

# 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.

PLEASE DO NOT WRITE IN THIS AREA



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1. What is your zip code?

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Please fill in the boxes at the top, then fill in the circles in each column.

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2. How old are you?

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12 years old or younger

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13 years old

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14 years old

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15 years old

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16 years old

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17 years old

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18 years old or older

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3. What is your sex?

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Female

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Male

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4. In what grade are you?

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9th grade

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10th grade

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11th grade

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12th grade

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Ungraded or other grade

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5. Are you Hispanic or Latino?

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Yes

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No

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6. What is your race?

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**(Select one or more responses.)**

8

American Indian or Alaska Native

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Asian

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Black or African American

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Native Hawaiian or Other Pacific Islander

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White

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

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

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

Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

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**

Height	
Feet	Inches
5	7
3	0
4	1
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Height	
Feet	Inches
3	0
4	1
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6	3
7	4
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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**

Weight			Weight		
Pounds			Pounds		
1	5	2			
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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. 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. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

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- 53 17. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
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- 51  Yes
- 50  No
- 49
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- 47 18. Do you have serious difficulty walking or climbing stairs?
- 46
- 45  Yes
- 44  No
- 43
- 42 19. Have you been identified by a doctor or other health care professional as having difficulty concentrating, remembering, making decisions or doing things because of a physical, learning or emotional disability? **(Mark all that apply.)**
- 41
- 40
- 39
- 38  No
- 37  Physical Disability
- 36  Learning Disability
- 35  Emotional Disability
- 34
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- 32 20. Have you ever been diagnosed by a doctor or nurse with any of these conditions? **(Mark all that apply.)**
- 31
- 30  Asthma
- 29  Diabetes
- 28  High blood pressure
- 27  ADD/ADHD
- 26  Depression
- 25  Anxiety
- 24  Chronic Allergies
- 23  I have never had any of these conditions
- 22
- 21 21. Are you currently receiving medical treatment for any of these conditions? **(Mark all that apply.)**
- 20
- 19  Asthma
- 18  Diabetes
- 17  High blood pressure
- 16  ADD/ADHD
- 15  Depression
- 14  Anxiety
- 13  Chronic Allergies
- 12  I do not currently have any of these conditions
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**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 who has been drinking alcohol?
- 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



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- 53 37. During the past 12 months, how many times did  
 52 someone you were dating or going out with physically  
 51 hurt you on purpose? (Count such things as being hit,  
 50 slammed into something, or injured with an object or  
 49 weapon.)  
 48  I did not date or go out with anyone during the past 12  
 47 months  
 46  0 times  
 45  1 time  
 44  2 or 3 times  
 43  4 or 5 times  
 42  6 or more times

- 41 38. During the past 12 months, how many times did  
 40 someone you were dating or going out with force you to  
 39 do sexual things you did not want to do? (Count such  
 38 things as kissing, touching or being physically forced to  
 37 have sexual intercourse.)  
 36  I did not date or go out with anyone during the past 12  
 35 months  
 34  0 times  
 33  1 time  
 32  2 or 3 times  
 31  4 or 5 times  
 30  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.**

- 24 39. During the past 12 months, have you ever been bullied  
 23 **on school property?**  
 22  Yes  
 21  No  
 20 40. During the past 12 months, have you ever been  
 19 **electronically** bullied? (Count being bullied through  
 18 e-mail, chat rooms, instant messaging, websites, or  
 17 texting.)  
 16  Yes  
 15  No

**The next 3 questions ask about sexting.**

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

**The next question asks about hurting yourself on purpose.**

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

**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.**

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): \_\_\_\_\_

**The next 8 questions ask about tobacco use.**

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

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- 53 57. During the past 12 months, did you ever try to quit smoking cigarettes?
- 52  I did not smoke during the past 12 months
- 51  Yes
- 50  No
- 49
- 48
- 47 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?
- 46
- 45
- 44
- 43  0 days
- 42  1 or 2 days
- 41  3 to 5 days
- 40  6 to 9 days
- 39  10 to 19 days
- 38  20 to 29 days
- 37  All 30 days
- 36
- 35 59. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 34
- 33  0 days
- 32  1 or 2 days
- 31  3 to 5 days
- 30  6 to 9 days
- 29  10 to 19 days
- 28  20 to 29 days
- 27  All 30 days
- 26

25 **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.**

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- 21
- 20 60. Have you ever used an electronic vapor product?
- 19  Yes
- 18  No
- 17
- 16 61. During the past 30 days, on how many days did you use an electronic vapor product?
- 15
- 14  0 days
- 13  1 or 2 days
- 12  3 to 5 days
- 11  6 to 9 days
- 10  10 to 19 days
- 9  20 to 29 days
- 8  All 30 days
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**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.**

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 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 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



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
  - No, I don't pregame
  - I sometimes pregame
  - I usually pregame

**The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.**

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 to 99 times
  - 100 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

