries (motor vehicle safety, prescription drug abuse, bullying), and Mental Health (feeling sad or hopeless, psychological distress, suicide). Indicators were selected by the Utah Department of Health, Bureau of Health Promotion. For each indicator, readers will find:

- information on the significance of the issue;
- a graph showing the percentage of Utah students in grades 8, 10, and 12 who are affected by the issue by grade and sex; and
- a Utah map showing the percentage of Utah students in grades 8, 10, and 12 who are affected by the topic by local health district.

The data presented in this report are expected to help school administrators, teachers, and public health practitioners identify health and safety needs of Utah students and take steps toward protecting and improving student health. Opportunities for change exist all around us, from using permanent signs as an easy way to inform parents and visitors that school property is a tobacco-free zone, to ensuring an asthma action plan is completed yearly by parents of children with asthma.
Executive Summary

Key Findings, Prevention Needs Assessment, 2013

Lifestyles
- About one out of every 11 youths in grades 8, 10, and 12 in Utah is obese. While this rate is substantially lower than the U.S. rate, it is still too high and many youth are at risk for developing high blood pressure and high cholesterol. Protective factors against obesity include engagement in regular physical activity, limited hours of screen time, and routinely eating meals with family.
- About three-fifths of Utah youth have at least one meal with their families five or more days a week.
- Excessive screen time can increase the risk of obesity. Four out of 10 youth average more than two hours each day using a computer for non-school work.
- Less than 18% of youth meet the Health and Human Services recommendation for engaging in physical activity 60 or more minutes per day.
- 7.7% of Utah youth in grades 8, 10, and 12 used an artificial tanning device at least one time in the previous 12 months. Significantly more females used tanning devices than males.
- At 5.8%, the prevalence of current use of e-cigarettes is higher among Utah students than current cigarette smoking (3.9%). In Weber-Morgan Health District, 20% of the students reported current e-cigarette use.
- Use of chewing tobacco, snuff, or dip is highest among students in Southeastern Utah (5.9%), Wasatch County (3.4%), and TriCounty (3.3%) Local Health Districts.
- To counter pro-tobacco messages, the Utah Department of Health funds a comprehensive anti-tobacco mass media campaign. Eighty-three percent of the students reported that they saw or heard anti-tobacco messages in the past 30 days.
- Exposure to anti-tobacco lessons in school is highest in 8th grade and lowest in 12th grade. Continued anti-tobacco lessons in higher grades may help with preventing tobacco use among older youth and young adults.
- About one out of six Utah students lives with someone who smokes cigarettes. At 31%, Southeastern Utah has the highest rate of students living in a household with someone who smokes cigarettes.
- Reporting of indoor secondhand smoke exposure in the past seven days increased from 19.0% in 8th grade to 26.2% in 12th grade.

Chronic Conditions
- Females in grades 8, 10, and 12 had a significantly higher prevalence of current asthma than males.
- Older adolescents (grades 8, 10, and 12) had a higher prevalence of asthma (11.1% to 12.9%) than children (ages 0-17) overall (6.7%).
- About 1% of youth in grades 8, 10, and 12 have diabetes. Diabetes is a serious chronic disease and often requires frequent monitoring of blood sugar levels during the day.

Violence and Injury
- 83.7% of 8th, 10th, and 12th graders in Utah County Health District reported riding in a car in the past 30 days with the driver talking on a cell phone. This is significantly higher than the state rate of 79.7%.
- Students in Utah County (65.0%), Wasatch (65.2%), and Weber-Morgan (65.4%) Local Health Districts reported significantly higher rates of riding in a car with a driver who was texting compared to the state (61.3%).
- Bear River, Tooele County, and Tri-County students reported significantly lower seat belt use compared to the state.
- One in four Utah students reported having been threatened or harassed over the Internet, by email, or by someone using a cell phone, with the highest prevalence seen in Salt Lake County Health District at 26.8%.

Mental Health
- Salt Lake County and Tooele County Health District students had significantly higher rates of psychological distress, making a suicide plan, and attempting suicide compared to the state.
### Summary Table

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*Use caution in interpreting. The estimate has a coefficient of variation > 30% and is therefore deemed unreliable by UDOH standards.** The estimate has been suppressed because the coefficient of variation is greater than 50%.
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*Use caution in interpreting. The estimate has a coefficient of variation > 30% and is therefore deemed unreliable by UDOH standards.

** The estimate has been suppressed because the coefficient of variation is greater than 50%.
The American Academy of Pediatrics recommends that youth spend no more than two hours a day “in front of a screen” (e.g., television, computer, phone games/apps). Excessive screen time is associated with childhood obesity, attention problems, poor sleeping habits, and behavioral problems.

In this report, screen time refers only to computer use for non-school work. It does not include television screen time. In Utah, 57.2% of students in grades 8, 10, and 12 spent two hours or less playing computer games, video games, or using a computer for non-school-related activities. A significantly higher proportion of girls than boys (60.2% vs. 54.3%) spent two hours or less at computer screens, a pattern that is consistent across all grades.

When compared to the state rate (57.2%), students in Bear River (64.9%), Summit County (62.8%), and Southwest (60.8%) Local Health Districts reported significantly higher rates of using computers for non-school activities for two hours or less.
Percent of Utah Students (Grades 8, 10, 12) Who Spent Two Hours or Less Using Computers for Non-School Activities, by LHD, 2013

Map showing various counties in Utah with percentages of students who spent two hours or less using computers for non-school activities. The map legend indicates that Bear River County has a rate of 64.9%, Weber-Morgan County has 52.1%, Davis County 60.8%, Salt Lake County 53.3%, Summit County 62.8%, Utah County 59.6%, Central Utah 60.6%, Southwest Utah 60.8%, TriCounties 56.9%, Southeastern Utah 55.9%, with the State Rate being 57.2%.
The U.S. Department of Health and Human Services (HHS) recommends that youth aged 6 to 17 engage in physical activity for 60 or more minutes every day. Any type of moderate physical activity, such as walking, running, biking, or playing at a playground may be counted. Activities should be appropriate for a child’s age and level of physical development.

Only 17.6% of Utah youth in grades 8, 10, and 12 currently meet the HHS recommendation. A significantly higher percentage of boys meet the guidelines than girls, at 23.0% and 12.2%, respectively. These data are in line with national trends that show boys continue to be active at higher rates than girls. The percentage of youth who meet the guidelines decreases as grade level increases. A significantly higher percentage of youth in grade 8 meet the guidelines than those in higher grades. The highest rates of youth who meet the guidelines are observed for Wasatch County (25.3%) and TriCounty Local Health Districts (24.5%).
Percent of Utah Students (Grades 8, 10, 12) Who Meet Current Physical Activity Guidelines by Local Health District, 2013
Obesity for youth is measured differently than it is for adults. Obesity for youth is defined as a body mass index that is greater than the 95th percentile for age and sex, based on the Centers for Disease Control and Prevention (CDC) growth charts. Obese youth have a higher risk for high cholesterol and high blood pressure and are more likely to be obese as adults.

In the U.S., nearly 21% of youth aged 12 to 19 are obese. Utah youth have a much lower rate at 9.0% overall. In Utah, boys in grades 8, 10, and 12 have higher combined rates of obesity than girls (10.9% vs. 7.3%, respectively), a pattern that is consistent across all grades.

Significantly lower rates of obesity are seen in Davis County, Summit County, and Utah County Local Health Districts. Significantly higher rates are found in Tooele, Weber-Morgan and Salt Lake County Health Districts.
Percent of Utah Students (Grades 8, 10, 12) Who Are Obese by Local Health District, 2013

*The estimate for Wasatch County has a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards. Interpret with caution.*
Adolescents who regularly eat meals with their families are less likely to be overweight and tend to have lower rates of eating disorders. Some evidence even suggests having regular family meals can improve academic performance. The percentage of students who eat at least one meal with their families five days a week or more declines with age.

