

2016 Minnesota Student Survey Tables

Alternative Schools and Area Learning Centers

September 2016

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In Appreciation

We are indebted to the students, parents, teachers, Minnesota Student Survey coordinators, principals and superintendents across the state that agreed to participate in and supported the student survey when it was administered in the first half of 2016. These data are made available as a result of their interest and time, and we are grateful for their efforts.

We are also indebted to the many state agency staff, especially the analysts with the Minnesota Center for Health Statistics at the Minnesota Department of Health, for their tireless work on making these data available.

2016 MINNESOTA STUDENT SURVEY

Survey Participation

The 2016 Minnesota Student Survey (MSS) was administered in the first half of 2016 to public school students in alternative schools and area learning centers. Students who were dually enrolled in alternative schools or area learning centers and regular public schools participated with their regular public schools. The Grade 9/11 survey version was used for students in grades 7-12 who participated in alternative schools and area learning centers.

All schools and districts that participated in the survey followed federal laws regarding parental notification as required by the Protection of Pupil Rights Amendment (PPRA). PPRA requires that schools that participate in the survey notify parents of the survey administration, provide parents the opportunity to review the survey instrument, and allow parents to opt their child out of participating.

Mode of Administration

In 2016, schools could choose to administer the online or with the traditional paper survey. Methods could not be mixed within a single school. The survey questions online were the same as those in the paper survey booklets.

Items on the Tables

The accompanying set of tables includes the responses for all survey items. Items are ordered within the tables according to meaningful domains; the order items appear on the tables is not necessarily the order they appeared in the survey. A Table of Contents is provided on pages v-vi.

New Questions and Year-to-Year Comparisons

Some of the 2016 survey instrument questions were changed from the 2013 survey instrument. While most questions stayed the same, other questions were updated with changes to the question or response options. Some entirely new questions were added, and some questions were dropped. New questions are noted on each table. Caution must be used when making comparisons over time for any questions in which the wording has changed.

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

Validity of Responses

Caution was taken to identify invalid responses and remove them from the analysis. Surveys were eliminated when responses were highly inconsistent or there was a pattern of likely exaggeration. The exact percentage of surveys removed will be available in September 2016.

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**TABLE 1
DEMOGRAPHIC DESCRIPTION**

Alternative Schools and Area Learning Centers

		Gender			
		Male		Female	
		N	%	N	%
Total number of surveys		1,383	100%	1,305	100%
Age	11	1	0%	0	0%
	12	5	0%	10	1%
	13	26	2%	22	2%
	14	59	4%	62	5%
	15	132	10%	121	9%
	16	313	23%	309	24%
	17	455	33%	446	34%
	18	278	20%	236	18%
	19-20	106	8%	79	6%
	21 or older	4	0%	15	1%
	No answer	4	0%	5	0%
Are you a member of any of the following ethnic or cultural groups? Hispanic or Latino/a	Yes	331	24%	274	21%
	No	994	72%	980	75%
	Not answered	58	4%	51	4%
Are you a member of any of the following ethnic or cultural groups? Somali	Yes	35	3%	24	2%
	No	1,232	89%	1,192	91%
	Not answered	116	8%	89	7%
Are you a member of any of the following ethnic or cultural groups? Hmong	Yes	16	1%	6	0%
	No	1,243	90%	1,202	92%
	Not answered	124	9%	97	7%
In addition, what is your race? (If more than one describes you, mark ALL that apply)	American Indian only	83	6%	86	7%
	Asian only	49	4%	53	4%
	Black, African or African American only	148	11%	129	10%
	Native Hawaiian or Pacific Islander only	19	1%	10	1%
	White only	804	58%	730	56%
	Multiple Races (checked more than one)	152	11%	197	15%
	No answer	128	9%	100	8%

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

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Which of the following best describes you?	Heterosexual (straight)	92%	69%
	Bisexual	3%	23%
	Gay or lesbian	1%	3%
	Not sure (questioning)	4%	6%
Do you consider yourself transgender, genderqueer, genderfluid, or unsure about your gender identity?^	Yes	3%	7%
	No	97%	93%
A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?^	Very or mostly feminine	2%	33%
	Somewhat feminine	4%	32%
	Equally feminine and masculine	17%	28%
	Somewhat masculine	32%	5%
	Very or mostly masculine	45%	2%

^ New questions in 2016.

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TABLE 3 SCHOOL PLANS; IEP; CHANGING SCHOOLS; ACADEMIC PERFORMANCE

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
What is the MAIN thing you plan to do RIGHT AFTER high school?	I don't plan to graduate from high school	1%	1%
	Get my GED	2%	3%
	Go to a two-year community or technical college	27%	29%
	Go to a four-year college or university	16%	28%
	Get a license or certificate in a career field	5%	9%
	Attend an apprenticeship program	2%	1%
	Join the military	12%	4%
	Work at a job	25%	19%
	Other	9%	8%
	Do you have an IEP or get special education services?	Yes	21%
No		79%	83%
Since the beginning of this school year, how many times have you changed schools?	0 times	58%	58%
	1 time	30%	30%
	2 times	7%	8%
	3 or more times	5%	4%
How would you describe your grades this school year?	Mostly As	12%	18%
	Mostly Bs	27%	35%
	Mostly Cs	34%	25%
	Mostly Ds	13%	8%
	Mostly Fs	5%	4%
	Mostly Incompletes	4%	5%
	None of these letter grades	6%	6%

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**TABLE 4
FEELINGS ABOUT SCHOOL**

Alternative Schools and Area Learning Centers

		Male	Female	
		%	%	
How often do you care about doing well in school?	All of the time	31%	45%	
	Most of the time	44%	40%	
	Some of the time	21%	14%	
	None of the time	3%	1%	
How often do you go to class unprepared?	All of the time	7%	4%	
	Most of the time	12%	7%	
	Some of the time	47%	39%	
	None of the time	34%	50%	
How often do you pay attention in class?	All of the time	17%	23%	
	Most of the time	51%	55%	
	Some of the time	30%	22%	
	None of the time	2%	1%	
How much do you agree or disagree with each of the following statements?	If something interests me, I try to learn more about it.	Strongly agree	54%	51%
		Agree	44%	46%
		Disagree	2%	3%
		Strongly disagree	1%	0%
	I think things I learn in school are useful.	Strongly agree	13%	13%
		Agree	54%	59%
		Disagree	25%	22%
		Strongly disagree	7%	6%
	Being a student is one of the most important parts of who I am.	Strongly agree	11%	15%
		Agree	40%	42%
		Disagree	37%	33%
		Strongly disagree	12%	11%

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**TABLE 5
FEELINGS ABOUT SCHOOL; SKIPPING SCHOOL**

Alternative Schools and Area Learning Centers

			Male	Female
			%	%
How much do you agree or disagree with each of the following statements?	Overall, adults at my school treat students fairly.	Strongly agree	31%	32%
		Agree	52%	50%
		Disagree	12%	13%
		Strongly disagree	5%	5%
	Adults at my school listen to the students.	Strongly agree	27%	27%
		Agree	54%	55%
		Disagree	14%	15%
		Strongly disagree	4%	3%
	The school rules are fair.	Strongly agree	23%	23%
		Agree	51%	54%
		Disagree	20%	19%
		Strongly disagree	5%	4%
	At my school, teachers care about students.	Strongly agree	34%	36%
		Agree	54%	53%
		Disagree	9%	9%
		Strongly disagree	3%	2%
	Most teachers at my school are interested in me as a person.	Strongly agree	25%	27%
		Agree	48%	50%
		Disagree	21%	19%
		Strongly disagree	5%	4%
During the last 30 days, how many times have you skipped school or cut classes, but NOT a full day of school, without being excused?	None	46%	41%	
	Once or twice	24%	27%	
	3 to 5 times	15%	16%	
	6 to 9 times	6%	7%	
	10 or more times	9%	9%	
During the last 30 days, how many times have you skipped school or cut a FULL day of school or classes without being excused?	None	53%	49%	
	Once or twice	24%	24%	
	3 to 5 times	13%	13%	
	6 to 9 times	5%	7%	
	10 or more times	5%	7%	

