2013 Delaware Youth Risk Behavior Survey
High School Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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

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

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

Thank you very much for your help.

DIRECTIONS

Use a #2 pencil only.
Make dark marks.
Fill in a response like this:  A   B   C   D   E
To change your answer, erase completely.

PLEASE DO NOT WRITE IN THIS AREA.

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start column = 36
1. What is your zip code? Please fill in the boxes at the top, then fill in the circles in each column.

2. How old are you?
   - 12 years old or younger
   - 13 years old
   - 14 years old
   - 15 years old
   - 16 years old
   - 17 years old
   - 18 years old or older

3. What is your sex?
   - Female
   - Male

4. Are you Hispanic or Latino?
   - Yes
   - No

5. What is your race? (Select one or more responses.)
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White

6. How old is your mother? If you don't know, put your best guess.

7. How old is your father? If you don't know, put your best guess.

8. In what grade are you?
   - 9th grade
   - 10th grade
   - 11th grade
   - 12th grade
   - Ungraded or other grade

9. How tall are you without your shoes on? Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

   Example
<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
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<table>
<thead>
<tr>
<th>Height</th>
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</tbody>
</table>

10. How much do you weigh without your shoes on? Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

   Example
<table>
<thead>
<tr>
<th>Weight</th>
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<td>Pounds</td>
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<th>Weight</th>
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<td>Pounds</td>
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<td>3</td>
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</tbody>
</table>
11. During the past 12 months, how would you describe your grades in school?
- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

12. Where do you typically sleep at night?
- At home with your parent(s) or guardian(s)
- At a friend's or relative's home with your parent(s) or guardian(s)
- At a friend's or relative's home without your parent(s) or guardian(s)
- Somewhere else (such as a shelter, transitional housing, public place, hotel, car) with your parent(s) or guardian(s)
- Somewhere else (such as a shelter, group home, foster care home, public place, car, hotel) without your parent(s) or guardian(s)

13. Are either of your parents or other adults in your family serving on active duty in the military?
- Yes
- No

14. During the past 12 months, have either of your parents or other adults in your family been in jail or in prison?
- Yes
- No

15. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
- Yes
- No
- Not sure

16. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
- Yes
- No
- Not sure

17. How many times has your family moved since you started Kindergarten?
- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

18. Have you ever been diagnosed by a doctor or nurse with any of these conditions? (Mark all that apply.)
- Asthma
- Diabetes
- High blood pressure
- ADD/ADHD
- Depression
- Anxiety
- Chronic Allergies
- I have never had any of these conditions

19. Are you currently receiving medical treatment for any of these conditions? (Mark all that apply.)
- Asthma
- Diabetes
- High blood pressure
- ADD/ADHD
- Depression
- Anxiety
- Chronic Allergies
- I do not currently have any of these conditions

The next 4 questions ask about personal safety.

20. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

21. 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
22. 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

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

- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

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The next questions ask about your relationship with your parents.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never or Almost Never</th>
<th>Sometimes</th>
<th>Always or Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. How often do your parent(s) show you they are proud of you?</td>
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<td>25. How often do your parent(s) take an interest in your activities?</td>
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<td>26. How often do your parent(s) listen to you when I talk to them?</td>
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<td>27. How often can you count on your parent(s) to be there when you need them?</td>
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<td>28. How often do you and your parent(s) talk about the things that really matter?</td>
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<td>29. How often are you comfortable sharing your thoughts and feelings with your parent(s)?</td>
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The next questions ask about your feelings in the past 4 weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never or Almost Never</th>
<th>Sometimes</th>
<th>Always or Almost Always</th>
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<tbody>
<tr>
<td>30. How often did you feel really sad?</td>
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<tr>
<td>31. How often did you feel really worried?</td>
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<td>32. How often did you feel afraid?</td>
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<td>33. How often did you have trouble relaxing?</td>
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<td>34. How often did you feel nervous?</td>
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The next questions ask about your relationships in the past 4 weeks.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never or Almost Never</th>
<th>Sometimes</th>
<th>Always or Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Do you get along well with people of different races, cultures and religions?</td>
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<td>36. Do you listen to other students' ideas?</td>
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<tr>
<td>37. Do you control your anger when you have a disagreement with a friend?</td>
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<tr>
<td>38. Do you follow the rules when you are at a park, theater or sports event?</td>
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<td>39. Do you respect other points of view, even if you disagree?</td>
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</table>
40. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
   ○ I did not drive a car or other vehicle during the past 30 days
   ○ 0 days
   ○ 1 or 2 days
   ○ 3 to 5 days
   ○ 6 to 9 days
   ○ 10 to 19 days
   ○ 20 to 29 days
   ○ All 30 days

The next 13 questions ask about violence-related behaviors.

41. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days
   ○ 4 or 5 days
   ○ 6 or more days

42. During the past 30 days, on how many days did you carry a gun?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days
   ○ 4 or 5 days
   ○ 6 or more days

43. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days
   ○ 4 or 5 days
   ○ 6 or more days

44. 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?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days
   ○ 4 or 5 days
   ○ 6 or more days

45. During the past 30 days, on how many days has someone tried to hurt you by hitting, punching, or kicking you on school property?
   ○ 0 days
   ○ 1 day
   ○ 2 or 3 days
   ○ 4 or 5 days
   ○ 6 or more days

46. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
   ○ 0 times
   ○ 1 time
   ○ 2 or 3 times
   ○ 4 or 5 times
   ○ 6 or 7 times
   ○ 8 or 9 times
   ○ 10 or 11 times
   ○ 12 or more times

47. During the past 12 months, how many times were you in a physical fight?
   ○ 0 times
   ○ 1 time
   ○ 2 or 3 times
   ○ 4 or 5 times
   ○ 6 or 7 times
   ○ 8 or 9 times
   ○ 10 or 11 times
   ○ 12 or more times
48. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

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

49. During the past 12 months, how many times were you in a physical fight on school property?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

50. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No

51. During the past 12 months, how many times did someone you were dating or going out with say things to you or say things to other people about you to purposely hurt you?

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

52. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

53. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things you did not want to do? (Count such things as kissing, touching or being physically forced to have sexual intercourse.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

54. During the past 12 months, have you ever been bullied on school property?

- Yes
- No

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

- Yes
- No

The next question asks about hurting yourself on purpose.

56. During the past 12 months, did you do something to purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself on purpose?

- Yes
- No

The next 7 questions ask about sad feelings, and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

57. 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
58. During the past 12 months, did you ever seriously consider attempting suicide?
   ○ Yes
   ○ No

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

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

61. If you attempted suicide during the past 12 months did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
   ○ I did not attempt suicide during the past 12 months
   ○ Yes
   ○ No

62. How have you heard of teenage suicide happening to someone you knew or that your friends knew?
   ○ I have never heard of anyone I knew or my friends knew committing suicide.
   ○ Talking with kids at school
   ○ Facebook or other social media
   ○ Texting
   ○ Email from School Administration
   ○ Some other way:

63. What do you think is the main reason teenagers commit suicide? (Select only one response.)
   ○ Bullying
   ○ Academic Pressure
   ○ Stress
   ○ Loneliness
   ○ Family Problems
   ○ Something else:

The next 11 questions ask about tobacco use.

64. Have you ever tried cigarette smoking, even one or two puffs?
   ○ Yes
   ○ No

65. How old were you when you smoked a whole cigarette for the first time?
   ○ I have never smoked a whole cigarette
   ○ 8 years old or younger
   ○ 9 or 10 years old
   ○ 11 or 12 years old
   ○ 13 or 14 years old
   ○ 15 or 16 years old
   ○ 17 years old or older

66. During the past 30 days, on how many days did you smoke cigarettes?
   ○ 0 days
   ○ 1 or 2 days
   ○ 3 to 5 days
   ○ 6 to 9 days
   ○ 10 to 19 days
   ○ 20 to 29 days
   ○ All 30 days

67. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   ○ I did not smoke cigarettes during the past 30 days
   ○ Less than 1 cigarette per day
   ○ 1 cigarette per day
   ○ 2 to 5 cigarettes per day
   ○ 6 to 10 cigarettes per day
   ○ 11 to 20 cigarettes per day
   ○ More than 20 cigarettes per day

68. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
   ○ I did not smoke cigarettes 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 bullied) 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

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start column = 36
69. During the past 30 days, on how many days did you smoke cigarettes on school property?
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

70. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes
- No

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

72. During the past 30 days, how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beech Nut, Skoal, Skoal Bandits, or Copenhagen?
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

73. During the past 30 days, how many days did you use dissolvable tobacco products such as orbs?
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

74. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

75. During your life, on how many days have you had least one drink of alcohol?
- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

76. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

77. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

78. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days
79. During the past 30 days, how did you usually get the alcohol you drank?
   ○ I did not drink alcohol during the past 30 days
   ○ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
   ○ I bought it at a restaurant, bar, or club
   ○ I bought it at a public event such as a concert or sporting event
   ○ I gave someone else money to buy it for me
   ○ Someone gave it to me
   ○ I took it from a store or family member
   ○ I got it some other way

80. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
   ○ I did not drink alcohol during the past 30 days
   ○ 1 or 2 drinks
   ○ 3 drinks
   ○ 4 drinks
   ○ 5 drinks
   ○ 6 or 7 drinks
   ○ 8 or 9 drinks
   ○ 10 or more drinks

81. During the past 30 days, where did you usually drink alcohol? (Select only one response.)
   ○ I did not drink alcohol during the past 30 days
   ○ At my home
   ○ At another person's home
   ○ While riding in or driving a car or other vehicle
   ○ At a restaurant, bar, or club
   ○ At a public place such as a park, beach, or parking lot
   ○ At a public event such as a concert or sporting event
   ○ On school property

82. 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 do 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

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

83. During your life, how many times have you used marijuana?
   ○ 0 times
   ○ 1 or 2 times
   ○ 3 to 9 times
   ○ 10 to 19 times
   ○ 20 to 39 times
   ○ 40 to 99 times
   ○ 100 or more times

84. How old were you when you tried marijuana for the first time?
   ○ I have never tried marijuana
   ○ 8 years old or younger
   ○ 9 or 10 years old
   ○ 11 or 12 years old
   ○ 13 or 14 years old
   ○ 15 or 16 years old
   ○ 17 years old or older

85. During the past 30 days, how many times did you use marijuana?
   ○ 0 times
   ○ 1 or 2 times
   ○ 3 to 9 times
   ○ 10 to 19 times
   ○ 20 to 39 times
   ○ 40 or more times
86. During the past 30 days, how many times did you use marijuana on school property?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

87. During your life, how many times have you used any kind of herbal or natural substance to get high, such as salvia, woodrose, or morning glory seeds?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

88. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

89. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

90. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

91. During your life, how many times have you used methamphetamine (also called crystal, crank, or ice)?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

92. During your life, how many times have you used ecstasy (also called MDMA)?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

93. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
94. During your life, how many times have you taken prescription **painkillers**, such as OxyContin, codeine, or Percocet, without a doctor's prescription?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

95. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- 0 times
- 1 time
- 2 or more times

96. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- Yes
- No

97. During the past 12 months, have you offered, sold, or given anyone an illegal drug **on school property**?

- Yes
- No

**The next 14 questions ask about sexual behavior.**

98. Have you ever had sexual intercourse?

- Yes
- No

99. How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

100. The first time you had sexual intercourse, how many years younger or older than you was your partner?

- I have never had sexual intercourse
- 5 or more years younger
- 3 to 4 years younger
- About the same age
- 3 to 4 years older
- 5 or more years older
- Not sure

101. During your life, with how many people have you had sexual intercourse?

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

102. During the past 3 months, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

103. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

104. The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No
105. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal or some other method
- Not sure

111. Which of the following people would you say have given you the most information about safe sex practices? (Select only one response.)
- No one has talked to me about safe sex practices
- My parents
- My brothers or sisters
- My friends
- My doctor or nurse
- Wellness Center staff
- My health teacher
- Someone else

The next 7 questions ask about body weight.