Among eighth-graders, nearly 70 percent (69.4%) eat with their families at least five days a week. By twelfth grade, the percentage drops by about one-fourth, to 52.4%. Frequency of eating family meals five days a week or more is slightly higher for males than for females, at 62.8% and 59.4%, respectively.

Among local health districts, Utah County (66.7%) and Wasatch County (68.0%) Local Health Districts have significantly higher rates of students who eat meals with their families at least five days a week than the state rate of 61.1%. Significantly lower rates than the state are seen for Salt Lake County (55.7%) and Weber-Morgan (55.6%) Local Health Districts.
Percent of Utah Students (Grades 8, 10, 12) Who Ate at Least One Meal With Their Families on Five or More Days During the Past Week by LHD, 2013
Utah has one of the highest rates of new melanoma skin cancer cases in the country. Tanning beds that use ultraviolet radiation to change the color of the skin are classified as known human carcinogens by both the World Health Organization's International Agency for Research on Cancer (IARC) and the U.S. Department of Health and Human Services. The IARC has also found the risk of developing melanoma increases by 75% if a person begins using artificial tanning beds before age 30.

The use of tanning beds among Utah teens decreased between 2011 and 2013. In 2013, 7.7% of Utah teens in grades 8, 10, and 12 used an artificial tanning device at least one time in the last 12 months. Significantly more females used tanning devices than males, with one out of 10 female students tanning at least once in the last 12 months. Additionally, significantly more students in grade 12 reported using a tanning device than students in other grades.

Among local health districts, students in TriCounty (12.1%) and Central Utah (11.3%) reported significantly higher rates of tanning bed use in comparison to the state rate of 7.7%.
Percent of Utah Students (Grades 8, 10, 12) Who Used a Tanning Device in the Past 12 Months, by Local Health District, 2013

*Estimates for Summit and Wasatch County Health Departments have a coefficient of variation >30% and are therefore deemed unreliable by UDOH standards. Interpret with caution.
Current cigarette smoking among Utah students has declined significantly since the Utah Department of Health expanded its comprehensive Tobacco Prevention and Control Program in 2000, following adoption of the Master Settlement Agreement with major tobacco companies.

In 2013, 3.9% of Utah’s 8th, 10th, and 12th graders reported that they smoked cigarettes in the past 30 days. Cigarette smoking increased from 1.9% in 8th grade to 4.1% in 10th grade. High school seniors reported a smoking rate of 5.8%.

Smoking rates for male and female students were comparable. Among health districts, students from Southeastern Utah (10.5%) and Weber-Morgan (6.4%) reported significantly higher rates than the state rate of 3.9%. Utah County students reported a significantly lower rate of 2%.

PNA data also show that “hating” school and receiving low grades in school (C and below) are risk factors for cigarette smoking. Living in a household with someone who smokes cigarettes also increases students’ risk for cigarette smoking.
Percent of Utah Students (Grades 8, 10, 12) Who Smoked Cigarettes in the Past 30 Days by Local Health District, 2013

*Estimates for Summit and Wasatch County Health Departments have a coefficient of variation >30% and are therefore deemed unreliable by UDOH standards. Interpret with caution.
Electronic cigarettes, also known as e-cigarettes or personal vaporizers, are battery-powered devices that provide doses of nicotine and other additives to the user in aerosol form.

PNA data show that use of e-cigarettes among Utah youth tripled from 2011 to 2013. In 2013, 5.8% of students in grades 8, 10, and 12 reported that they had used e-cigarettes in the past 30 days.

In Utah, older teenagers and young adults are at the greatest risk for e-cigarettes use. For the 2013 PNA, one out of six Utah high school seniors reported that they had tried e-cigarettes. Similarly, one out of six Utah adults ages 18-24 reported e-cigarette experimentation in 2012.\(^2\) Since nicotine is highly addictive and most adult smokers become dependent before the age of 19, the increasing rates of e-cigarette use among young people are of great concern.

Among local health districts, Weber-Morgan students reported the highest rate of e-cigarette use (20.2%), followed by students from Davis County (8.9%).

The chart below shows the percent of Utah students (grades 8, 10, 12) who used e-cigarettes in the past 30 days by grade and sex in 2013.
Percent of Utah Students (Grades 8, 10, 12) Who Used E-Cigarettes in the Past 30 Days by Local Health District, 2013

*Estimates for Wasatch County and TriCounty Health Departments have a coefficient of variation >30% and are therefore deemed unreliable by UDOH standards. Interpret with caution.*
In 2013, 1.2% of Utah students reported that they had used chewing tobacco, snuff, or dip in the past 30 days. Less than 1.0% were current users of snus, a smokeless tobacco product sold in small pouches that are placed between the lip and gum.

Use of smokeless tobacco (SLT) is not a safe alternative to cigarette smoking.\textsuperscript{13} The health risks associated with SLT use include cancer of the mouth, esophagus, pharynx, larynx, stomach and pancreas, and even heart disease.\textsuperscript{14}

At 1.9%, boys were significantly more likely to use SLT products than girls (0.4%). The prevalence of SLT use among high school students has not changed significantly in the past 10 years. SLT use increased from 0.6% in 8th grade to 1.9% in 12th grade.

Among local health districts, Southeastern Utah students reported the highest rate of SLT use at 5.9%. Central Utah, Tooele, TriCounty, and Wasatch County students also reported rates that were significantly higher than the state average of 1.2%.

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**Percent of Utah Students (Grades 8, 10, 12) Who Used Chewing Tobacco, Snuff, or Dip in the Past 30 Days by Grade and Sex, 2013**

<table>
<thead>
<tr>
<th>Grade</th>
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<th>Female</th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>0.6%</td>
<td>0.0%</td>
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<tr>
<td>10</td>
<td>1.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>12</td>
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<td>0.4%</td>
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Percent of Utah Students (Grades 8, 10, 12) Who Used Chewing Tobacco, Snuff, or Dip in the Past 30 Days by Local Health District, 2013

*The estimate for Wasatch County has a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards. Interpret with caution.*
Although tobacco advertising targeted to youth is prohibited in the U.S., young people continue to be exposed to pro-tobacco messages in a variety of locations. In 2013, 81.1% of Utah’s 8th, 10th, and 12th graders reported that they had seen pro-tobacco advertising in various retail environments. The highest percentage (76.9%) reported that they saw pro-tobacco advertising the last time they visited a gas station.

To counter pro-tobacco messages and inform the public of the health and social consequences of tobacco use, the Utah Tobacco Prevention and Control Program funds a comprehensive anti-tobacco marketing campaign. In 2013, 82.9% of Utah’s students reported that they had seen advertising or campaigns against smoking in the past 30 days.

Female students were somewhat more likely to report that they saw anti-tobacco advertising than male students. Among local health districts, students from Davis (85.3%) reported significantly higher levels of exposure, while students from Bear River (79.8%) and Southwest Utah (80.7%) reported significantly lower levels of exposure compared to the state rate (82.9%).

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<th>Grade</th>
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<td>10</td>
<td>82.0%</td>
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<td>84.3%</td>
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</table>

Percent of Utah Students (Grades 8, 10, 12) Who Saw or Heard Anti-tobacco Advertising in the Past 30 Days by Grade and Sex, 2013
Percent of Utah Students (Grades 8, 10, 12) Who Saw or Heard Anti-tobacco Advertising in the Past 30 Days by Local Health District, 2013

- **Bear River**: 79.8%
- **Davis County**: 85.3%
- **Salt Lake County**: 83.1%
- **Utah County**: 82.8%
- **Central Utah**: 81.7%
- **Southwest Utah**: 80.7%
- **TriCounty**: 81.5%
- **Southeastern Utah**: 79.4%

**State Rate**: 82.9%

Legend:
- Better than State Rate
- Same as State Rate
- Worse than State Rate
The CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction state that school-based anti-tobacco programs are most effective when they include developmentally appropriate instruction in grades K to 12 about the short- and long-term physiological and social consequences of tobacco use, as well as refusal skills.  

About 60% of Utah students in grades 8, 10, and 12 reported that they received anti-tobacco education during the past school year. One quarter of the students (25.2%) reported that they were not taught about the dangers of tobacco and 14.4% were not sure whether they received such lessons. Only one-third of students (33.7%) reported that they learned tobacco refusal skills.