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TABLE 6 TIME AWAY FROM CLASS

Alternative Schools and Area Learning Centers

<i>During the last 30 days, how many times have you...</i>		Male	Female
		%	%
...gone to the nurses office?	None	81%	71%
	Once or twice	15%	21%
	3 to 5 times	3%	6%
	6 to 9 times	1%	1%
	10 or more times	0%	1%
...stayed home because you were sick?	None	45%	32%
	Once or twice	39%	44%
	3 to 5 times	12%	17%
	6 to 9 times	3%	5%
	10 or more times	1%	2%
...been sent to the office for discipline?	None	79%	86%
	Once or twice	14%	11%
	3 to 5 times	5%	3%
	6 to 9 times	1%	0%
	10 or more times	2%	0%
...had in-school suspension (ISS)?	None	94%	96%
	Once or twice	4%	3%
	3 to 5 times	1%	0%
	6 to 9 times	1%	0%
	10 or more times	1%	0%
...been suspended from school (out-of-school suspension/ OSS)?	None	92%	93%
	Once or twice	7%	6%
	3 to 5 times	1%	0%
	6 to 9 times	0%	0%
	10 or more times	1%	0%

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**TABLE 7
INTERACTIONS WITH A SCHOOL RESOURCE/POLICE
OFFICER[^]**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Is there a police officer or School Resource Officer (SRO) at your school?	Yes	42%	46%
	No	27%	24%
	I don't know	30%	30%

Alternative Schools and Area Learning Centers

<i>INCLUDES ONLY THOSE WHO HAVE A SCHOOL RESOURCE OR POLICE OFFICER (SRO) AT THEIR SCHOOL</i>		Male	Female
		%	%
If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer	Strongly agree	17%	20%
	Agree	32%	38%
	Disagree	27%	30%
	Strongly disagree	24%	12%
I would feel comfortable going to my school's police officer/SRO if I was having problems or needed help	Strongly agree	18%	21%
	Agree	39%	46%
	Disagree	27%	26%
	Strongly disagree	17%	8%
I think it is a good idea to have an SRO or police officer at our school	Strongly agree	34%	39%
	Agree	44%	50%
	Disagree	13%	9%
	Strongly disagree	10%	3%

[^] All questions on this table were new in 2016.

2016 Minnesota Student Survey

**TABLE 8
PERCEPTIONS OF SAFETY**

Alternative Schools and Area Learning Centers

			Male	Female
			%	%
How much do you agree or disagree with each of the following statements?	I feel safe going to and from school.	Strongly agree	51%	46%
		Agree	43%	49%
		Disagree	4%	4%
		Strongly disagree	2%	1%
	I feel safe at school.	Strongly agree	44%	40%
		Agree	46%	52%
		Disagree	7%	6%
		Strongly disagree	3%	1%
	I feel safe in my neighborhood.	Strongly agree	51%	42%
		Agree	41%	50%
		Disagree	6%	6%
		Strongly disagree	1%	1%
	I feel safe at home.	Strongly agree	60%	52%
		Agree	35%	43%
		Disagree	4%	4%
		Strongly disagree	1%	1%

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TABLE 9A
AFTER SCHOOL SUPERVISION

Alternative Schools and Area Learning Centers

<i>During a typical week, how often do you go to the following places after school?</i>		Male %	Female %
I stay at my school or go to another school	0 days	77%	75%
	1 day	5%	5%
	2 days	3%	4%
	3 to 4 days	5%	5%
	5 days	10%	12%
My home or another home such as a friend's, relative's or neighbor's	0 days	17%	14%
	1 day	10%	11%
	2 days	13%	12%
	3 to 4 days	16%	18%
	5 days	44%	46%
A rec, community or other youth center	0 days	84%	88%
	1 day	7%	6%
	2 days	5%	3%
	3 to 4 days	2%	2%
	5 days	2%	1%
A park or other outdoor space	0 days	61%	68%
	1 day	14%	15%
	2 days	13%	10%
	3 to 4 days	6%	4%
	5 days	6%	3%
A library	0 days	91%	87%
	1 day	6%	8%
	2 days	3%	3%
	3 to 4 days	0%	1%
	5 days	1%	1%
A church, synagogue, mosque, or other spiritual/religious place	0 days	87%	85%
	1 day	8%	10%
	2 days	3%	3%
	3 to 4 days	1%	1%
	5 days	1%	1%
A job	0 days	55%	56%
	1 day	3%	3%
	2 days	8%	7%
	3 to 4 days	19%	19%
	5 days	15%	14%

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TABLE 10A BEING BULLIED FOR SPECIFIC REASONS

Alternative Schools and Area Learning Centers

<i>During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?</i>		Male	Female
		%	%
Your race, ethnicity or national origin	Never	90%	91%
	Once or twice	6%	7%
	About once a week	1%	1%
	Several times a week	1%	1%
	Every day	1%	1%
Your religion	Never	95%	93%
	Once or twice	3%	5%
	About once a week	1%	1%
	Several times a week	1%	0%
	Every day	1%	0%
Your gender (being male, female, transgender, etc.)[^]	Never	96%	93%
	Once or twice	2%	5%
	About once a week	1%	1%
	Several times a week	1%	1%
	Every day	1%	0%
Your gender expression (your style, dress, or the way you walk or talk)^{^^}	Never	90%	80%
	Once or twice	7%	14%
	About once a week	1%	2%
	Several times a week	1%	2%
	Every day	1%	2%

[^] Change in question wording from 2013 survey to include "transgender, etc."

^{^^} New question in 2016.

2016 Minnesota Student Survey

TABLE 10B BEING BULLIED FOR SPECIFIC REASONS

Alternative Schools and Area Learning Centers

<i>During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?</i>		Male	Female
		%	%
Because you are gay, lesbian or bisexual, or because someone thought you were	Never	95%	92%
	Once or twice	3%	6%
	About once a week	1%	1%
	Several times a week	1%	1%
	Every day	1%	0%
A physical or mental disability	Never	94%	91%
	Once or twice	3%	6%
	About once a week	1%	2%
	Several times a week	1%	1%
	Every day	1%	0%
Your size or weight[^]	Never	86%	75%
	Once or twice	9%	16%
	About once a week	2%	4%
	Several times a week	1%	2%
	Every day	1%	2%
Your physical appearance[^]	Never	84%	74%
	Once or twice	11%	17%
	About once a week	2%	4%
	Several times a week	2%	2%
	Every day	1%	2%

[^] Change in question wording from 2013.

