

# 2017 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 improve 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



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

Zip Code				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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 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		Height	
Feet	Inches	Feet	Inches
5	7		
3	0	3	0
4	1	4	1
●	2	5	2
6	3	6	3
7	4	7	4
	5		5
	6		6
	●		7
	8		8
	9		9
	10		10
	11		11

8. 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			
0	0	0	0	0	0
●	1	1	1	1	1
2	2	●	2	2	2
3	3	3	3	3	3
	4	4		4	4
	●	5		5	5
	6	6		6	6
	7	7		7	7
	8	8		8	8
	9	9		9	9

9. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Not sure

10. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

11. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking

12. What is the highest level of education completed by your mother (or the person who is like a mother to you)?

- Completed grade school or less
- Attended some high school
- Completed high school
- Attended some college
- Completed college
- Completed graduate or professional school after college
- Not sure

13. 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

14. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

15. Are either of your parents or other adults in your family serving on active duty in the military?

- Yes
- No

16. 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)

17. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

18. Do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

19. Because of a physical, mental, or emotional problem do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

PLEASE DO NOT WRITE IN THIS AREA



20. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

21. 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.)**

- No
- Physical Disability
- Learning Disability
- Emotional Disability

22. 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

23. 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 2 questions ask about safety.**

24. 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

25. 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.**

26. 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

27. 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

28. During the past 30 days, on how many days did you carry a **gun?** (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days



37. During the past 12 months, how many times did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could or could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)

- 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.**

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

- Yes
- No

39. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- No

**The next 4 questions ask about sexting.**

40. During the past 30 days, have you been asked to text, e-mail, or post electronically a revealing, sexual photo of yourself?

- Yes
- No

41. During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself?

- Yes
- No

42. During the past 30 days, have you received a text or an e-mail with a revealing, intimate photo of someone?

- Yes
- No

43. During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?

- Yes
- No
- Not sure

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

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

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

**The next 5 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

**The next 4 questions ask about cigarette smoking.**

50. Have you ever tried cigarette smoking, even one or two puffs?

- Yes
- No

51. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never tried cigarette smoking, not even one or two puffs
- 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

52. 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

53. 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

**The next 3 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.**

54. Have you ever used an electronic vapor product?

- Yes
- No

55. 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

56. During the past 30 days, how did you usually get your own electronic vapor products?

- I did not use any electronic vapor products during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, gas station, or Vape store
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed them from someone else
- A person 18 years or older gave them to me
- I took them from a store or another person
- I got them some other way



The next 2 questions are about other tobacco products.

57. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products** such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)

- 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

58. 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

The next 3 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.

59. 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

60. 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

61. 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

The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students.

62. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row (if you are a **female**) or **5** or more drinks of alcohol in a row (if you are a **male**)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

63. 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

**The next 3 questions ask about marijuana use.**

**Marijuana also is called grass, pot, or weed.**

64. 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

65. 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

66. 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 10 questions ask about other drugs.**

67. 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

68. 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

69. During your life, how many times have you used **methamphetamines** (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

70. 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

71. 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

72. 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

73. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

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

74. During the past 30 days, how many times did you take **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- 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 a needle to inject any **illegal** drug into your body?

- 0 times
- 1 time
- 2 or more times

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

- Yes
- No

**The next 12 questions ask about sexual behavior.**

77. Have you ever had sexual intercourse?

- Yes
- No

78. 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

79. 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

80. 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

81. 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

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

- I have never had sexual intercourse
- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No



84. 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

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

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

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

88. Have you ever given or received oral sex?
- Yes
  - No

**The following 5 questions ask more about your experience with and access to birth control methods such as the ones listed above.**

89. In the past 12 months, have you ever had sexual intercourse without using a birth control method (even if only once)?
- I have never had sexual intercourse
  - Yes, I have had sexual intercourse without using a birth control method
  - No, I have never had sexual intercourse without using a birth control method

90. In the past 3 months, have you gotten any information about birth control methods from any of the following sources? **(Mark all that apply.)**
- A friend, family member, or sexual partner
  - Health teacher, school counselor, school wellness center, or other school personnel
  - Twitter, Facebook, Instagram, or Snapchat or other Internet sources
  - Posters, signs, or billboards
  - TV, radio, or print ads, such as in magazines, newspapers, and brochures
  - Ads or campaigns in the community or at local events
  - A nurse, doctor, other healthcare provider or social worker outside of school
  - I have not gotten any information about birth control from any of these sources