Recall of anti-tobacco education varied by grade and ranged from 73.0% in 8th grade to 41.8% in 12th grade. Among local health districts, students from Davis County and TriCounty were most likely to report that they had received anti-tobacco education in the past school year. Students from Wasatch County were least likely to report that they participated in anti-tobacco education in school.
Percent of Utah Students (Grades 8, 10, 12) Who Were Taught About the Dangers of Tobacco During the Current School Year by Local Health District, 2013

*The estimate for Davis County has a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards. Interpret with caution.*
Children who live in households where one or more of the other household members smoke cigarettes are more likely to have tried smoking than children who live in households without smokers. In 2013, 10.0% of 8th, 10th, and 12th graders who did not live in households with a smoker had tried smoking and 2.3% were current smokers. Of those who lived in households with one or more smokers, 36.9% had tried smoking and 12.9% were current smokers.

Overall, 16.4% of Utah students reported that they lived in a household where someone smoked cigarettes. There were no significant differences by grade or sex. Students who reported that any one of their family members completed college or graduate school were less likely to live with a smoker than students who reported lower levels of formal education among household members.

Among local health districts, students from Southeastern Utah (31.0%) and TriCounty (25.1%) were most likely to report that they lived in a household with one or more smokers. Students from Utah County (9.5%) and Davis County (9.6%) were least likely to report exposure to smoking at home.
Percent of Utah Students (Grades 8, 10, 12) Who Currently Live With Someone Who Smokes Cigarettes by Local Health District, 2013

Better than State Rate
Same as State Rate
Worse than State Rate

State Rate = 16.4%

Bear River 12.8%
Weber-Morgan 22.6%
Davis County 9.6%
Summit County 10.9%
Salt Lake County 22.4%
Wasatch County 11.2%
Utah County 9.5%
TriCounty 25.1%
Central Utah 18.8%
Southeastern Utah 31.0%
Southwest Utah 17.2%
Children who are exposed to secondhand smoke (SHS) are at increased risk for bronchitis, pneumonia, and ear infections. In addition, SHS can trigger asthma attacks. Children with asthma who are exposed to SHS have more severe and frequent asthma attacks.17

To measure indoor exposure to SHS among Utah students, the PNA asked whether students had been in a room with someone who was smoking a cigarette during the past seven days. Overall, 23.2% of Utah’s 8th, 10th, and 12th graders reported such exposure in the past seven days. Exposure increased from 19.0% in 8th grade to 26.2% in 12th grade. It was somewhat higher for females than males.

Among local health districts, students from Southeastern Utah (34.6%) and TriCounty (32.2%) reported the highest level of indoor SHS exposure. Students from Utah County (16.9%), Bear River (19.3%), and Davis County (19.9%) reported the lowest level of exposure.
Percent of Utah Students (Grades 8, 10, 12) Who Were in the Same Room With Someone Who Smoked Cigarettes in the Past 7 Days by LHD, 2013

State Rate = 23.2%
Asthma prevalence is an important indicator for tracking the burden of the disease. In the United States in 2011, 23.0% of students had ever been told by a doctor or nurse that they had asthma (i.e., lifetime asthma). This is similar to Utah in 2013, with 18.2% of students having ever been told by a doctor or nurse that they had asthma.

In 2013, males (17.5%) and females (18.9%) in Utah grades 8, 10, 12 had a similar percentage of lifetime asthma. Those in 10th grade (19.5%) had a higher prevalence of lifetime asthma than those in 8th grade (17.1%)

Among local health districts, students from Salt Lake County (19.5%) and Wasatch County (27.1%) both reported significantly higher percentages of lifetime asthma than the state total (18.2%). However, students from TriCounty (15.8%) and Utah County (16.2%) reported significantly lower percentages of lifetime asthma than the state.

Lifetime asthma is defined as having ever been diagnosed with asthma by a doctor or other health care professional regardless of whether or not that individual still has asthma.

Percent of Utah Students (Grades 8, 10, 12) Who Were Told by a Doctor or Nurse That They Have Asthma by Grade and Sex, 2013

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<th>Grade</th>
<th>Male</th>
<th>Female</th>
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<tbody>
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<tr>
<td>10</td>
<td>19.5%</td>
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<tr>
<td>12</td>
<td>17.9%</td>
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<tr>
<td></td>
<td>17.5%</td>
<td>18.9%</td>
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</tbody>
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Percent of Utah Students (Grades 8, 10, 12) Who Were Told by a Doctor or Nurse That They Have Asthma by Local Health District, 2013

State Rate = 18.2%
Current asthma is defined as having ever been diagnosed with asthma by a doctor or other health care professional and still having asthma.

In the United States during 2010, 8.7% of children (0-17) had current asthma. Current asthma for children (0-17) in Utah during 2011 was 6.7%, or about 59,000 children.

Unlike lifetime asthma, current asthma for female students in grades 8, 10, and 12 (13.6%) was higher than for male students (10.4%). There were no differences among grades in current asthma.

Among local health districts, students from Davis County (10.4%) had a significantly lower prevalence of current asthma than the state average (12.0%), while students from Wasatch County (17.9%) and Weber-Morgan (14.9%) had a significantly higher prevalence than the state.
Percent of Utah Students (Grades 8, 10, 12) Who Currently Have Asthma by Local Health District, 2013

- Bear River 12.1%
- Weber-Morgan 14.9%
- Davis County 10.4%
- Summit County 13.2%
- Salt Lake County 12.0%
- Wasatch County 17.9%
- Utah County 10.7%
- Tooele County 14.1%
- Central Utah 14.2%
- Southeastern Utah 13.5%
- Southwest Utah 12.8%

State Rate = 12.0%
Chronic Conditions
Asthma Attack

Frequency and severity of asthma symptoms are indicators of asthma management. Children with well-controlled asthma should rarely experience symptoms of an asthma attack such as wheezing or coughing, and they should not lose sleep, miss school days, be unable to participate in physical activities, or be hospitalized due to asthma. Through appropriate medication use, medical care, and self-management, the majority of asthma symptoms are preventable.

Overall, 5.8% of Utah students in grades 8, 10, and 12 reported having had an asthma attack in the past year. Females (7.3%) were more likely to report having an asthma attack in the past year than males (4.4%). The difference between males and females was exhibited in grades 8, 10, and 12 (not shown).

Students from Central Utah (7.3%) and Wasatch County (9.1%) Local Health Districts had a significantly higher prevalence of asthma attacks in the past year when compared to the state (5.8%).
Percent of Utah Students (Grades 8, 10, 12) Who Had an Asthma Attack in the Past 12 Months by Local Health District, 2013

- Better than State Rate
- Same as State Rate
- Worse than State Rate

State Rate = 5.8%

Bear River 6.2%
Davis County 5.5%
Tooele County 5.9%
Salt Lake County 6.0%
Utah County 5.0%
Central Utah 7.3%
Wasatch County 9.1%

Southeastern Utah 5.5%
Southwest Utah 6.4%
TriCounty 4.0%

Utah Department of Health
The goal of asthma management is to control asthma so that children with asthma can live active, full lives while minimizing their risk for asthma episodes that require emergency department and non-routine doctor visits. An asthma action plan, a tool to help control asthma, is one important component of asthma management.

For Utah students in grades 8, 10, and 12 with asthma, the prevalence of having an asthma action plan was 14.8%. There were no differences between male (13.6%) and female students (15.9%) or grades 8 (15.9%), 10 (15.0%), and 12 (13.5%) in terms of having an asthma action plan.

However, students from Southeastern Utah (26.6%) and Summit County Local Health Districts (22.1%) had a significantly higher prevalence of asthma action plans than the state (14.8%), while Utah County Local Health District students (9.7%) had a significantly lower prevalence of asthma action plans when compared to the state.
Percent of Utah Students (Grades 8, 10, 12) Who Have Been Diagnosed With Asthma and Have an Asthma Action Plan by LHD, 2013

[Map showing percent of Utah students with asthma by county, with color coding indicating better than state rate, same as state rate, or worse than state rate.