2016 Minnesota Student Survey

TABLE 11
BEING BULLIED OR HARASSED AT SCHOOL; BEING CYBERBULLIED
Alternative Schools and Area Learning Centers

		Male	Female	
		%	%	
During the last 30 days, on how many days have other students at school...	...pushed, shoved slapped, hit or kicked you when they weren't kidding around?	Never	92%	93%
		Once or twice	5%	6%
		About once a week	1%	1%
		Several times a week	1%	0%
		Every day	1%	0%
	...threatened to beat you up?	Never	89%	87%
		Once or twice	8%	10%
		About once a week	2%	2%
		Several times a week	1%	1%
		Every day	1%	0%
	...spread mean rumors or lies about you?	Never	86%	70%
		Once or twice	9%	20%
		About once a week	3%	4%
		Several times a week	0%	3%
		Every day	1%	2%
	...made sexual jokes, comments or gestures towards you?	Never	89%	78%
		Once or twice	6%	14%
		About once a week	1%	4%
		Several times a week	1%	3%
		Every day	2%	1%
...excluded you from friends, other students or activities?	Never	89%	79%	
	Once or twice	6%	13%	
	About once a week	2%	3%	
	Several times a week	2%	2%	
	Every day	2%	2%	
During the last 30 days, how often have you been bullied through e-mail, chat rooms, instant messaging, websites or texting?	Never	91%	73%	
	Once or twice	5%	18%	
	About once a week	1%	4%	
	Several times a week	1%	3%	
	Every day	1%	2%	

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TABLE 12
BULLYING OR HARASSING OTHER STUDENTS AT SCHOOL
Alternative Schools and Area Learning Centers

			Male	Female
			%	%
During the last 30 days, how many times at school have YOU...	...pushed, shoved slapped, hit or kicked someone when you weren't kidding around?	Never	93%	96%
		Once or twice	5%	4%
		About once a week	0%	0%
		Several times a week	0%	0%
		Every day	1%	0%
	...threatened or beat someone up?	Never	88%	89%
		Once or twice	9%	10%
		About once a week	1%	1%
		Several times a week	1%	1%
		Every day	1%	0%
	...spread mean rumors or lies about someone else?	Never	95%	93%
		Once or twice	3%	6%
		About once a week	0%	1%
		Several times a week	0%	0%
		Every day	1%	1%
	...made sexual jokes, comments or gestures towards someone else?	Never	91%	93%
		Once or twice	5%	5%
		About once a week	1%	1%
		Several times a week	1%	1%
		Every day	2%	1%
...excluded someone from friends, other students or activities?	Never	94%	92%	
	Once or twice	4%	6%	
	About once a week	0%	0%	
	Several times a week	0%	0%	
	Every day	1%	1%	

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TABLE 13A ENRICHMENT ACTIVITIES

Alternative Schools and Area Learning Centers

		Male	Female	
		%	%	
Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?	Yes	34%	32%	
	No	19%	17%	
	I don't know what programs are available in my community	47%	50%	
During a typical week, how often do you participate in the following activities outside of the regular school day?	Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams[^]	0 days	80%	89%
		1 day	5%	4%
		2 days	5%	4%
		3 to 4 days	4%	2%
		5 or more days	6%	2%
	School sponsored activities or clubs that are not sports, such as drama, music, chess or science club	0 days	92%	91%
		1 day	3%	4%
		2 days	2%	2%
		3 to 4 days	1%	2%
		5 or more days	1%	1%
	Tutoring, homework help or academic programs	0 days	93%	91%
		1 day	3%	4%
		2 days	2%	3%
		3 to 4 days	1%	1%
		5 or more days	1%	1%

[^] Change in question wording from 2013.

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TABLE 13B ENRICHMENT ACTIVITIES

Alternative Schools and Area Learning Centers

<i>During a typical week, how often do you participate in the following activities outside of the regular school day?</i>		Male	Female
		%	%
Leadership activities such as student government, youth councils or committees	0 days	93%	93%
	1 day	3%	4%
	2 days	1%	1%
	3 to 4 days	1%	1%
	5 or more days	1%	1%
Artistic lessons, such as music or dance[^]	0 days	92%	88%
	1 day	4%	4%
	2 days	1%	3%
	3 to 4 days	2%	2%
	5 or more days	2%	3%
Physical activity lessons, such as tennis or karate[^]	0 days	88%	93%
	1 day	4%	3%
	2 days	4%	2%
	3 to 4 days	3%	1%
	5 or more days	2%	1%
Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed	0 days	95%	96%
	1 day	3%	3%
	2 days	1%	1%
	3 to 4 days	1%	0%
	5 or more days	0%	0%
Religious activities such as religious services, education or youth group	0 days	91%	89%
	1 day	5%	7%
	2 days	2%	3%
	3 to 4 days	1%	1%
	5 or more days	1%	0%

[^] Change in question wording from 2013.

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TABLE 14 QUALITY OF YOUTH ACTIVITIES[^]

Alternative Schools and Area Learning Centers

<i>When you spend time doing activities outside of the regular school day, how often do you...</i>		Male %	Female %
...feel safe?	Rarely or never	8%	5%
	Sometimes	10%	14%
	Often	33%	36%
	Very often	49%	44%
...learn skills like teamwork or leadership?	Rarely or never	22%	22%
	Sometimes	33%	32%
	Often	27%	30%
	Very often	18%	17%
...develop trusting relationships with peers your age?	Rarely or never	21%	22%
	Sometimes	27%	31%
	Often	31%	30%
	Very often	21%	18%
...develop trusting relationships with adults?	Rarely or never	22%	21%
	Sometimes	30%	32%
	Often	29%	27%
	Very often	19%	19%
...help make decisions?	Rarely or never	16%	13%
	Sometimes	35%	38%
	Often	34%	32%
	Very often	16%	17%
...do something that gives you joy and energy?	Rarely or never	12%	11%
	Sometimes	24%	33%
	Often	36%	33%
	Very often	27%	24%
...learn skills that you can use in a future job?	Rarely or never	18%	20%
	Sometimes	35%	38%
	Often	29%	25%
	Very often	18%	17%

[^] All questions on this table were new in 2016. These items are a subscale of the Constructive Use of Time Scale from the Developmental Assets Profile (DAP) (Search Institute, Minneapolis, MN).

2016 Minnesota Student Survey

**TABLE 15
FAMILY COMPOSITION AND SITUATIONS**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Which adults do you live with?	Both biological parents	30%	24%
	Both adoptive parents	1%	2%
	Mother and stepfather	11%	10%
	Father and stepmother	2%	2%
	Mother and partner	3%	4%
	Father and partner	1%	1%
	Mother only	27%	31%
	Father only	7%	7%
	Sometimes with mother, sometimes with father	5%	5%
	Other (relatives, foster care, etc)	10%	11%
	No adults	3%	4%
During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay?	No	86%	84%
	Yes, with my parents or an adult family member	7%	9%
	Yes, on my own without any adult family members	7%	8%
Have any of your parents or guardians ever been in jail or prison?	None of my parents or guardians has ever been in jail or prison	57%	53%
	Yes, I have a parent or guardian in jail or prison right now	7%	7%
	Yes, I have had a parent or guardian in jail or prison in the past	38%	43%

2016 Minnesota Student Survey

TABLE 16 PARENTAL COMMUNICATION

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Can you talk to your father about problems you are having?	Yes, most of the time	31%	19%
	Yes, some of the time	22%	21%
	No, not very often	13%	17%
	No, not at all	10%	13%
	My father is not around	23%	29%
Can you talk to your mother about problems you are having?	Yes, most of the time	43%	42%
	Yes, some of the time	29%	27%
	No, not very often	14%	16%
	No, not at all	9%	9%
	My mother is not around	5%	6%

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TABLE 17
PERCEPTIONS OF FAMILY AND OTHERS CARING
Alternative Schools and Area Learning Centers

<i>How much do you feel ...</i>		Male	Female
		%	%
... your parents care about you?	Not at all	5%	5%
	A little	7%	9%
	Some	10%	14%
	Quite a bit	22%	20%
	Very much	57%	52%
... other adult relatives care about you?	Not at all	7%	7%
	A little	9%	11%
	Some	19%	22%
	Quite a bit	29%	27%
	Very much	36%	33%
... friends care about you?	Not at all	5%	6%
	A little	9%	14%
	Some	26%	25%
	Quite a bit	30%	26%
	Very much	29%	30%
... teachers/ other adults at school care about you?	Not at all	11%	10%
	A little	19%	20%
	Some	30%	27%
	Quite a bit	24%	24%
	Very much	16%	18%
... adults in your community care about you?	Not at all	27%	30%
	A little	24%	22%
	Some	23%	22%
	Quite a bit	14%	13%
	Very much	12%	12%

