2015 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   ●   E
To change your answer, erase completely.
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. In what grade are you?
   - 9th grade
   - 10th grade
   - 11th grade
   - 12th grade
   - Ungraded or other grade

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

6. 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

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

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

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

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   Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

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   **Example**

   - 0 0 0
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   - 4 4 4
   - 5 5 5

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)
   - 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. Have any of your family members been incarcerated (in jail or prison) in the past year?
   (Mark all that apply.)
   - No one in my family
   - Father
   - Mother
   - Other adult family member (18 years or older)
   - Other non-adult family member (under 18 years old)

15. Are you deaf or do you have serious difficulty hearing?
   - Yes
   - No

16. Do you have serious difficulty seeing, even when wearing glasses?
   - Yes
   - No
The next 5 questions ask about personal safety.

22. **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

23. How often do you wear a seat belt when **riding** in a car or other vehicle driven by someone else?
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

24. 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

25. 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

26. 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 12 questions ask about violence-related behaviors.

27. 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

28. 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

29. 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

30. 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

31. 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

32. 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

33. 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

34. 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

35. Have you ever been physically forced to have sexual intercourse when you did not want to?
   - Yes
   - No

36. 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
37. 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

38. 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

39. During the past 12 months, have you ever been bullied on school property?
   - Yes
   - No

40. 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

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

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

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

44. 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

45. 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

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

47. During the past 12 months, did you make a plan about how you would attempt suicide?
   - Yes
   - No
48. 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

49. **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

50. 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 (Tell us how):__________

51. What do you think is the **main reason** teenagers commit suicide? (Select only one response)
- Bullying
- Academic Pressure
- Stress
- Loneliness
- Family Problems
- Something else (Tell us What):__________

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

53. 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

54. 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

55. 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

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

54. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, 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

55. 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

56. The next 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookas, and hookah pens.

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

58. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, 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

59. 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

60. Have you ever used an electronic vapor product?
   - Yes
   - No

61. During the past 30 days, on how many days did you use an electronic vapor product?
   - 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

62. During your life, on how many days have you had at 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

63. 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

64. 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 9 days
   - 10 to 19 days
   - 20 to 39 days
   - 40 to 99 days
   - 100 or more days

65. 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

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.
66. 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

67. 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

68. When you drink alcohol, do you pregame (drink before going out to a social or sports event where there may be more drinking)?
- I don't drink alcohol
- Yes
- No

69. 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 or more times

70. 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

71. 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

72. 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

The next 12 questions ask about other drugs.

73. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale 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

74. 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
75. During your life, how many times have you used methamphetamine (also called speed, 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

76. 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

77. During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
   ○ 0 times
   ○ 1 or 2 times
   ○ 3 to 9 times
   ○ 10 to 19 times
   ○ 20 to 39 times
   ○ 40 or more times

78. 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

79. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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

80. During the past 30 days, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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

81. 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

82. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
   ○ Yes
   ○ No

83. During the past 12 months, have you offered, sold, or given anyone an illegal drug on school property?
   ○ Yes
   ○ No

The next 13 questions ask about sexual behavior.

84. Have you ever had sexual intercourse?
   ○ Yes
   ○ No

85. 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

86. 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
87. During the past 3 months, with how many people did you have sexual intercourse?
   - I have never had sexual intercourse
   - Yes
   - No

88. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
   - I have never had sexual intercourse
   - Yes
   - No

89. The last time you had sexual intercourse, did you or your partner use a condom?
   - I have never had sexual intercourse
   - Yes
   - No

90. 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
   - Birth control pills
   - Condoms
   - An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
   - A shot (such as Depo-Prevera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
   - Withdrawal or some other method
   - Not sure

91. How many times have you been pregnant or gotten someone pregnant?
   - 0 times
   - 1 time
   - 2 or more times
   - Not sure

92. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)?
   - Yes
   - No
   - Not sure

93. During your life, with whom have you had sexual intercourse?
   - I have never had sexual intercourse
   - Females
   - Males
   - Females and males

94. Which of the following best describes you?
   - Heterosexual (straight)
   - Gay or lesbian
   - Bisexual
   - Not sure

95. Have you ever given or received oral sex?
   - I have never had sexual intercourse
   - Yes
   - No

96. 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
   - The person(s) I had intercourse with
   - My doctor or nurse
   - Wellness Center staff
   - My health teacher
   - Someone else

The next 2 questions ask about body weight.

97. How do you describe your weight?
   - Very underweight
   - Slightly underweight
   - About the right weight
   - Slightly overweight
   - Very overweight
98. 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

The next 9 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.

99. 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

100. 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

101. 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

102. 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

103. 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

104. 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

105. During the past 7 days, how many times did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.)
   ○ I did not drink water 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
106. During the past 7 days, how many times did you drink a **caffeinated drink** such as coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added?

- I did not drink caffeinated drinks 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

107. 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

108. 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

109. 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

110. 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? (Includes activities such as Xbox, PlayStation, Nintendo DS, iPod Touch, Facebook, and the Internet.)