State Rate = 14.8%

Bear River 15.3%
Weber-Morgan 18.0%
Davis County 14.3%
Salt Lake County 15.9%
Wasatch County 14.8%
Utah County 9.7%
Summit County 22.1%
Tooele County 20.4%
Central Utah 21.1%
Southwest Utah 11.6%
TriCounty 21.1%

Southeastern Utah 26.6%]
Missed school days show the impact of asthma on a child’s social functioning and educational opportunities. Missed school days also may contribute to disparities in learning.

For Utah students in grades 8, 10, and 12 with current asthma, the prevalence for missing at least one school day in the past year due to asthma was 16.2%. Those in 8th grade (21.0%) had a higher prevalence of at least one missed school day than those in 12th grade (11.7%). Males (13.2%) and females (18.6%) had a similar prevalence of missing at least one school day in the past year due to asthma.

TriCounty (24.4%) was the only local health district that had a higher prevalence of missing at least one school day in the past year due to asthma when compared to the state (16.2%). Tooele County (21.0%) had the next highest prevalence among local health districts but the difference was not statistically significant. No local health district showed significantly lower prevalence than the state.
Percent of Utah Students (Grades 8, 10, 12) Who Missed One or More Days of School During the Past Year Because of Their Asthma by LHD, 2013

*Estimates for Davis and Summit County Health Departments have a coefficient of variation >30% and are therefore deemed unreliable by UDOH standards. Interpret with caution.

**The estimate for Wasatch County has been suppressed because the coefficient of variation is greater than 50%.
Diabetes is a serious chronic condition that usually requires extreme diligence when experienced by school-aged children. Diabetes is one of the most common chronic diseases among school-aged children. Among Utah students in grades 8, 10, and 12, about one out of every 100 students (1.1%) has diabetes.

Among youth, diabetes is uncommon in very young children, but the incidence gradually increases with age, peaking during puberty. Diabetes requires 24-hour-a-day management. This often means students must monitor their blood sugar levels during the day. They may experience dangerously high or low blood sugars that demand immediate medical attention. It is important for students with diabetes to have a care management plan (often referred to as a “504 Plan”). This plan helps to ensure that school staff are aware of each student’s specific needs.

There was no difference in the prevalence of diabetes by sex. The diabetes rates for youth in Tooele (2.0%) and Weber-Morgan (2.0%) health districts were significantly higher than the state rate of 1.1%.
Percent of Utah Students (Grades 8, 10, 12) Who Have Diabetes by Local Health District, 2013

*Estimates for Central, Davis, Southeastern and Southwest Utah Health Departments have a coefficient of variation >30% and are therefore deemed unreliable by UDOH standards. Interpret with caution.

**The estimates for Summit County, Wasatch County and TriCounty Health Departments have been suppressed because the coefficient of variation is greater than 50%.
Talking on a cell phone while driving is a form of distracted driving. It can distract drivers manually if they take their hand off the wheel and cognitively if they take their mind off driving.\textsuperscript{22}

In 2013, 79.7\% of students in grades 8, 10, and 12 reported that they rode in a car in the past 30 days with the driver talking on a cell phone. Female students reported this much more frequently than male students.

Overall, younger drivers have the highest proportion of distraction-related fatal crashes.\textsuperscript{22} In Utah, students in 10th grade most frequently reported riding with a driver talking on a cell phone. Tenth grade is typically the time when Utah students turn 16 and obtain a driver’s license.

Among local health districts, Utah County students reported a significantly higher rate of drivers talking on cell phones (83.7\%) compared to the state rate of 79.7\%.
Percent of Utah Students (Grades 8, 10, 12) Who Rode in a Car or Other Vehicle Driven by Someone Who Was Talking on a Cell Phone in the Past 30 Days, by LHD, 2013

State Rate = 79.7%
Texting while driving is the most dangerous form of distracted driving because it requires drivers to take their eyes off the road, their hands off the wheel, and their mind off driving.

In 2013, more than half (61.3%) of students in grades 8, 10, and 12 reported riding in a car in the past 30 days with a driver who was texting.

Younger drivers have the highest proportion of distraction-related fatal crashes. In Utah, students in 12th grade most frequently reported riding with a driver who was texting (67.1%).

Among local health districts, Weber-Morgan (65.4%), Wasatch County (65.2%), and Utah County (65.0%) students reported significantly higher rates of driver texting compared to the state rate of 61.3%.

![Percent of Utah Students (Grades 8, 10, 12) Who Rode in a Car or Other Vehicle Driven by Someone Who Was Texting in the Past 30 Days, by Grade and Sex, 2013](image-url)
Percent of Utah Students (Grades 8, 10, 12) Who Rode in a Car or Other Vehicle Driven by Someone Who Was Texting in the Past 30 Days, by LHD, 2013

Map showing the percent of Utah students who rode in a car or other vehicle driven by someone who was texting in the past 30 days, with various counties color-coded to indicate better than state rate, same as state rate, or worse than state rate. The state rate is 61.3%.
Seat belts are the single most effective safety device for preventing serious injuries and reducing fatalities in motor vehicle crashes. In Utah, unbelted crash occupants are 30 times more likely to die in a crash than crash occupants wearing seat belts.

In 2013, 93.8% of students in grades 8, 10, and 12 reported that they always, most of the time, or sometimes wear a seat belt. Overall, female students reported wearing seat belts more frequently than male students.

Although teen seat belt use is increasing, teens still buckle up less frequently than any other age group. A primary enforcement seat belt law that allows drivers to be stopped and ticketed if they or their passengers are not belted is in place for those 19 years of age and younger. Those over 19 years are subject to secondary enforcement, meaning the driver has to be stopped for some other violation before being ticketed for not wearing a seat belt.

Among local health districts, Southeastern Utah (85.4%), Central Utah (86.2%), TriCountry (87.0%), Southwest Utah (90.1%), and Tooele County (91.9%) students reported significantly lower rates of seat belt use compared to the state rate of 93.8%.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>92.8%</td>
<td>94.8%</td>
</tr>
<tr>
<td>10</td>
<td>92.0%</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>93.8%</td>
<td></td>
</tr>
</tbody>
</table>

Seat belts are the single most effective safety device for preventing serious injuries and reducing fatalities in motor vehicle crashes. In Utah, unbelted crash occupants are 30 times more likely to die in a crash than crash occupants wearing seat belts.
Percent of Utah Students (Grades 8, 10, 12) Who Always, Most of the Time, or Sometimes Wear a Seat Belt When Riding in a Car Driven by Someone Else, by LHD, 2013

*The estimate for Summit County has a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards. Interpret with caution.*
Prescription drugs can be very helpful when prescribed by a doctor and used as directed, but the misuse and abuse of prescription medications is a mounting health concern in Utah and has led to an increase in deaths due to drug overdose.

In 2013, 2.6% of students in grades 8, 10, and 12 reported that they had used prescription drugs that were not prescribed to them by a doctor.

In 2013, 10th and 12th grade students were significantly more likely than 8th grade students to report (3.0% and 3.4%, respectively) using prescription drugs not prescribed to them within the past 30 days.

Among local health districts, Weber-Morgan students reported the highest rate of prescription drug misuse (3.8%), followed by Southeastern Utah (3.2%).
Percent of Utah Students (Grades 8, 10, 12) Who Used Prescription Drugs in the Past 30 Days That Were Not Prescribed to Them, by LHD, 2013

*Estimates for Wasatch County and TriCounty Health Departments have a coefficient of variation >30% and are therefore deemed unreliable by UDOH standards. Interpret with caution.
Bullying is defined as any unwanted, aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying can include actions that are physical (hitting), verbal (teasing), or relational/social (spreading rumors). Bullying is a form of youth violence.

In 2013, 27.0% of students in grades 8, 10, and 12, reported that during the past 12 months they were picked on or bullied by a student on school property. Eighth grade students (38.0%) were more likely to report being picked on or bullied compared to 10th and 12th grade students (25.7% and 17.2%). Females in 10th and 12th grade are at greatest risk and were more likely to report being picked on or bullied compared to males in 10th and 12th grades.