2016 Minnesota Student Survey

TABLE 18 FAMILY SUBSTANCE ABUSE; PHYSICAL AND SEXUAL VIOLENCE

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Do you live with anyone who drinks too much alcohol?	Yes	14%	18%
	No	86%	82%
Do you live with anyone who uses illegal drugs or abuses prescription drugs?	Yes	13%	15%
	No	87%	85%
Does a parent or other adult in your home regularly swear at you, insult you or put you down?	Yes	18%	26%
	No	82%	74%
Has a parent or other adult in your household ever hit, beat, kicked or physically hurt you in any way?	Yes	17%	21%
	No	83%	79%
Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?	Yes	12%	17%
	No	88%	83%
Has any adult or other person outside of the family ever touched you sexually against your wishes or forced you to touch them sexually?	Yes	4%	21%
	No	96%	79%
Has any older or stronger member of your family ever touched you or had you touch them sexually?	Yes	3%	11%
	No	97%	89%

2016 Minnesota Student Survey

TABLE 19 RELATIONSHIP VIOLENCE

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Have you ever had a boyfriend or girlfriend in a dating or serious relationship who called you names or put you down verbally?	Yes	18%	41%
	No	82%	59%
Have you ever had a boyfriend or girlfriend in a dating or serious relationship who hit, slapped or physically hurt you on purpose?	Yes	12%	25%
	No	88%	75%
Have you ever had a boyfriend or girlfriend in a dating or serious relationship who pressured you into having sex when you did not want to?	Yes	8%	27%
	No	92%	73%
Have YOU ever done any of the following to a boyfriend or girlfriend in a dating or serious relationship: called him/her names or put him/her down verbally?	Yes	11%	23%
	No	89%	77%
Have YOU ever done any of the following to a boyfriend or girlfriend in a dating or serious relationship: hit, slapped or physically hurt him/her on purpose?	Yes	3%	15%
	No	97%	85%
Have YOU ever done any of the following to a boyfriend or girlfriend in a dating or serious relationship: pressured him/her into having sex when he/she did not want to?	Yes	5%	3%
	No	95%	97%

2016 Minnesota Student Survey

**TABLE 20
GENERAL HEALTH AND HEALTH CONDITIONS**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
How would you describe your health in general?	Excellent	19%	10%
	Very good	27%	21%
	Good	35%	41%
	Fair	15%	23%
	Poor	3%	5%
Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.	Yes	18%	23%
	No	82%	77%
Has a doctor or nurse ever told you that you have asthma?	Yes	22%	24%
	No	78%	76%
Has a doctor or nurse ever told you that you have an allergy that requires you to carry an epi-pen?	Yes	5%	4%
	No	95%	96%
Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more.	Yes	27%	52%
	No	73%	48%
Weight status according to Body Mass Index (BMI)**	Not overweight	64%	57%
	Overweight	15%	24%
	Obese	22%	20%

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

Not overweight: Less than the 85th percentile

Overweight: 85th to less than the 95th percentile

Obese: Equal to or greater than the 95th percentile

2016 Minnesota Student Survey

TABLE 21 HEALTH CARE ACCESS

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?	During the last year	55%	66%
	Between 1 and 2 years ago	24%	20%
	More than 2 years ago	14%	9%
	Never	7%	5%
When was the last time you saw a dentist or dental hygienist for a regular check-up, exam or teeth cleaning or other dental work?	During the last year	58%	61%
	Between 1 and 2 years ago	21%	22%
	More than 2 years ago	17%	14%
	Never	4%	4%
Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)	No	71%	47%
	Yes, during the last year	18%	36%
	Yes, more than a year ago	17%	29%
Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)	No	86%	84%
	Yes, during the last year	9%	11%
	Yes, more than a year ago	6%	7%

2016 Minnesota Student Survey

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

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY?	0 days	16%	24%
	1 day	7%	12%
	2 days	11%	17%
	3 days	15%	18%
	4 days	12%	10%
	5 days	13%	8%
	6 days	5%	3%
	7 days	20%	8%
During a typical school week, on how many days do you go to physical education (PE or gym) classes?	0 days	58%	72%
	1 day	4%	4%
	2 days	4%	4%
	3 days	5%	3%
	4 days	5%	3%
	5 days	23%	14%
During a typical school night, how many hours of sleep do you get?	4 hours or less	15%	14%
	5 hours	18%	19%
	6 hours	23%	26%
	7 hours	23%	21%
	8 hours	15%	15%
	9 hours	4%	4%
	10 or more hours	2%	2%
During the last 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed or tanning booth?	0 times	94%	90%
	1 or 2 times	2%	5%
	3 to 9 times	1%	3%
	10 to 19 times	1%	1%
	20 to 39 times	0%	1%
	40 or more times	1%	0%

2016 Minnesota Student Survey

TABLE 23 EATING MEALS

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?	Yes	13%	17%
	No	87%	83%
During a typical school week, where do you usually get your lunch? (Mark ALL that apply)	I usually don't eat lunch	27%	35%
	Regular school lunch from the cafeteria	58%	53%
	The a la carte line (buy individual items)	3%	4%
	School store or vending machine	8%	7%
	Fast food restaurant, gas station or somewhere else outside of school	21%	21%
	I bring lunch from home	11%	14%
Do you currently get free or reduced-price lunch at school?	Yes	59%	65%
	No	41%	35%

2016 Minnesota Student Survey

TABLE 24A NUTRITION

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 7 days, how many times did you drink 100% fruit juices such as orange, apple or grape juice?	I did NOT eat or drink this	24%	21%
	1 to 3 times in the last 7 days	37%	41%
	4 to 6 times in the last 7 days	17%	15%
	1 time per day	7%	9%
	2 times per day	6%	6%
	3 times per day	3%	3%
	4 or more times per day	6%	6%
During the last 7 days, how many times did you eat fruit?	I did NOT eat or drink this	20%	14%
	1 to 3 times in the last 7 days	38%	39%
	4 to 6 times in the last 7 days	18%	18%
	1 time per day	10%	11%
	2 times per day	6%	8%
	3 times per day	3%	4%
	4 or more times per day	6%	6%
During the last 7 days, how many times did you eat green salad, potatoes, carrots or other vegetables (Do not count French fries, fried potatoes or potato chips)?	I did NOT eat or drink this	25%	18%
	1 to 3 times in the last 7 days	35%	36%
	4 to 6 times in the last 7 days	18%	18%
	1 time per day	11%	13%
	2 times per day	5%	7%
	3 times per day	2%	3%
	4 or more times per day	4%	5%
During the last 7 days, how many times did you eat from a fast food restaurant, including carry-out or delivery?	I did NOT eat or drink this	19%	16%
	1 to 3 times in the last 7 days	53%	53%
	4 to 6 times in the last 7 days	15%	17%
	1 time per day	7%	6%
	2 times per day	2%	3%
	3 times per day	2%	1%
	4 or more times per day	3%	3%

2016 Minnesota Student Survey

**TABLE 24B
NUTRITION**

Alternative Schools and Area Learning Centers

How many cans, bottles or glasses of each of the following did you drink yesterday?		Male	Female
		%	%
Milk	0	29%	46%
	1 to 2	46%	40%
	3 to 4	16%	10%
	5 to 6	5%	2%
	7 or more	4%	2%
Pop or soda	0	33%	38%
	1 to 2	44%	43%
	3 to 4	14%	12%
	5 to 6	5%	3%
	7 or more	3%	3%
Sports drinks, such as Gatorade or Powerade	0	58%	67%
	1 to 2	26%	22%
	3 to 4	10%	7%
	5 to 6	4%	2%
	7 or more	2%	2%
Energy drinks, such as Red Bull or Jolt	0	76%	83%
	1 to 2	16%	12%
	3 to 4	5%	3%
	5 to 6	2%	1%
	7 or more	2%	1%
Other sugar-sweetened drinks, such as sweet tea, lemonade, coffee drinks or juice drinks	0	43%	39%
	1 to 2	37%	41%
	3 to 4	14%	13%
	5 to 6	3%	3%
	7 or more	2%	3%
Water	0	7%	7%
	1 to 2	21%	27%
	3 to 4	26%	24%
	5 to 6	19%	15%
	7 or more	27%	27%