91. In the past 3 months did you receive information from any sources on the following topics? **(Mark all that apply.)**
- Where you can go to get birth control
  - How much birth control costs
  - What types of birth control are the most effective
  - Information about a particular birth control method, such as how it is placed or how it works
  - I have not received any information on these topics from any sources

92. In the past 12 months, have you ever had trouble getting the birth control method you wanted for any of the following reasons? **(Mark all that apply.)**
- I have never wanted to get birth control
  - I have never had any trouble getting the birth control that I wanted
  - It costs too much to get birth control
  - I was worried about someone finding out if I tried to get birth control
  - It would be too much of a hassle to go to the doctor, clinic, or pharmacy
  - I thought my sexual partner would not want me to use birth control
  - Other reasons

93. Which of the following birth control methods can you get for free (by **free** we mean you or your family do not have to pay anything out-of-pocket)?

**(Mark all that apply.)**

- Male condoms
- IUD (Liletta, Kyleena, Mirena, Paragard, or Skyla)
- Implant (Nexplanon)
- Depo-Provera (also called "the shot")
- Birth control pills
- I do not know how to get any of these methods for free

**The next 2 questions ask about body weight.**

94. How do **you** describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

95. 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 7 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.**

96. 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 times per day

97. During the past 7 days, how many times did you eat **vegetables or salad**? (Do **not** count potatoes.)

- I did not eat vegetables or 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

98. 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

99. 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 a caffeinated drink 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 drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop.)

- I did not drink these sugar-sweetened beverages 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, on how many days did you eat **breakfast**?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

102. During the past 30 days, how often did you go hungry because there was not enough food in your home?

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

**The next 6 questions ask about physical activity.**

103. 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

104. 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

105. 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 iPad or other tablet, a smart phone, texting, YouTube, Instagram, Facebook, or other Social Media )

- 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

106. 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

107. 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 to 3 hours per week
- 4 to 5 hours per week
- 6 to 10 hours per week
- More than 10 hours per week

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

- Played the lottery or scratch off tickets
- Bet on fantasy sports
- Bet on individual sports teams
- Played Bingo for money
- Bet on dice games such as craps
- Bet money on a challenge (dare, fight, street race, etc.)
- Played online gambling games for money
- Bet on video games
- Bet on games of personal skill such as pool, darts, or basketball

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

109. During the past 12 months, how many times have you had a concussion **from playing a sport or being physically active?**

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

**The next 6 questions ask about other health-related topics.**

110. 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

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

- Yes
- No
- Not Sure

112. Have you ever been taught in school about where you could get sexual health services, such as birth control, condoms, or HIV or other sexually transmitted disease (STD) testing or treatment?

- Yes
- No
- Not sure

113. During the last 12 months, have you been to: **(Mark all that apply.)**

- A dentist for a check up, exam, or teeth cleaning
- A doctor or other healthcare provider for a routine check-up
- A mental health professional/counselor for any reason
- An emergency room for healthcare

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

- Yes
- No
- Not sure

115. 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 4 questions ask about relationships.**

116. 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 friends
- Your friends' parents
- Your grandparent



117. 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 friends
- Your friends' parents
- Your grandparent

118. 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

119. 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

**The next 13 questions ask about how you think other people feel about some of the behaviors asked about in this survey.**

120. 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

121. 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

122. 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

123. 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

124. 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

125. 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

126. 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

127. 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

128. How wrong do your parents feel it would be for you to play violent video games, such as games that are rated M?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

129. 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

130. 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

131. 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

132. 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 next 2 questions ask about your feelings in the past 4 weeks.	Never or Almost Never	Some-times	Always or Almost Always
133. How often did you feel <b>really</b> worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The final 4 questions ask about your relationship with your parent(s).	Never or Almost Never	Some-times	Always or Almost Always
135. My parent(s) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. My parent(s) take an interest in me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. My parent(s) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. I can count on my parent(s) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

PLEASE DO NOT WRITE IN THIS AREA