Among local health districts, Southeastern students reported the highest rate of being picked on or bullied (33.8%), followed by TriCounty (31.4%).
Percent of Utah Students (Grades 8, 10, 12) Who Were Bullied at School in the Past 12 Months, by Local Health District, 2013

State Rate = 27.0%
An increasing number of youth are becoming victims of electronic bullying, an emerging public health problem. Electronic bullying is aggressive behavior using technology such as cell phones, computers, and tablets and can occur through e-mails, text/instant messaging, chat rooms, and websites. Examples of electronic bullying include videos, pictures, or rumors posted on websites or sent through cell phones.

In 2013, one out of four Utah students in grades 8, 10, and 12 reported being threatened or harassed over the Internet, by email, or by someone using a cell phone. Female students (32.3%) were more likely than male students (19.0%) to report electronic bullying.

Among local health districts, Salt Lake County students reported a significantly higher rate of electronic bullying (26.8%) compared to the state rate of 25.5%.
Percent of Utah Students (Grades 8, 10, 12) Who Reported Electronic Bullying by Local Health District, 2013

State Rate = 25.5%
Feeling sad or hopeless for at least two consecutive weeks to the point where it becomes difficult to enjoy activities or do daily tasks can be a sign of depression. Youth who have depression are at an elevated risk of a host of other negative health outcomes, including substance abuse and suicide. Persistent feelings of sadness or hopelessness may indicate a need for mental health services.

In 2013, 20.8% of students in grades 8, 10, and 12 reported that, at some point over the past 12 months, they felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing some usual activities. Female students reported a significantly higher prevalence of such feelings compared to male students. Among the grades surveyed, 10th graders had the highest rates of feeling sad or hopeless (23.4%).

Among local health districts, Salt Lake County (23.6%) and Weber-Morgan (23.1%) reported significantly higher percentages of students feeling sad or hopeless compared to the state rate of 20.8%.
Percent of Utah Students (Grades 8, 10, 12) Who Felt Sad or Hopeless Almost Every Day For Two Weeks or More in a Row in the Past 12 Months, by LHD, 2013

[Map showing Utah counties with varying percentages of students feeling sad or hopeless.]

State Rate = 20.8%
The Kessler Psychological Distress Scale (K6) is a simple measure of psychological distress which involves six questions about a person's emotional state. Each question is scored from 0 (none of the time) to 4 (all of the time). Scores of the six questions are then summed, yielding a minimum score of 0 and a maximum score of 24. A score of 12 or higher indicates that a person is experiencing psychological distress and may benefit from mental health services.28

In 2013, 18.2% of Utah students in grades 8, 10, and 12 had K6 scores of 12 or more. Survey data indicate that females are at a significantly greater risk of psychological distress compared to males. Among the grades sampled, K6 scores were highest among 10th graders. Tenth graders also had the highest rates of feeling sad or hopeless.

Among local health districts, Tooele County (21.2%) and Salt Lake County (20.9%) students had a significantly higher incidence of psychological distress compared to the state rate of 18.2%.
Percent of Utah Students (Grades 8, 10, 12) Who Had K6 Scores of 12 or Higher, by Local Health District, 2013

State Rate = 18.2%

- Better than State Rate
- Same as State Rate
- Worse than State Rate

- Bear River 17.7%
- Weber-Morgan 18.8%
- Davis County 16.8%
- Salt Lake County 20.9%
- Summit County 13.8%
- Wasatch County 11.6%
- Utah County 16.5%
- Central Utah 16.7%
- Southeastern Utah 19.4%
- Southwest Utah 16.2%
- Tooele County 21.2%
- TriCounty 19.0%
Suicide is the leading cause of death among youth ages 10 to 17 in Utah. More youth are hospitalized or treated in an emergency department for suicide attempts than are fatally injured. Suicide ideation, thinking about suicide/having suicidal thoughts/considering attempting suicide, is a risk factor for suicide.

In 2013, 14.1% of Utah students in grades 8, 10, and 12 reported that they had seriously considered attempting suicide at some point in their lives. Females reported significantly higher rates of suicide ideation compared to males. Rates of suicide ideation were significantly higher among 10th graders compared to the other grades surveyed.

Among local health districts, Tooele County (15.5%) students reported a significantly higher rate of suicide ideation compared to the state rate of 14.1%.
Percent of Utah Students (Grades 8, 10, 12) Who Had Seriously Considered Attempting Suicide in the Past 12 Months, by LHD, 2013

[Map showing suicide rates by county in Utah]

State Rate = 14.1%
Suicide is the second leading cause of death among youth ages 10 to 17 in Utah. More youth are hospitalized or treated in an emergency department for suicide attempts than are fatally injured.29

In 2013, 10.8% of Utah students in grades 8, 10, and 12 reported making a suicide plan within the past 12 months. Students in 10th grade had the highest rate for reporting that they made a suicide plan (11.9%). Female students were significantly more likely than male students to report having made a suicide plan.

Among local health districts, students from Salt Lake County (12.5%) and Tooele County (12.0%) reported significantly higher percentages for making a suicide plan compared to the state rate of 10.8%. Students from Summit County and Central Utah reported significantly lower rates.
Percent of Utah Students (Grades 8, 10, 12) Who Made a Suicide Plan in the Past 12 Months, by Local Health District, 2013

- Bear River: 9.9%
- Weber-Morgan: 10.5%
- Davis County: 9.8%
- Salt Lake County: 12.5%
- Summit County: 7.6%
- Wasatch County: 7.9%
- TriCounty: 11.4%
- Southeastern Utah: 9.9%
- Central Utah: 9.6%
- Southwest Utah: 10.6%
- Tooele County: 12.0%
Suicide attempts are a significant risk factor for completed suicide later on. All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

In 2013, 6.2% of Utah students in grades 8, 10, and 12 reported that they had made one or more suicide attempts in the past 12 months. Among the grades surveyed, 10th graders were most likely to report having made a suicide attempt. Female students reported significantly higher rates of suicide attempts compared to male students.

Among local health districts, Tooele County (8.5%) and Salt Lake County (7.7%) students reported a significantly higher percentage of suicide attempts compared to the state rate of 6.2%.
Percent of Utah Students (Grades 8, 10, 12) Who Made a Suicide Attempt in the Past 12 Months, by Local Health District, 2013
Methodology

The Utah Department of Health (U DOH) partners with the Division of Substance Abuse and Mental Health (DSAMH) at the Utah Department of Human Services (DHS) and the Utah State Office of Education (USOE) to conduct the School Health and Risk Prevention (SHARP) survey project in Utah public schools in the spring of odd-numbered years. The SHARP survey project includes two separate questionnaires, the Prevention Needs Assessment (PNA) and the Youth Risk Behavior Survey (YRBS). The Utah SHARP collaboration was launched in 2003.

PNA Questionnaire

The PNA was developed by DSAMH with a primary focus on assessing risk and protective factors and trends related to substance abuse. In 2009, the Utah Tobacco Prevention and Control Program discontinued its Youth Tobacco Survey and integrated a subset of tobacco questions in the PNA. In 2011 and 2013, the UDOH added health-related questions to the PNA to assess risk factors and behaviors related to asthma, diabetes, healthy weight, physical activity, nutrition, tanning, and violence and injury. To accommodate the additional questions, the PNA was split into a core questionnaire and a form A and B. Most health-related questions are listed on PNA questionnaire form B (see Appendix A).