2016 Minnesota Student Survey

**TABLE 25
VEHICLE SAFETY**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
When driving a car, how often do you wear a seat belt?	I don't drive a car	33%	33%
	I never do this	3%	1%
	Sometimes	8%	8%
	Often	11%	9%
	Always	45%	50%
When driving a car, how often do you send or read incoming text messages or emails?^	I don't drive a car	37%	41%
	I never do this	29%	25%
	Sometimes	20%	19%
	Often	8%	7%
	Always	6%	8%
When driving a car, how often do you make or answer a phone call?	I don't drive a car	37%	40%
	I never do this	17%	17%
	Sometimes	26%	24%
	Often	13%	11%
	Always	8%	8%
How often do you wear a seat belt when you ride in the FRONT seat of a car?	I don't ride in the front seat	2%	1%
	Always	70%	75%
	Often	14%	14%
	Sometimes	10%	8%
	I never wear a seatbelt	3%	2%
How often do you wear a seat belt when you ride in the BACK seat of a car?	I don't ride in the back seat	7%	4%
	Always	48%	48%
	Often	17%	19%
	Sometimes	18%	21%
	I never wear a seatbelt	11%	7%

^ Change in question wording from 2013.

2016 Minnesota Student Survey

TABLE 26A SELF DESCRIPTION[^]

Alternative Schools and Area Learning Centers

<i>In general, how does each of the following statements describe you?</i>		Male	Female
		%	%
I feel in control of my life and future.	Not at all or rarely	12%	15%
	Somewhat or sometimes	26%	37%
	Very or often	34%	28%
	Extremely or almost always	28%	20%
I feel good about myself.	Not at all or rarely	11%	21%
	Somewhat or sometimes	28%	38%
	Very or often	33%	26%
	Extremely or almost always	28%	16%
I feel good about my future.	Not at all or rarely	14%	15%
	Somewhat or sometimes	30%	40%
	Very or often	33%	27%
	Extremely or almost always	23%	18%
I deal with disappointment without getting too upset.	Not at all or rarely	18%	24%
	Somewhat or sometimes	36%	43%
	Very or often	33%	23%
	Extremely or almost always	13%	10%
I find good ways to deal with things that are hard in my life.	Not at all or rarely	15%	19%
	Somewhat or sometimes	35%	46%
	Very or often	34%	22%
	Extremely or almost always	17%	13%
I am thinking about what my purpose is in life.	Not at all or rarely	13%	10%
	Somewhat or sometimes	24%	27%
	Very or often	37%	35%
	Extremely or almost always	27%	29%

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

2016 Minnesota Student Survey

TABLE 26B SELF DESCRIPTION[^]

Alternative Schools and Area Learning Centers

<i>In general, how does each of the following statements describe you?</i>		Male	Female
		%	%
I say no to things that are dangerous or unhealthy.	Not at all or rarely	15%	15%
	Somewhat or sometimes	30%	34%
	Very or often	30%	27%
	Extremely or almost always	25%	23%
I build friendships with other people.	Not at all or rarely	12%	17%
	Somewhat or sometimes	32%	39%
	Very or often	34%	27%
	Extremely or almost always	22%	17%
I express my feelings in proper ways.	Not at all or rarely	21%	21%
	Somewhat or sometimes	37%	45%
	Very or often	30%	24%
	Extremely or almost always	13%	11%
I plan ahead and make good choices.	Not at all or rarely	13%	12%
	Somewhat or sometimes	40%	46%
	Very or often	33%	30%
	Extremely or almost always	14%	12%
I stay away from bad influences.	Not at all or rarely	18%	18%
	Somewhat or sometimes	36%	38%
	Very or often	28%	26%
	Extremely or almost always	18%	17%
I resolve conflicts without anyone getting hurt.	Not at all or rarely	14%	10%
	Somewhat or sometimes	34%	41%
	Very or often	34%	32%
	Extremely or almost always	17%	17%

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

2016 Minnesota Student Survey

TABLE 26C SELF DESCRIPTION[^]

Alternative Schools and Area Learning Centers

<i>In general, how does each of the following statements describe you?</i>		Male	Female
		%	%
I accept people who are different from me.	Not at all or rarely	7%	3%
	Somewhat or sometimes	16%	10%
	Very or often	39%	31%
	Extremely or almost always	37%	56%
I am sensitive to the needs and feelings of others.	Not at all or rarely	15%	8%
	Somewhat or sometimes	30%	25%
	Very or often	35%	34%
	Extremely or almost always	20%	33%
I feel valued and appreciated by others.	Not at all or rarely	17%	19%
	Somewhat or sometimes	35%	44%
	Very or often	34%	25%
	Extremely or almost always	14%	11%
I am included in family tasks and decisions.	Not at all or rarely	15%	16%
	Somewhat or sometimes	31%	33%
	Very or often	34%	29%
	Extremely or almost always	20%	21%
I am given useful roles and responsibilities.	Not at all or rarely	11%	11%
	Somewhat or sometimes	31%	32%
	Very or often	38%	34%
	Extremely or almost always	21%	23%

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

2016 Minnesota Student Survey

TABLE 27A EMOTIONAL WELL-BEING AND DISTRESS[^]

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	Not at all	42%	28%
	Several days	35%	36%
	More than half the days	14%	21%
	Nearly every day	10%	15%
Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?	Not at all	51%	28%
	Several days	27%	32%
	More than half the days	12%	19%
	Nearly every day	10%	21%

[^] Both questions on this table were new in 2016.

2016 Minnesota Student Survey

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

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?	0 times	83%	61%
	1 or 2 times	7%	15%
	3 to 5 times	3%	7%
	6 to 9 times	3%	4%
	10 to 19 times	1%	4%
	20 or more times	3%	8%
Have you ever seriously considered attempting suicide? (Mark all that apply)	No	71%	46%
	Yes, during the last year	15%	31%
	Yes, more than a year ago	19%	36%
Have you ever actually attempted suicide? (Mark all that apply)	No	85%	64%
	Yes, during the last year	6%	15%
	Yes, more than a year ago	11%	26%

2016 Minnesota Student Survey

**TABLE 29
PROBLEMATIC AND ANTISOCIAL BEHAVIOR**

Alternative Schools and Area Learning Centers

<i>During the last 12 months...</i>			Male	Female	
			%	%	
...did you do any of the following TWO OR MORE TIMES?	Lie or con to get things you wanted or to avoid having to do something	Yes	50%	52%	
		No	50%	48%	
	Have a hard time paying attention at school, work or home	Yes	65%	72%	
		No	35%	28%	
	Have a hard time listening to instructions at school, work or home	Yes	54%	56%	
		No	46%	44%	
	Be a bully or threaten other people	Yes	14%	10%	
		No	86%	90%	
	Start fights with other people	Yes	17%	14%	
		No	83%	86%	
	...how often have you run away from home?	Never		86%	78%
		Once or twice		11%	16%
3 to 5 times		2%	4%		
6 to 9 times		1%	1%		
10 or more times		1%	1%		
...how often have you damaged or destroyed property?	Never		71%	77%	
	Once or twice		18%	17%	
	3 to 5 times		6%	4%	
	6 to 9 times		2%	1%	
	10 or more times		2%	1%	
...how often have you hit or beat up another person?	Never		73%	78%	
	Once or twice		18%	17%	
	3 to 5 times		6%	3%	
	6 to 9 times		2%	1%	
	10 or more times		2%	1%	
...how often have you taken something from a store without paying for it?	Never		75%	69%	
	Once or twice		13%	15%	
	3 to 5 times		3%	7%	
	6 to 9 times		3%	4%	
	10 or more times		6%	5%	

2016 Minnesota Student Survey

TABLE 30A GAMBLING BEHAVIOR[^]

Alternative Schools and Area Learning Centers

<i>During the last 12 months, how often have you done the following gambling/betting activities?</i>		Male	Female
		%	%
Played cards, bet on sports teams or games of personal skill like video gaming, pool, golf or bowling	Not at all	64%	83%
	Less than once a month	14%	8%
	About once a month	9%	3%
	About once a week	6%	2%
	2 to 6 times a week	4%	1%
	Daily	4%	2%
Bought lottery tickets or scratch offs	Not at all	77%	79%
	Less than once a month	13%	12%
	About once a month	5%	5%
	About once a week	3%	2%
	2 to 6 times a week	1%	1%
	Daily	1%	1%
Gambled in a casino	Not at all	84%	89%
	Less than once a month	8%	6%
	About once a month	5%	3%
	About once a week	1%	1%
	2 to 6 times a week	1%	0%
	Daily	1%	0%
Gambled for money online	Not at all	93%	98%
	Less than once a month	3%	1%
	About once a month	2%	0%
	About once a week	1%	0%
	2 to 6 times a week	1%	0%
	Daily	1%	0%

[^] All questions on this table were new in 2016.