112. How do you describe your weight?
- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

113. Which of the following are you trying to do about your weight?
- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

114. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
- Yes
- No

115. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- Yes
- No

116. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- Yes
- No
117. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor’s advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

☐ Yes
☐ No

118. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

☐ Yes
☐ No

The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

119. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

☐ I did not drink 100% fruit juice during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

120. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

☐ I did not eat fruit during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

121. During the past 7 days, how many times did you eat green salad?

☐ I did not eat green salad during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

122. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

☐ I did not eat other vegetables during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

123. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

☐ I did not drink soda or pop during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

124. During the past 7 days, how many glasses of milk did you drink? (Count the milk you drank in a glass or a cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

☐ I did not drink milk during the past 7 days
☐ 1 to 3 glasses during the past 7 days
☐ 4 to 6 glasses during the past 7 days
☐ 1 glass per day
☐ 2 glasses per day
☐ 3 glasses per day
☐ 4 or more glasses per day
125. Yesterday, how many caffeinated drinks did you have? 
(Count coffee, tea, sodas, power drinks, energy drinks, or other drinks with caffeine.)
- ○ I did not have any caffeinated drinks yesterday
- ○ 1 caffeinated drink
- ○ 2 caffeinated drinks
- ○ 3 or more caffeinated drinks

126. During the past 7 days, on how many days did you eat breakfast?
- ○ 0 days
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5 days
- ○ 6 days
- ○ 7 days

The next 5 questions ask about physical activity.

127. 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
- ○ 4 days
- ○ 5 days
- ○ 6 days
- ○ 7 days

128. On an average school day, how many hours do you watch TV?
- ○ I do not watch TV on an average school day
- ○ 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

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

130. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- ○ 0 days
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5 days

131. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- ○ 0 teams
- ○ 1 team
- ○ 2 teams
- ○ 3 or more teams

The next 5 questions ask about other health-related topics.

132. Have you ever been taught about AIDS or HIV infection in school?
- ○ Yes
- ○ No
- ○ Not sure

133. If you wanted an HIV test, would you know where to have one done?
- ○ Yes
- ○ No
134. Has a doctor or nurse ever told you that you have asthma?
○ Yes
○ No
○ Not Sure

135. During the last 4 weeks, how much of a problem was your asthma when you ran, exercised, or played sports?
○ I do not have asthma
○ Not a problem at all
○ It's a little problem but it's okay
○ It's a big problem

136. On an average school night, how many hours of sleep do you get?
○ 4 or less hours
○ 5 hours
○ 6 hours
○ 7 hours
○ 8 hours
○ 9 hours
○ 10 or more hours

The next 3 questions ask about sexting.

139. How many times in an average week do you eat dinner with your family?
○ 0 times
○ 1 time
○ 2 times
○ 3 times
○ 4 times
○ 5 times
○ 6 times
○ 7 times

The next 3 questions ask about relationships.

137. Which of the following people would you say give you a lot of support and encouragement? (Mark all that apply.)
○ No one
○ My parents
○ My brothers, sisters or other relatives
○ My teachers
○ Other adults in my neighborhood
○ Other adults in my school
○ My friends
○ My friends' parents

138. If you had a personal problem with drinking, drug use, or sexual behavior, who would you most likely talk to? (Select only one response.)
○ No one
○ My parents
○ My brothers, sisters, or other relatives
○ My teachers
○ Other adults in my neighborhood
○ Other adults in my school
○ My friends
○ My friends' parents

140. During the past 30 days, have you been asked to text a revealing, intimate photo of yourself?
○ Yes
○ No

141. During the past 30 days, have you received a text with a revealing, intimate photo of someone?
○ Yes
○ No

142. During the past 30 days, has a revealing, intimate photo of you been sent to others without your permission?
○ Yes
○ No

The final question asks about gambling.

143. In the past year, which of the following have you done? (Mark all that apply.)
○ Played the lottery or scratch-off tickets
○ Gambled at a casino
○ Bet on team sports
○ Played Bingo for money
○ Bet on dice games such as craps
○ Bet money on horse races
○ Gambled on the Internet
○ Bet on video games
○ Bet on games of personal skill such as pool, darts, or basketball
This is the end of the survey.
Thank you very much for your help.