Sampling

Students in Utah's public schools in grades 6, 8, 10, and 12 are eligible to complete the PNA survey. In 2013, 39 of 41 school districts and 14 charter schools participated in the PNA. Of the 39 participating school districts, 34 sampled all schools within their district. The remaining 5 large districts conducted a random sample. To exclude “dishonest” responses, an honesty scale is calculated based on five criteria: 1) used drugs (not including alcohol or tobacco) on more than 120 occasions in the past 30 days, 2) reported using a fictitious drug, 3) reported that they were “not honest at all” in completing the questionnaire, 4) more than one marking of a 30-day use for a substance that they had not used in their lifetime, or 5) their age and grade did not match, such as a student 19 years of age who marked grade 6. Of the surveyed students in grades 8, 10, and 12, 2.8% were considered “dishonest”. “Dishonest” surveys were excluded from this analysis. This report focuses on middle- and high school-age students; therefore, responses from students in grade 6 were also not included in the analysis. The total number of “honest” survey responses in grades 8, 10, and 12 included in the analysis was 33,214. The total sample size for individual indicators depends on whether the questions were placed on form A, form B, or both forms.

Analysis

The data were weighted to account for probability of selection and to adjust to the demographic distribution of students enrolled in Utah public schools. Design weights were constructed to account for district, school, and classroom sampling rates. Iterative proportional fitting (raking) further adjusted the design weights to account for additional demographic information (grade, race, district, grade by school district, sex by school district, race/ethnicity by school district). This new methodology reduced bias and improved estimates. The data were analyzed using SAS 9.3 software.

Limitations

The PNA does not include certain youth populations, such as students in private or alternative schools, school dropouts, or youth in correctional facilities and treatment centers. Due to Utah's active parental consent law for school-based surveys, students who did not return their consent forms were not represented.
References


References


PREVENTION NEEDS ASSESSMENT SURVEY

1. Thank you for agreeing to participate in this survey. The purpose of this survey is to learn how students in our schools feel about their community, family, peers, and school. The survey also asks about health behaviors.

2. The survey is completely voluntary and anonymous. DO NOT put your name on the questionnaire.

3. This is not a test, so there are no right or wrong answers. We would like you to work quickly so you can finish.

4. All of the questions should be answered by completely filling in one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank. You can skip any question that you do not wish to answer.

5. For questions that have the following answers: NO! no yes YES!
   Mark (the BIG) NO! if you think the statement is DEFINITELY NOT TRUE for you.
   Mark (the little) no if you think the statement is MOSTLY NOT TRUE for you.
   Mark (the little) yes if you think the statement is MOSTLY TRUE for you.
   Mark (the BIG) YES! if you think the statement is DEFINITELY TRUE for you.

   Example: Chocolate is the best ice cream flavor.
   ○ NO!  ○ no  ● yes  ○ YES!

   In the example above, the student marked "yes" because he or she thinks the statement is mostly true.

6. Please mark each question by completely filling in the circle or circles. ONLY USE A #2 PENCIL.

---

Please fill in the following information with the help of your teacher/survey assistant.

<table>
<thead>
<tr>
<th>School District:</th>
<th>Charter School</th>
<th>School Number:</th>
<th>What is the zip code where you live?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td></td>
<td>G</td>
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<td>B</td>
<td></td>
<td>F</td>
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<td>C</td>
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<td>E</td>
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<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Are you:
   ○ MALE
   ○ FEMALE

2. How old are you?
   ○ 10 or younger  ○ 12  ○ 14  ○ 16  ○ 18
   ○ 11  ○ 13  ○ 15  ○ 17  ○ 19 or older

3. What grade are you in?
   ○ 6th  ○ 7th  ○ 8th  ○ 9th  ○ 10th  ○ 11th  ○ 12th

4. What is your race? (Select one or more)
   ○ American Indian or Alaska Native
   ○ Asian
   ○ Black or African American
   ○ Hispanic or Latino
   ○ Native Hawaiian or Other Pacific Islander
   ○ White

5. Think of where you live most of the time. Which of the following people live there with you? (Mark ALL that apply.)
   ○ Mother
   ○ Stepmother
   ○ Father
   ○ Stepfather
   ○ Foster Parent(s)
   ○ Grandparent(s)
   ○ Aunt
   ○ Uncle
   ○ Other Adult(s)
   ○ Brother(s)
   ○ Stebronther(s)
   ○ Sister(s)
   ○ Stebsister(s)
   ○ Other Children

6. Think of the adults you live with. What is the highest level of schooling any of them completed?
   ○ Completed grade school or less
   ○ Some high school
   ○ Completed high school
   ○ Some college
   ○ Completed college
   ○ Graduate or professional school after college
   ○ Don’t know
   ○ Does not apply
7. In my school, students have lots of chances to help decide things like class activities and rules.

8. Teachers ask me to work on special classroom projects.

9. My teachers notice when I am doing a good job and let me know about it.

10. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

11. There are lots of chances for students in my school to talk with a teacher one-on-one.

12. I feel safe at my school.

13. The school lets my parents know when I have done something well.

14. My teachers praise me when I work hard in school.

15. Are your school grades better than the grades of most students in your class?

16. I have lots of chances to be part of class discussions or activities.

17. Now thinking back over the past year in school, how often did you:

   a. enjoy being in school?
   b. hate being in school?
   c. try to do your best work in school?

18. How often do you feel that the school work you are assigned is meaningful and important?

19. Putting them all together, what were your grades like last year?

   a. Mostly F’s
   b. Mostly D’s
   c. Mostly C’s

20. How important do you think the things you are learning in school are going to be for your later life?

   a. Very important
   b. Quite important
   c. Fairly important

21. How interesting are most of your courses to you?

   a. Very interesting and stimulating
   b. Quite interesting
   c. Fairly interesting

22. During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or ‘cut’?

   a. None
   b. 1 day
   c. 2 days
   d. 3 days
   e. 4-5 days
   f. 6-10 days
   g. 11 or more days

23. My teacher(s) maintain good discipline in the classroom.

   a. Strongly agree
   b. Agree
   c. Disagree
   d. Strongly disagree

24. My principal and assistant principal maintain good discipline at my school.

   a. Strongly agree
   b. Agree
   c. Disagree
   d. Strongly disagree

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

   a. 0 days
   b. 1 day
   c. 2 or 3 days
   d. 4 or 5 days
   e. 6 or more days

26. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?

   a. 0 times
   b. 1 time
   c. 2 or 3 times

27. How often have you been threatened or harassed over the internet, by email, or by someone using a cell phone?

   a. 0 times
   b. 1 time
   c. 2 or 3 times

28. How much do you think people risk harming themselves (physically or in other ways) if they:

   a. smoke one or more packs of cigarettes per day?
   b. try marijuana once or twice?
   c. smoke marijuana regularly?
   d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
   e. have five or more drinks of an alcoholic beverage once or twice each weekend?
   f. have five or more drinks of an alcoholic beverage once or twice a week?
   g. smoke marijuana once or twice a week?
   h. use prescription drugs that are not prescribed to them?
   i. smoke 1-5 cigarettes per day?
### Survey Instrument

**29. How old were you when you first:**

<table>
<thead>
<tr>
<th>Age</th>
<th>17 or older</th>
<th>16</th>
<th>15</th>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>10 or younger</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>used marijuana (grass, pot) or hashish (hash, hash oil)?</td>
<td>☐</td>
<td>☐</td>
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<td>b.</td>
<td>smoked a cigarette, even just a puff?</td>
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<td>c.</td>
<td>had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?</td>
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<tr>
<td>d.</td>
<td>began drinking alcoholic beverages regularly, that is, at least once or twice a month?</td>
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<td>e.</td>
<td>sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>f.</td>
<td>got suspended from school?</td>
<td>☐</td>
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<td>g.</td>
<td>got arrested?</td>
<td>☐</td>
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<td>h.</td>
<td>carried a handgun?</td>
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<td>i.</td>
<td>attacked someone with the idea of seriously hurting them?</td>
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<td>j.</td>
<td>used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, &quot;shrooms&quot; or psilocybin)?</td>
<td>☐</td>
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<td>k.</td>
<td>used cocaine (like cocaine powder) or &quot;crack&quot; (cocaine in chunk or rock form)?</td>
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<td>l.</td>
<td>used phenoxydine (pox, px, breeze)?</td>
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<td>m.</td>
<td>used methamphetamine (meth, speed, crank, crystal meth)?</td>
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<tr>
<td>n.</td>
<td>used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?</td>
<td>☐</td>
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<td>☐</td>
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<td>o.</td>
<td>used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?</td>
<td>☐</td>
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<td>p.</td>
<td>used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?</td>
<td>☐</td>
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<tr>
<td>q.</td>
<td>used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>r.</td>
<td>used heroin?</td>
<td>☐</td>
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</table>

### 30. My parents expect me to eat dinner at home with my family.

- NO! ☐ no ☐ yes ☒ YES!