2016 Minnesota Student Survey

TABLE 30B GAMBLING BEHAVIOR[^]

Alternative Schools and Area Learning Centers

INCLUDES ONLY THOSE WHO HAVE PARTICIPATED IN ANY GAMBLING ACTIVITIES IN THE LAST 12 MONTHS		Male	Female
		%	%
...hidden your gambling/betting from your parents, other family members or teachers?	Never	88%	95%
	Sometimes	8%	3%
	Many times	1%	1%
	All of the time	3%	1%
...felt that you might have a problem with gambling/betting?	Never	93%	95%
	Sometimes	5%	4%
	Many times	1%	1%
	All of the time	1%	1%
...skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?	Never	92%	96%
	Sometimes	5%	3%
	Many times	2%	1%
	All of the time	1%	0%

[^] All questions on this table were new in 2016.

2016 Minnesota Student Survey

TABLE 31
SUMMARY OF SUBSTANCE USE**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Use of conventional tobacco products (cigarettes, cigars, smokeless tobacco) during the past 30 days	No	55%	52%
	Yes	45%	48%
Use of any tobacco products, including e-cigarettes and hookah, during the past 30 days	No	45%	45%
	Yes	55%	55%
Frequent binge drinking in the past year (typically drank 5 or more drinks at a time and drank on 10 or more occasions during the past year)	No	88%	92%
	Yes	12%	8%
Any alcohol and/or other drug use during the past year (excluding tobacco)	No alcohol or marijuana or other drug use in the past year	33%	28%
	Used only alcohol in the past year	11%	11%
	Used alcohol and marijuana in past year, but not other drugs	14%	16%
	Used marijuana or other drugs but not alcohol in the past year	14%	12%
	Used alcohol and marijuana or other drugs in the past year	27%	32%

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

^ New computed variable in 2016.

2016 Minnesota Student Survey

TABLE 33
TOBACCO USE

Alternative Schools and Area Learning Centers

		Male	Female
During the last 30 days, on how many days did you ...		%	%
...smoke a cigarette?	0 days	62%	55%
	1 to 2 days	8%	10%
	3 to 9 days	6%	7%
	10 to 19 days	5%	6%
	20 to 29 days	5%	6%
	All 30 days	14%	17%
...smoke cigars, cigarillos or little cigars?	0 days	75%	81%
	1 to 2 days	10%	9%
	3 to 9 days	7%	4%
	10 to 19 days	4%	3%
	20 to 29 days	2%	1%
	All 30 days	3%	2%
...use chewing tobacco, snuff or dip?	0 days	84%	95%
	1 to 2 days	5%	3%
	3 to 9 days	3%	1%
	10 to 19 days	3%	1%
	20 to 29 days	2%	0%
	All 30 days	4%	0%
...use an electronic cigarette (e-cigarette, e-hookah, vaping pen)?^	0 days	63%	67%
	1 to 2 days	11%	12%
	3 to 9 days	9%	10%
	10 to 19 days	6%	5%
	20 to 29 days	3%	2%
	All 30 days	8%	5%
...use a hookah or a waterpipe to smoke tobacco?^	0 days	88%	86%
	1 to 2 days	5%	7%
	3 to 9 days	2%	4%
	10 to 19 days	2%	2%
	20 to 29 days	1%	0%
	All 30 days	2%	1%
During the last 30 days, on how many days did you smoke cigarettes or other tobacco products that were flavored to taste like mint or menthol?^	0 days	69%	62%
	1 to 2 days	10%	12%
	3 to 9 days	7%	9%
	10 to 19 days	5%	6%
	20 to 29 days	3%	4%
	All 30 days	5%	8%
During the last 30 days, on how many days did you use any tobacco product that was some other flavor, like candy, fruit, chocolate, clove, spice or alcoholic drinks?^	0 days	72%	74%
	1 to 2 days	9%	9%
	3 to 9 days	6%	8%
	10 to 19 days	5%	5%
	20 to 29 days	2%	1%
	All 30 days	5%	2%

^ New questions in 2016.

2016 Minnesota Student Survey

**TABLE 35
ALCOHOL USE FREQUENCY AND QUANTITY**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?	0 days	65%	58%
	1 or 2 days	16%	19%
	3 to 5 days	7%	11%
	6 to 9 days	6%	6%
	10 to 19 days	4%	4%
	20 to 29 days	1%	0%
	All 30 days	2%	1%
During the last 12 months, on how many occasions (if any) have you had alcoholic beverages to drink?	0	49%	42%
	1-2	12%	18%
	3-5	9%	12%
	6-9	7%	10%
	10-19	9%	9%
	20-39	6%	6%
	40+	7%	4%
If you drink beer/wine/wine coolers/liquor, generally how much (if any) do you drink at one time?	I don't drink beer/wine/wine coolers/liquor	55%	49%
	1 glass/can/drink	7%	10%
	2 glasses/cans/drinks	6%	11%
	3 glasses/cans/drinks	8%	10%
	4 glasses/cans/drinks	6%	7%
	5 or more glasses/cans/drinks	19%	14%
During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a couple of hours?	0 days	76%	73%
	1 day	7%	8%
	2 days	6%	8%
	3 to 5 days	5%	6%
	6 to 9 days	3%	3%
	10 to 19 days	1%	1%
	20 or more days	1%	1%

2016 Minnesota Student Survey

TABLE 36
AGE OF FIRST USE OF ALCOHOL AND MARIJUANA
Alternative Schools and Area Learning Centers

		Male	Female
		%	%
How old were you when you had your first drink of an alcoholic beverage, such as beer, wine, wine coolers and liquor, other than a few sips?	I have never had a drink of alcohol other than a few sips	30%	24%
	10 years old or younger	14%	9%
	11 years old	5%	5%
	12 years old	8%	10%
	13 years old	9%	13%
	14 years old	11%	13%
	15 years old	11%	12%
	16 years old	7%	9%
	17 years old or older	5%	5%
How old were you when you tried marijuana (pot, weed) or hashish (hash, hash oil) for the first time? (Do NOT count medical marijuana prescribed for you by a doctor)^	I have never tried marijuana or hashish	35%	29%
	10 years old or younger	8%	4%
	11 years old	4%	5%
	12 years old	10%	10%
	13 years old	12%	16%
	14 years old	12%	14%
	15 years old	8%	11%
	16 years old	6%	8%
	17 years old or older	4%	3%

^ Change in question wording from 2013.