- 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

111. 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

112. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

113. In the past year, which of the following have you done? (Mark all the apply.)

- Played the lottery or scratch off tickets
- Gambled at a casino
- Bet on sports teams
- 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

114. During the past 7 days, how many times did you drink a **caffeinated drink** such as coffee, tea, sodas, power drinks, energy drinks or other drinks with caffeine added?

- I did not drink caffeinated drinks 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

**The next 8 questions ask about physical activity.**

108. 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

109. 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
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- 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

111. 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

112. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

113. In the past year, which of the following have you done? (Mark all the apply.)

- Played the lottery or scratch off tickets
- Gambled at a casino
- Bet on sports teams
- 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
114. How often on average do you play violent video games, such as games that are rated M?

- Never
- Very rarely
- 1 hour per week
- 2-3 hours per week
- 4-5 hours per week
- 6-10 hours per week
- More than 10 hours per week

115. During an average week, do you participate in organized activities such as any of the following? (Mark all that apply.)

- School clubs or activities, before or after school hours
- School intramural or intermural sports on a school field or in a school gym
- Community center non-sports activities
- Community center sports
- Lessons such as art, music, theater, karate, etc.
- Activities at youth organizations such as 4-H, YMCA, Boys and Girls Club
- Church youth groups or activities
- Doing community service or volunteer work
- Working at a job for pay

116. Have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not sure

117. If you wanted an HIV test, would you know where to have one done?

- Yes
- No
- Not sure

118. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

- Yes
- No
- Not sure

119. When was the last time you saw a dentist for a checkup, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not Sure

120. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not Sure

121. Do you take any medication for your asthma?

- I have never had asthma
- No, I do not take any medication for my asthma
- Yes, I take regular medication for my asthma
- Yes, I use only emergency medication when I need to
- Yes, I use both regular medication and emergency medication for my asthma
- Not sure

122. 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 7 questions ask about other health-related topics.

117. If you wanted an HIV test, would you know where to have one done?

118. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

119. When was the last time you saw a dentist for a checkup, exam, teeth cleaning, or other dental work?

120. Has a doctor or nurse ever told you that you have asthma?

121. Do you take any medication for your asthma?

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

The next 5 questions ask about relationships.

123. Which of the following people would you say give you a lot of support and encouragement? (Mark all that apply.)

- No one
- Your parent or guardian
- Your brother, sister, or other relative
- Your teacher
- Another adult in your school
- Another adult outside of school
- Your friend
- Your friend’s parent
- Your grandparent
124. If you had a personal problem with drinking, drug use, violence you have seen or that has affected you, or sexual behavior, who would you most likely talk to? (Select only one response.)
- No one
- Your parent or guardian
- Your brother, sister, or other relative
- Your teacher
- Another adult in your school
- Another adult outside of school
- Your friend
- Your friend's parent
- Your grandparent

125. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?
- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

126. Have your parents or other adults in your family ever talked with you about what they expect you to do or not do when it comes to sex?
- Yes
- No
- Not sure

127. How often do your parents or other adults in your family ask where you are going or with whom you will be?
- Never
- Rarely
- Sometimes
- Most of the time
- Always

The next 12 questions ask about how you think other people feel about some of the behaviors asked about in this survey.

129. How much do you think people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?
- No risk
- Slight risk
- Moderate risk
- Great risk

130. How much do you think people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?
- No risk
- Slight risk
- Moderate risk
- Great risk

131. How much do you think people risk harming themselves physically or in other ways when they use prescription drugs that are not prescribed to them?
- No risk
- Slight risk
- Moderate risk
- Great risk

132. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

133. How wrong do your parents feel it would be for you to smoke tobacco?
- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

134. How wrong do your parents feel it would be for you to smoke marijuana?
- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

135. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong
136. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
  - Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong

137. How wrong do your friends feel it would be for you to smoke tobacco?
  - Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong

138. How wrong do your friends feel it would be for you to smoke marijuana?
  - Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong

139. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
  - Not at all wrong
  - A little bit wrong
  - Wrong
  - Very wrong

The following 8 questions ask about your relationship with your parent(s).

<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>140. How often do you get along well with your parent(s)?</td>
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<td></td>
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<tr>
<td>141. How often do your parent(s) spend time with you doing something fun?</td>
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<tr>
<td>142. My parent(s) show me they are proud of me:</td>
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<tr>
<td>143. My parent(s) take an interest in me:</td>
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<tr>
<td>144. My parent(s) listen to me when I talk to them:</td>
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<tr>
<td>145. I can count on my parent(s) to be there when I need them:</td>
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<tr>
<td>146. My parent(s) and I talk about what really matters:</td>
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<td>147. I am comfortable sharing my thoughts and feelings with my parent(s):</td>
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</table>

The final 3 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>
</tr>
</thead>
<tbody>
<tr>
<td>148. How often did you feel really sad?</td>
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<td></td>
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<tr>
<td>149. How often did you feel really worried?</td>
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<tr>
<td>150. How often did you feel afraid?</td>
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</tbody>
</table>

This is the end of the survey. Thank you very much for your help.