### 31. People in my family often insult or yell at each other.

- ☐ no ☐ yes ☒ YES!

### 32. We argue about the same things in my family over and over.

- ☐ no ☐ yes ☒ YES!

### 33. People in my family have serious arguments.

- ☐ no ☐ yes ☒ YES!

### 34. Sometimes, I think that life is not worth it.

- ☐ no ☐ yes ☒ YES!

### 35. At times, I think I am no good at all.

- ☐ no ☐ yes ☒ YES!

### 36. All in all, I am inclined to think that I am a failure.

- ☐ no ☐ yes ☒ YES!

### 37. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

- ☐ no ☐ yes ☒ YES!

### 38. My parents have set clear rules and expectations with me about NOT drinking ANY alcohol.

- ☐ no ☐ yes ☒ YES!

### 39. How many times in the past year (12 months) have you:

- ☐ 40+ times
- ☐ 30 to 39 times
- ☐ 20 to 29 times
- ☐ 10 to 19 times
- ☐ 6 to 9 times
- ☐ 3 to 5 times
- ☐ 1 to 2 times
- ☐ Never

#### a. been suspended from school?

- ☐ no ☐ yes ☒ YES!

#### b. carried a handgun?

- ☐ no ☐ yes ☒ YES!

#### c. sold illegal drugs?

- ☐ no ☐ yes ☒ YES!

#### d. stolen or tried to steal a motor vehicle such as a car or motorcycle?

- ☐ no ☐ yes ☒ YES!

#### e. participated in clubs, organizations or activities at school?

- ☐ no ☐ yes ☒ YES!

#### f. been arrested?

- ☐ no ☐ yes ☒ YES!

#### g. done extra work on your own for school?

- ☐ no ☐ yes ☒ YES!

#### h. attacked someone with the idea of seriously hurting them?

- ☐ no ☐ yes ☒ YES!

#### i. been drunk or high at school?

- ☐ no ☐ yes ☒ YES!

#### j. volunteered to do community service?

- ☐ no ☐ yes ☒ YES!

#### k. taken a handgun to school?

- ☐ no ☐ yes ☒ YES!

### 40. Have you ever belonged to a gang?

- No ☐ No, but would like to ☐ Yes, belong now ☒ Yes, but would like to get out ☐

### 41. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- ☐ None
- ☐ Once
- ☐ Twice
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10 or more times
On how many occasions (if any) have you:

<table>
<thead>
<tr>
<th>Question</th>
<th>OCCASIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>43. had beer, wine, or hard liquor to drink during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>44. used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>45. used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, &quot;shrooms&quot; or psilocybin) during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>46. used cocaine (like cocaine powder) or &quot;crack&quot; (cocaine in chunk or rock form) during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>47. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>48. used phenoxydine (pox, px, breeze) during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>49. used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>50. used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>51. used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tural, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>52. used prescription tranquillizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>53. used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>54. used heroin during the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>55. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotestosterone) in the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>56. used MDMA (X,E, or ecstasy) in the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>57. used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
</tr>
<tr>
<td>58. used other synthetic drugs (such as Bath Salts like Ivory Wave or White Lightening) in the past 30 days?</td>
<td>0 1-2 3-5 6-9 10-19 20-39 40+</td>
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</tbody>
</table>

**Answer questions 59 to 64 for both alcohol and drugs.**

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Drugs</th>
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<tbody>
<tr>
<td></td>
<td>Don't use</td>
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<tr>
<td>59. In the past 12 months: have you spent more time using alcohol or drugs than you intended?</td>
<td>No</td>
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<td>60. Have you neglected some of your usual responsibilities because of using alcohol or drugs?</td>
<td>No</td>
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<tr>
<td>61. Have you wanted to cut down on your alcohol or drug use?</td>
<td>No</td>
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<tr>
<td>62. Has anyone objected to your alcohol or drug use?</td>
<td>No</td>
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<tr>
<td>63. Did you frequently find yourself thinking about using alcohol or drugs?</td>
<td>No</td>
</tr>
<tr>
<td>64. Did you use alcohol or drugs to relieve feelings such as sadness, anger, or boredom?</td>
<td>No</td>
</tr>
</tbody>
</table>

65. Have you ever tried:

- a. cigarettes, even just one puff? (No Yes)
- b. cigars, cigarillos, or little cigars, even a puff? (No Yes)
- c. tobacco in a hookah or waterpipe? (No Yes)
- d. electronic cigarettes or e-cigarettes? (No Yes)
- e. chewing tobacco, snuff, or dip? (No Yes)
- f. snus (moist smokeless tobacco usually sold in small pouches)? (No Yes)

66. How frequently have you smoked cigarettes during the past 30 days?

- Not at all
- Less than one cigarette per day
- One to five cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- Two packs or more per day
67. During the past 30 days, on how many days did you:

a. smoke cigarettes?

b. smoke cigars, cigarillos, or little cigars?

c. smoke tobacco in a hookah or waterpipe?

d. use electronic cigarettes or e-cigarettes?

e. use chewing tobacco, snuff, or dip?

f. use snus (moist smokeless tobacco usually sold in small pouches)?

68. How wrong do you think it is for someone your age to:

a. take a handgun to school?

b. steal anything worth more than $5?

c. pick a fight with someone?

d. attack someone with the idea of seriously hurting them?

e. stay away from school all day when their parents think they are at school?

f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?

g. smoke cigarettes?

h. smoke marijuana?

i. use LSD, cocaine, amphetamines, or another illegal drug?

69. How wrong do your friends feel it would be for YOU to:

a. have one or two drinks of an alcoholic beverage nearly every day?

b. smoke tobacco?

c. smoke marijuana?

d. use prescription drugs not prescribed to you?

70. During a typical week, how many days do all or most of your family eat at least one meal together?

Number of Days:

0 1 2 3 4 5 6 7

71. How wrong do your parents feel it would be for YOU to:

a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?

b. smoke cigarettes?

c. smoke marijuana?

d. steal something worth more than $5?

e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner’s permission)?

f. pick a fight with someone?

g. have one or two drinks of an alcoholic beverage nearly every day?

h. use prescription drugs not prescribed to you?

72. Has anyone in your family ever had severe alcohol or drug problems?

No ☐ Yes ☐

73. During the past year did you drink alcohol at any of the following places? (Mark the number of times for each).

a. at my home or someone else’s home without any parent permission.

b. at my home with my parent’s permission.

c. at someone else’s home with their parent’s permission.

d. in a car.

e. at or near school.

f. in another place__________________

74. If you drank alcohol (not just a sip or taste) in the past year, how did you get it? (Mark the number of times for each).

a. I bought it myself from a store.

b. I got it at a party.

c. I gave someone else money to buy it for me.

d. I got it from someone I know age 21 or older.

e. I got it from someone I know under age 21.

f. I got it from a family member or relative other than my parents.

g. I got it from home with my parents’ permission.

h. I got it from home without my parents’ permission.

i. I got it in another way__________________
75. During the past 30 days, what brand of cigarettes did you usually smoke? (CHOOSE ONLY ONE ANSWER)
   - I did not smoke cigarettes during the past 30 days.
   - I do not have a usual brand.
   - Camel
   - Marlboro
   - Newport
   - Virginia Slims
   - GPC, Basic, or Doral
   - Some other brand

76. During the past 30 days, how did you usually get your own tobacco products? (CHOOSE ONLY ONE ANSWER)
   - I did not use tobacco during the past 30 days.
   - I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
   - I bought them from a vending machine.
   - I gave someone else money to buy them for me.
   - I borrowed (or bumbled) them from someone else.
   - A person 18 years old or older gave them to me.
   - I took them from a store or family member.
   - I got them some other way.