2016 Minnesota Student Survey

TABLE 37
USE OF MARIJUANA AND PRESCRIPTION DRUGS
Alternative Schools and Area Learning Centers

		Male	Female
		%	%
During the last 30 days, on how many days did you use marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)^	0 days	61%	56%
	1 to 2 days	6%	9%
	3 to 5 days	3%	6%
	6 to 9 days	3%	4%
	10 to 19 days	5%	7%
	20 to 29 days	7%	8%
	All 30 days	15%	11%
During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)^	0	52%	46%
	1-2	5%	9%
	3-5	6%	5%
	6-9	4%	6%
	10-19	4%	5%
	20-39	4%	6%
	40+	25%	23%
During the last 30 days, on how many days did you use prescription drugs not prescribed for you?	0 days	86%	80%
	1 to 2 days	5%	10%
	3 to 5 days	4%	5%
	6 to 9 days	2%	2%
	10 to 19 days	2%	1%
	20 to 29 days	1%	0%
	All 30 days	1%	1%

^ Change in question wording from 2013.

2016 Minnesota Student Survey

TABLE 38 PRESCRIPTION DRUG USE[^]

Alternative Schools and Area Learning Centers

<i>During the last 12 months, on how many occasions have you used any of the following prescription drugs that were NOT prescribed for you or that you took ONLY to get high?</i>		Male	Female
		%	%
Stimulants such as Bensedrine (bennies, speed, uppers, pep pills) or diet pills	0	94%	93%
	1 to 2	2%	3%
	3 to 5	1%	2%
	6 to 9	1%	1%
	10 to 19	0%	0%
	20 or more	1%	1%
ADHD or ADD drugs like Ritalin (hyper pills)	0	86%	84%
	1 to 2	5%	7%
	3 to 5	3%	4%
	6 to 9	2%	3%
	10 to 19	1%	1%
	20 or more	3%	2%
Pain relievers such as Oxycodone, OxyContin (oxy), Percocet, Percodan, Vicodin or others	0	87%	84%
	1 to 2	5%	7%
	3 to 5	3%	4%
	6 to 9	1%	2%
	10 to 19	2%	1%
	20 or more	2%	2%
Tranquilizers such as Valium, Xanax, nerve pills or sedatives or barbiturates (downers)	0	87%	85%
	1 to 2	4%	7%
	3 to 5	3%	3%
	6 to 9	1%	2%
	10 to 19	2%	1%
	20 or more	3%	2%

[^] Due to methodological issues, results for these questions cannot be compared to the results from 2013.

2016 Minnesota Student Survey

TABLE 39 HALLUCINOGEN, ECSTASY, COCAINE AND HEROIN USE[^]

Alternative Schools and Area Learning Centers

<i>During the last 12 months, on how many occasions (if any) have you used...</i>		Male	Female
		%	%
...LSD (acid), PCP (wet sticks or dipped joints), or other psychedelics (mushrooms, angel dust)?	0	85%	86%
	1 to 2	9%	8%
	3 to 5	2%	3%
	6 to 9	2%	2%
	10 to 19	1%	1%
	20 or more	1%	1%
...MDMA (E, X, ecstasy), GHB (G, Liquid E, Liquid X, roofies) or Ketamine (Special K)?	0	92%	93%
	1 to 2	4%	5%
	3 to 5	2%	1%
	6 to 9	1%	0%
	10 to 19	0%	1%
	20 or more	1%	0%
...crack, coke or cocaine in any other form?	0	90%	92%
	1 to 2	5%	4%
	3 to 5	2%	2%
	6 to 9	1%	1%
	10 to 19	1%	1%
	20 or more	1%	1%
...heroin?	0	97%	97%
	1 to 2	1%	1%
	3 to 5	1%	0%
	6 to 9	0%	0%
	10 to 19	0%	1%
	20 or more	1%	1%

[^] Due to methodological issues, results for these questions cannot be compared to the results from 2013.

2016 Minnesota Student Survey

**TABLE 40
METHAMPHETAMINE, OVER-THE-COUNTER DRUG,
SYNTHETIC DRUG AND INHALANT USE[^]**

Alternative Schools and Area Learning Centers

<i>During the last 12 months, on how many occasions (if any) have you ...</i>		Male	Female
		%	%
...used methamphetamine (meth, glass, crank, crystal meth, ice)?	0	95%	94%
	1 to 2	2%	3%
	3 to 5	1%	1%
	6 to 9	1%	1%
	10 to 19	0%	1%
	20 or more	1%	1%
...used over-the-counter drugs such as cough syrup, cold medicine or diet pills that you took only to get high?	0	86%	85%
	1 to 2	7%	7%
	3 to 5	3%	3%
	6 to 9	2%	2%
	10 to 19	1%	1%
	20 or more	2%	1%
...used synthetic drugs such as bath salts (Ivory Wave, White Lightning) or synthetic marijuana (K2, Gold) that you took only to get high?	0	94%	93%
	1 to 2	3%	4%
	3 to 5	1%	1%
	6 to 9	1%	1%
	10 to 19	0%	1%
	20 or more	1%	0%
...sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?	0	96%	96%
	1 to 2	2%	3%
	3 to 5	1%	1%
	6 to 9	0%	0%
	10 to 19	0%	0%
	20 or more	1%	0%

[^] Due to methodological issues, results for these questions cannot be compared to the results from 2013.

2016 Minnesota Student Survey

TABLE 41 PERCEIVED RISK OF HARM FROM SUBSTANCE USE

Alternative Schools and Area Learning Centers

<i>How much do you think people risk harming themselves physically or in other ways if they...</i>		Male	Female
		%	%
... smoke one or more packs of cigarettes per day?	No risk	24%	17%
	Slight risk	11%	13%
	Moderate risk	20%	27%
	Great risk	45%	43%
... have five or more drinks of an alcoholic beverage once or twice per week?	No risk	25%	15%
	Slight risk	24%	20%
	Moderate risk	25%	31%
	Great risk	26%	33%
... smoke marijuana once or twice per week?	No risk	63%	58%
	Slight risk	21%	22%
	Moderate risk	8%	10%
	Great risk	9%	11%
... use prescription drugs not prescribed for them?	No risk	23%	15%
	Slight risk	14%	15%
	Moderate risk	25%	27%
	Great risk	38%	42%

2016 Minnesota Student Survey

**TABLE 42
PERCEPTIONS OF OTHERS' DISAPPROVAL OF
SUBSTANCE USE**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
How wrong do your parents feel it would be for you to smoke cigarettes?	Not at all wrong	17%	14%
	A little bit wrong	17%	16%
	Wrong	22%	23%
	Very wrong	44%	47%
How wrong do your parents feel it would be for you to have one or more drinks of alcoholic beverage nearly every day?	Not at all wrong	15%	10%
	A little bit wrong	14%	12%
	Wrong	25%	21%
	Very wrong	46%	57%
How wrong do your parents feel it would be for you to smoke marijuana?	Not at all wrong	24%	21%
	A little bit wrong	17%	21%
	Wrong	18%	14%
	Very wrong	40%	44%
How wrong do your parents feel it would be for you to use prescription drugs not prescribed for you?	Not at all wrong	12%	8%
	A little bit wrong	5%	6%
	Wrong	15%	15%
	Very wrong	68%	72%
How wrong do your friends feel it would be for you to smoke cigarettes?	Not at all wrong	42%	41%
	A little bit wrong	19%	21%
	Wrong	17%	16%
	Very wrong	21%	22%
How wrong do your friends feel it would be for you to have one or more drinks of alcoholic beverage nearly every day?	Not at all wrong	39%	30%
	A little bit wrong	22%	23%
	Wrong	21%	22%
	Very wrong	19%	25%
How wrong do your friends feel it would be for you to smoke marijuana?	Not at all wrong	60%	60%
	A little bit wrong	14%	14%
	Wrong	11%	9%
	Very wrong	15%	17%
How wrong do your friends feel it would be for you to use prescription drugs not prescribed for you?	Not at all wrong	30%	24%
	A little bit wrong	15%	19%
	Wrong	22%	20%
	Very wrong	33%	37%