**The next 12 questions ask about other drugs.**

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

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



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- 53 75. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 52
- 51  0 times
- 50  1 or 2 times
- 49  3 to 9 times
- 48  10 to 19 times
- 47  20 to 39 times
- 46  40 or more times
- 45
- 44
- 43 76. During your life, how many times have you used **ecstasy** (also called MDMA)?
- 42
- 41  0 times
- 40  1 or 2 times
- 39  3 to 9 times
- 38  10 to 19 times
- 37  20 to 39 times
- 36  40 or more times
- 35
- 34 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)?
- 33
- 32  0 times
- 31  1 or 2 times
- 30  3 to 9 times
- 29  10 to 19 times
- 28  20 to 39 times
- 27  40 or more times
- 26
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- 24
- 23 78. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- 22
- 21  0 times
- 20  1 or 2 times
- 19  3 to 9 times
- 18  10 to 19 times
- 17  20 to 39 times
- 16  40 or more times
- 15
- 14
- 13 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?
- 12
- 11  0 times
- 10  1 or 2 times
- 9  3 to 9 times
- 8  10 to 19 times
- 7  20 to 39 times
- 6  40 or more times
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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
  - 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
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
  - 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-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?
- 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



- 53 98. Which of the following are you trying to do about your weight?
- 52
- 51  Lose weight
- 50  Gain weight
- 49  Stay the same weight
- 48  I am **not trying to do anything** about my weight
- 47
- 46
- 45 **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.**
- 44
- 43
- 42
- 41
- 40
- 39

- 38 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.)
- 37
- 36
- 35
- 34

- 33  I did not drink 100% fruit juice during the past 7 days
- 32
- 31  1 to 3 times during the past 7 days
- 30  4 to 6 times during the past 7 days
- 29  1 time per day
- 28  2 times per day
- 27  3 times per day
- 26  4 or more times per day
- 25

- 24 100. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- 23

- 22  I did not eat fruit during the past 7 days
- 21  1 to 3 times during the past 7 days
- 20  4 to 6 times during the past 7 days
- 19  1 time per day
- 18  2 times per day
- 17  3 times per day
- 16  4 or more times per day
- 15

- 14 101. During the past 7 days, how many times did you eat **green salad**?
- 13

- 12  I did not eat green salad during the past 7 days
- 11  1 to 3 times during the past 7 days
- 10  4 to 6 times during the past 7 days
- 9  1 time per day
- 8  2 times per day
- 7  3 times per day
- 6  4 or more times per day
- 5
- 4
- 3
- 2
- 1

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

**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
  - 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.)
- 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

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

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- 53 114. How often on average do you play violent video games, such as games that are rated M?
- 52
- 51
- 50  Never
- 49  Very rarely
- 48  1 hour per week
- 47  2-3 hours per week
- 46  4-5 hours per week
- 45  6-10 hours per week
- 44  More than 10 hours per week
- 43
- 42 115. During an average week, do you participate in organized activities such as any of the following? **(Mark all that apply.)**
- 41
- 40
- 39  School clubs or activities, before or after school hours
- 38
- 37  School intramural or intermural sports on a school field or in a school gym
- 36
- 35  Community center non-sports activities
- 34  Community center sports
- 33  Lessons such as art, music, theater, jarate, etc.
- 32  Activities at youth organizations such as 4-H, YMCA, Boys and Girls Club
- 31
- 30  Church youth groups or activities
- 29  Doing community service or volunteer work
- 28  Working at a job for pay
- 27
- 26 **The next 6 questions ask about other health-related topics.**
- 25
- 24
- 23 116. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- 22
- 21
- 20  Yes
- 19  No
- 18  Not sure
- 17
- 16 117. If you wanted an HIV test, would you know where to have one done?
- 15
- 14  Yes
- 13  No
- 12
- 11 118. When was the last time you saw a dentist for a check up, exam, teeth cleaning, or other dental work?
- 10
- 9  During the past 12 months
- 8  Between 12 and 24 months ago
- 7  More than 24 months ago
- 6  Never
- 5  Not Sure
- 4
- 3
- 2
- 1

119. Has a doctor or nurse ever told you that you have asthma?
- Yes
- No
- Not Sure
120. 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
121. 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 5 questions ask about relationships.**

122. 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 school
- Other adults outside of school
- My friends
- My friends' parents
- My grandparent
123. 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
- My parents
- My brothers, sisters, or other relatives
- My teachers
- Other adults in my school
- Other adults outside of school
- My friends
- My friends' parents
- My grandparent



124. 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

125. 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

126. 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.**

127. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- No risk
  - Slight risk
  - Moderate risk
  - Great Risk

128. 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

129. 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

130. 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

131. 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

132. 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

133. 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

134. 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

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- 53 135. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
- 52
- 51
- 50  Not at all wrong
- 49  A little bit wrong
- 48  Wrong
- 47  Very wrong
- 46
- 45 136. How wrong do your friends feel it would be for you to smoke tobacco?
- 44
- 43  Not at all wrong
- 42  A little bit wrong
- 41  Wrong
- 40  Very wrong
- 39
- 38
- 37

137. 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
138. 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

36		Never or Almost Never	Sometimes	Always or Almost Always
35	<b>The following 8 questions ask about your relationship with your parent(s).</b>			
34				
33				
32	139. How often do you get along well with your parent(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	140. How often do your parent(s) spend time with you doing something fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30				
29	141. My parent(s) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28				
27	142. My parent(s) take an interest in me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26				
25	143. My parent(s) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24				
23	144. I can count on my parent(s) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22				
21	145. My parent(s) and I talk about what really matters:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20				
19	146. I am comfortable sharing my thoughts and feelings with my parent(s):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18				

16		Never or Almost Never	Sometimes	Always or Almost Always
15	<b>The final 3 questions ask about your feelings in the past 4 weeks.</b>			
14				
13	147. How often did you feel really sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12				
11	148. How often did you feel really worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10				
9	149. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8				

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