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 ● 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 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

<p>| Height |</p>
<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

   Example

<p>| Height |</p>
<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<p>| Weight |</p>
<table>
<thead>
<tr>
<th>Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 5 2</td>
</tr>
<tr>
<td>6 0 9</td>
</tr>
</tbody>
</table>

   Example

<p>| Weight |</p>
<table>
<thead>
<tr>
<th>Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 1</td>
</tr>
<tr>
<td>2 2 2</td>
</tr>
<tr>
<td>3 3 3</td>
</tr>
<tr>
<td>4 4 4</td>
</tr>
</tbody>
</table>

9. Which of the following best describes you?
   - Heterosexual (straight)
   - Gay or lesbian
   - Bisexual
   - I describe my sexual identity some other way
   - I am not sure about my sexual identity (questioning)
   - I do not know what this question is asking
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. During the past 30 days, did you ever sleep away from your parents because you were kicked out, ran away, or were abandoned?
- Yes
- No

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

17. 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)

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

19. Do you have serious difficulty seeing, even when wearing glasses?
- Yes
- No
20. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

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

- Yes
- No

22. 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

23. 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

The next question asks about safety.

24. 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.

25. 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

26. 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

27. 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

28. 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

29. 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 times
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times
30. 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

31. 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

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

33. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- 0 times
- 1 times
- 2 or 3 times
- 4 or 5 times
- 6 or more times

34. 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

35. 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

36. 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 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.

43. 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

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

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

46. 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
   - I did not attempt suicide during the past 12 months

47. If you **attempted suicide** during the past 12 months, did any attempts 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.

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

49. 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

50. 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

51. 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

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

53. 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

54. During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)
   - I did not use any electronic vapor products during the past 30 days
   - I got or bought them from a friend, family member, or someone else
   - I bought them myself in a vape shop or tobacco shop
   - I bought them myself in a store such as a convenience store, supermarket, discount store, or gas station
   - I bought them myself at a mall or shopping center kiosk or stand
   - I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
   - I took them from a store or another person
   - I got them some other way
55. Do you currently use JUUL brand or a similar brand like myblu or Logic?
○ Yes
○ No

The next 2 questions are about other tobacco products.

56. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (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

57. 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 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

58. 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

59. 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

60. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are a female) or 5 or more drinks of alcohol in a row, that is in a couple of hours (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

61. 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 pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

62. 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
63. 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

64. 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 question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

65. During your life, how many times have you used synthetic 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 2 questions ask about the use of prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

66. 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?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

67. 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?
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

The next 6 questions ask about other drugs.

68. 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

69. 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

70. During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?
- 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 ecstasy (also called MDMA or Molly)?
- 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 a needle to inject any illegal drug into your body?
- 0 times
- 1 time
- 2 or more times

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

The next 11 questions ask about sexual behavior.

74. Have you ever had sexual intercourse?
- Yes
- No

75. 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

76. The first time you had sexual intercourse, how many years younger 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

77. 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

78. 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

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

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

81. 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 with an opposite-sex partner
- No method was used to prevent pregnancy
- Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
- Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal or some other method
- Not sure
82. How many times have you been pregnant or gotten someone pregnant?
☐ 0 times
☐ 1 time
☐ 2 or more times
☐ Not sure

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

84. 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.

85. 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

86. In the past 12 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 from any of these sources

87. In the past 12 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
☐ Information about side effects
☐ I have not received any information on these topics from any sources

88. 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

89. 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.
90. How do you describe your weight?
☐ Very underweight
☐ Slightly underweight
☐ About the right weight
☐ Slightly overweight
☐ Very overweight
91. 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

92. 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

93. 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

94. 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

95. 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

96. 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 4 questions ask about physical activity.

97. 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

98. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)
- 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
99. On an average school day, how much time do you spend playing video or computer games? (Do not count time spent watching shows or videos, accessing the Internet for things other than games, using social media, or doing school work.)
- I do not play video or computer games 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

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

101. 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.

102. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?
- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

103. 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

104. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
- Yes
- No
- Not sure

105. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?
- Yes
- No
- Not Sure

106. During the past 12 months, have you been to:
- 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

Some schools have a school-based health center, also called a wellness center, where students can get health care such as sports physicals or prescriptions for medicine, on school property. This is not the same as the school nurse’s office.

107. During the past 12 months, how many times did you go to the school-based health center at your school?
- My school does not have a school-based health center
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or more times
108. Has a doctor or nurse ever told you that you have asthma?
- Yes
- No
- Not sure

109. 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 6 questions ask about relationships.

110. 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

111. 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?
- No one
- Your parent or guardian
- Your brother, sister, or other relative
- Your teacher
- Another adult
- Your friends
- Your grandparent

112. Do you ever feel sad, empty, hopeless, angry, or anxious?
- Yes
- No

113. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- I do not feel sad, empty, hopeless, angry, or anxious
- Never
- Rarely
- Sometimes
- Most of the time
- Always

114. 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

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

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

116. 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

117. 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
118. 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

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

120. 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

121. 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

122. 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

123. 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

124. 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

125. 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

126. 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

127. 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 4 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>
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</thead>
<tbody>
<tr>
<td>128. My parent(s) show me they are proud of me:</td>
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<td>129. My parent(s) take an interest in me:</td>
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<td>130. My parent(s) listen to me when I talk to them:</td>
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<tr>
<td>131. I can count on my parent(s) to be there when I need them:</td>
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</tbody>
</table>
Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 4 questions ask about your experiences during this time, whether in the past or continuing now.

134. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

135. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?
   - Never
   - Rarely
   - Sometimes
   - Most of the time
   - Always

136. Do you agree or disagree that you drank more alcohol during the COVID-19 pandemic than before it started?
   - I have never had a drink of alcohol other than a few sips
   - Strongly agree
   - Agree
   - Not sure
   - Disagree
   - Strongly disagree

137. Do you agree or disagree that you used more tobacco products, including electronic cigarettes and vape devices, during the COVID-19 pandemic than before it started?
   - I have never used tobacco products, including electronic cigarettes and vape devices
   - Strongly agree
   - Agree
   - Not sure
   - Disagree
   - Strongly disagree

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