77. The last time you visited the following places, did you see tobacco advertisements, such as displays or posters?

<table>
<thead>
<tr>
<th>Place</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Convenience store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Gas station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pharmacy/drug store</td>
<td></td>
<td></td>
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<tr>
<td>d. Grocery store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Big box store, such as Walmart, Sam's Club, Costco, or K-Mart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

78. Do you think that you will try a cigarette soon?
   - I have already tried smoking cigarettes.
   - No
   - Yes

79. How long can you go without smoking before you feel like you need a cigarette?
   - I have never smoked cigarettes.
   - I do not smoke now.
   - Less than an hour
   - 1 to 3 hours
   - More than 3 hours but less than a day
   - A whole day
   - Several days
   - A week or more

80. Do you want to stop smoking cigarettes?
   - I do not smoke now.
   - No
   - Yes

81. During the past 12 months, did you ever try to quit smoking cigarettes?
   - I did not smoke during the past 12 months.
   - No
   - Yes

82. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?
   - I have not smoked in the past 12 months.
   - I have not tried to quit.
   - 1 time
   - 2 times
   - 3-5 times
   - 6-9 times
   - 10 or more times

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

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

85. Do you think people can get addicted to using tobacco just like they can get addicted to using cocaine or heroin?

86. Do you think young people who smoke cigarettes have more friends?

87. Do you think that tobacco companies have tried to mislead young people to buy their products more than other companies?

88. Do you think the smoke from other people's cigarettes is harmful to you?

89. During this school year, were you taught in any of your classes about the dangers of tobacco use?
   - No
   - Yes
   - Not sure

90. During this school year, did you practice ways to say NO to tobacco in any of your classes (for example by role-playing)?
   - No
   - Yes
   - Not sure

91. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?
   - No
   - Yes
   - I did not know about any activities.

92. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
   - 0 days
   - 1 or 2 days
   - 3 or 4 days
   - 5 or 6 days
   - 7 days

93. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
   - 0 days
   - 1 or 2 days
   - 3 or 4 days
   - 5 or 6 days
   - 7 days

94. Does anyone who lives with you now smoke cigarettes?
   - No
   - Yes

95. In the past 30 days, how often have you seen or heard any advertising or campaigns against smoking?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often
96. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?  
☐ No  ☐ Yes

97. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (Choose all that apply.)  
☐ No  ☐ Yes, alcohol use  ☐ Yes, tobacco use  ☐ Yes, drug use

98. During the past year (12 months), how often have you talked with at least one of your parents about the rules and expectations of NO alcohol use?  
☐ At least once a month  ☐ Every 2 to 3 months  ☐ Every 4 to 6 months  ☐ A few times in the past year  ☐ Talked, but not in the past year  ☐ Never

99. How often have you bet money, possessions, or anything of value on the results of a card game such as poker, sporting event, games of skill such as pool or bowling, bingo, dice, or other games?  
☐ Never  ☐ Once a month  ☐ Not in the past year  ☐ Once a week or more  ☐ A few times in the past year  ☐ Almost everyday

100. During the past 7 days, how many times did you eat fast-food, either at school, at home or at a fast-food restaurant?  
☐ 0 times in the past 7 days  ☐ 1 to 3 times in 7 days  ☐ 4 to 6 times in 7 days  ☐ 1 time per day  ☐ 2 times per day  ☐ 3 times per day  ☐ 4 or more times per day

101. 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 increased your heart rate and made you breathe hard some of the time.)  
☐ 0 days  ☐ 1 day  ☐ 2 days  ☐ 3 days

102. During the past 7 days, on how many days did you do physical activities or exercises to STRENGTHEN your muscles? Count activities using your own body weight like sit-ups or push-ups and those using weight machines, free weights, or elastic bands. Do NOT count aerobic activities like walking, running, or bicycling.  
☐ 0 days  ☐ 1 day  ☐ 2 days  ☐ 3 days

103. 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? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)  
☐ I do not play video or computer games or use a computer for something that is not school work.  ☐ Less than 1 hour per day  ☐ 1 hour per day  ☐ 2 hours per day  ☐ 3 hours per day  ☐ 4 hours per day  ☐ 5 or more hours per day

104. Has a doctor or nurse ever told you that you have asthma?  
☐ No  ☐ Yes

105. Do you still have asthma?  
☐ Yes  ☐ No

106. During the past 12 months, did you have an episode of asthma or an asthma attack?  
☐ Yes  ☐ No

107. Do you have diabetes?  
☐ Yes  ☐ No

108. 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?  
☐ Yes  ☐ No

109. During the past 12 months, did you ever seriously consider attempting suicide?  
☐ Yes  ☐ No

110. During the past 12 months, did you make a plan about how you would attempt suicide?  
☐ Yes  ☐ No

111. During the past 12 months, how many times did you actually attempt suicide?  
☐ 0 times  ☐ 1 time  ☐ 2 to 3 times  ☐ 4 to 5 times  ☐ 6 or more times

112. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you a written asthma action plan?  
☐ I do not have asthma.  ☐ No  ☐ Yes  ☐ Not sure

113. During the past 12 months, about how many days of school did you miss because of your asthma?  
☐ I do not have asthma.  ☐ 0 days  ☐ 1 to 3 days  ☐ 4 to 9 days  ☐ 10 to 12 days  ☐ 13 or more days

For questions 114 and 115, write your height and weight in the blank boxes and fill in the matching circle below each number.

114. How tall are you without your shoes on?  
feet inches

115. How much do you weigh without your shoes on?  
pounds

116. During the past 12 months, how many times did you use an indoor tanning device such as sunlamps, sunbed, or tanning booth? (Do not include a spray on tan).  
☐ 0 times  ☐ 1 or 2 times  ☐ 3 to 9 times  ☐ 10 to 19 times  ☐ 20 to 39 times  ☐ 40 or more times

117. How many sunburns did you have in the past 12 months?  
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 6 or more

Survey Instrument

2013 Adolescent Health Report

75
118. During the past 30 days, how often did you:

- feel nervous?
- feel hopeless?
- feel restless or fidgety?
- feel so depressed that nothing could cheer you up?
- feel that everything was an effort?
- feel worthless?

119. During the past 30 days, what type of alcohol did you usually drink? (Select only one response.)

- I did not drink alcohol during the past 30 days.
- I did not have a usual type.
- Beer
- Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
- Wine coolers, such as Bartles & Jaymes or Seagram's.
- Wine
- Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- Some other type.

120. Why do you think kids join gangs? Please rate how important you think the following reasons are for kids to join gangs.

- Belonging (to feel like they belong to a group, accepted by others)
- Security (protection and to feel safe, so they won't get bullied)
- Certainty (to feel sure about themselves and others, give their lives meaning)
- Status (respect, to feel like somebody important, better than other kids)
- Excitement (to do exciting things, have fun and thrills)
- Money/Stuff (make money, to get stuff they wouldn't be able to get on their own)

121. How often do you attend religious services or activities?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

122. Which is your religious preference (choose the ONE religion with which you identify the most)?

- Catholic
- Protestant (such as Baptists, Presbyterians, or Lutherans)
- Jewish
- Another religion
- LDS (Mormon)
- No religious preference

123. How often do you wear a seat belt when riding in a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

124. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I do not drive.
- 2 or 3 times
- 4 or 5 times
- 6 or more times

125. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

126. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who was talking on a cell phone while driving?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

127. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who was texting or using a hand-held electronic device while driving?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

128. How honest were you in filling out this survey?

- I was very honest.
- I was honest most of the time.
- I was honest some of the time.
- I was honest once in a while.
- I was not honest at all.

Responses

<table>
<thead>
<tr>
<th>Extra Questions</th>
<th>Start with 201</th>
</tr>
</thead>
<tbody>
<tr>
<td>201.</td>
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Thank you for completing the survey.

Bach Harrison, L.L.C.
Phone: 801-359-2064
116 South 500 East
Salt Lake City, Utah 84102