2016 Minnesota Student Survey

TABLE 43 PERCEPTIONS ABOUT ALCOHOL USE

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
How do you feel about each of the following statements: Parents and other adults should clearly communicate with their children about the importance of not using alcohol?	Strongly agree	41%	41%
	Agree	32%	34%
	Neither agree nor disagree	19%	18%
	Disagree	3%	2%
	Strongly disagree	5%	4%
How do you feel about each of the following statements: Drinking alcohol is never a good thing for anyone my age to do?	Strongly agree	37%	36%
	Agree	24%	26%
	Neither agree nor disagree	25%	25%
	Disagree	7%	8%
	Strongly disagree	6%	6%
How do you think MOST STUDENTS in your school feel about each of the following statements: Parents and other adults should clearly communicate with their children about the importance of not using alcohol?	Strongly agree	24%	20%
	Agree	26%	26%
	Neither agree nor disagree	33%	35%
	Disagree	10%	13%
	Strongly disagree	8%	7%
How do you think MOST STUDENTS in your school feel about each of the following statements: Drinking alcohol is never a good thing for anyone my age to do?	Strongly agree	22%	18%
	Agree	22%	19%
	Neither agree nor disagree	31%	33%
	Disagree	14%	18%
	Strongly disagree	11%	11%

2016 Minnesota Student Survey

TABLE 44
USE OF TOBACCO, ALCOHOL AND MARIJUANA
Alternative Schools and Area Learning Centers

<i>How often do you use each of the following?</i>		Male	Female
		%	%
Tobacco (cigarettes, chew)	Never	54%	54%
	Tried once or twice	6%	7%
	Once or twice a year	3%	3%
	Once a month	4%	3%
	Twice a month	2%	3%
	Once a week	6%	6%
	Daily	25%	25%
Alcohol (beer, wine, liquor)	Never	47%	43%
	Tried once or twice	9%	10%
	Once or twice a year	12%	13%
	Once a month	12%	12%
	Twice a month	9%	11%
	Once a week	8%	9%
	Daily	2%	1%
Marijuana (pot, hash, hash oil)	Never	48%	43%
	Tried once or twice	8%	10%
	Once or twice a year	6%	5%
	Once a month	6%	5%
	Twice a month	3%	6%
	Once a week	8%	9%
	Daily	22%	22%

2016 Minnesota Student Survey

**TABLE 45
PERCEPTIONS OF OTHERS' USE OF TOBACCO, ALCOHOL
AND MARIJUANA**

Alternative Schools and Area Learning Centers

<i>In your opinion, how often do you think MOST STUDENTS in your school use each of the following?</i>		Male	Female
		%	%
Tobacco (cigarettes, chew)	Never	20%	14%
	Tried once or twice	7%	4%
	Once or twice a year	2%	2%
	Once a month	3%	2%
	Twice a month	3%	4%
	Once a week	13%	10%
	Daily	52%	64%
Alcohol (beer, wine, liquor)	Never	20%	12%
	Tried once or twice	6%	5%
	Once or twice a year	4%	3%
	Once a month	6%	5%
	Twice a month	11%	11%
	Once a week	30%	35%
	Daily	23%	29%
Marijuana (pot, hash, hash oil)	Never	20%	12%
	Tried once or twice	6%	4%
	Once or twice a year	2%	1%
	Once a month	5%	3%
	Twice a month	3%	4%
	Once a week	16%	13%
	Daily	48%	63%

2016 Minnesota Student Survey

**TABLE 46A
CONSEQUENCES OF SUBSTANCE USE**

Alternative Schools and Area Learning Centers

<i>During the last 12 months ...</i>		Male	Female
		%	%
...have you found that you had to use a lot more alcohol or drugs than before to get the same effect?	No or no use	83%	80%
	Yes	17%	20%
...have you tried to cut down on your use of alcohol or drugs but couldn't?	No or no use	91%	88%
	Yes	9%	12%
...have you continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family?	No or no use	88%	85%
	Yes	12%	15%
...were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?^	No or no use	83%	77%
	Yes	17%	23%
...how many times have you spent all or most of the day using alcohol or drugs, or getting over their effects?	0 times or no use	78%	74%
	1 time	6%	8%
	2 times	4%	5%
	3 or more times	12%	14%
...how many times have you given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?	0 times or no use	87%	84%
	1 time	5%	5%
	2 times	3%	4%
	3 or more times	5%	7%
...how many times have you missed work or school, or neglected other major responsibilities because of alcohol or drug use?	0 times or no use	88%	85%
	1 time	4%	5%
	2 times	2%	3%
	3 or more times	6%	7%

^ New question in 2016.

2016 Minnesota Student Survey

TABLE 46B CONSEQUENCES OF SUBSTANCE USE

Alternative Schools and Area Learning Centers

<i>During the last 12 months, how many times...</i>		Male	Female
		%	%
...have you driven a motor vehicle after using alcohol or drugs?	0 times or no use	83%	85%
	1 time	5%	5%
	2 times	3%	3%
	3 or more times	8%	7%
...have you hit someone or become violent while using alcohol or drugs?	0 times or no use	92%	92%
	1 time	4%	4%
	2 times	2%	2%
	3 or more times	2%	2%
...have you used so much alcohol or drugs that the next day you could not remember what you had said or done?	0 times or no use	82%	75%
	1 time	7%	9%
	2 times	4%	7%
	3 or more times	8%	8%
...have you used more alcohol or drugs than you intended to?	0 times or no use	82%	78%
	1 time	6%	8%
	2 times	5%	5%
	3 or more times	8%	10%
...has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?	0 times or no use	82%	74%
	1 time	6%	8%
	2 times	4%	7%
	3 or more times	9%	11%
...has alcohol or drug use caused you problems with the law?	0 times or no use	84%	84%
	1 time	8%	9%
	2 times	4%	4%
	3 or more times	4%	3%

2016 Minnesota Student Survey

TABLE 47A SEXUAL BEHAVIOR

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Have you ever had sexual intercourse ('had sex')?	Yes	66%	72%
	No	34%	28%
During the last 12 months, with how many different male partners have you had sexual intercourse?	None	92%	34%
	1 person	4%	35%
	2 persons	1%	14%
	3 persons	1%	8%
	4 persons	1%	3%
	5 persons	0%	2%
	6 or more persons	1%	3%
During the last 12 months, with how many different female partners have you had sexual intercourse?	None	41%	86%
	1 person	24%	10%
	2 persons	10%	2%
	3 persons	8%	1%
	4 persons	6%	1%
	5 persons	4%	0%
	6 or more persons	8%	0%
How many times have you been pregnant or gotten someone pregnant?	0 times	89%	82%
	1 time	6%	14%
	2 or more times	3%	2%
	Not sure	3%	1%

2016 Minnesota Student Survey

**TABLE 47B
SEXUAL BEHAVIOR
INCLUDES ONLY THOSE WHO HAVE EVER HAD SEXUAL
INTERCOURSE**

Alternative Schools and Area Learning Centers

		Male	Female
		%	%
Have you talked with your partner(s) about protecting yourselves from getting sexually transmitted infections/HIV/AIDS?	Never	34%	23%
	Not with every partner	19%	20%
	At least once with every partner	48%	57%
Have you talked with your partner(s) about preventing pregnancy?	Never	30%	20%
	Not with every partner	16%	20%
	At least once with every partner	54%	61%
The LAST time you had sexual intercourse, what ONE method did you or your partner use to prevent pregnancy?	No method was used to prevent pregnancy	14%	15%
	Birth control pills	14%	13%
	Condoms	39%	23%
	Depo-Provera/any birth control shot, Nuva Ring/any birth control ring, Implanon/any implant or any IUD	10%	28%
	Withdrawal (pull-out)	17%	16%
	Some other method	1%	2%
	Not sure	5%	3%
The LAST time you had sexual intercourse, did you or your partner use a condom?	Yes	50%	34%
	No	50%	66%
Did you drink alcohol or use drugs before you had sexual intercourse the LAST time?	Yes	26%	25%
	No	74%	75%