This survey is about health behavior. It has been developed to understand the concerns and health practices of current students. 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 ovals 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 ● D.
• If you change your answer, erase your old answer completely.

1. How old are you?
A. 12 years old or younger
B. 13 years old
C. 14 years old
D. 15 years old
E. 16 years old
F. 17 years old
G. 18 years old or older

2. What is your sex?
A. Female
B. Male

3. In what grade are you?
A. 9th grade
B. 10th grade
C. 11th grade
D. 12th grade
E. Ungraded or other grade

4. Are you Hispanic or Latino?
A. Yes
B. No

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

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

Example

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<tr>
<th>Height</th>
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7. 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

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8. During the past 30 days, where did you usually sleep?
A. In my parent's or guardian's home
B. 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
C. In a shelter or emergency housing
D. In a motel or hotel
E. In a car, park, campground, or other public place
F. I do not have a usual place to sleep
G. Somewhere else
9. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
   A. Yes
   B. No

10. Which of the following best describes you?
    A. Heterosexual (straight)
    B. Gay or lesbian
    C. Bisexual
    D. Not sure

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?
    A. No, I am not transgender
    B. Yes, I am transgender
    C. I am not sure if I am transgender
    D. I do not know what this question is asking

The next 5 questions ask about safety.

12. 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?
    A. 0 times
    B. 1 time
    C. 2 or 3 times
    D. 4 or 5 times
    E. 6 or more times

13. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 times
    C. 1 time
    D. 2 or 3 times
    E. 4 or 5 times
    F. 6 or more times

14. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called grass, pot, or weed)?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 times
    C. 1 time
    D. 2 or 3 times
    E. 4 or 5 times
    F. 6 or more times

15. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days

16. During the past 30 days, on how many days did you talk on a cell phone while driving a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days

The next 12 questions ask about violence-related behaviors.

17. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

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

19. During the past 12 months, 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.)
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days
20. 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?
A. 0 days  
B. 1 day  
C. 2 or 3 days  
D. 4 or 5 days  
E. 6 or more days

21. 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?
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or 7 times  
F. 8 or 9 times  
G. 10 or 11 times  
H. 12 or more times

22. During the past 12 months, how many times were you in a physical fight?
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or 7 times  
F. 8 or 9 times  
G. 10 or 11 times  
H. 12 or more times

23. During the past 12 months, how many times were you in a physical fight on school property?
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or 7 times  
F. 8 or 9 times  
G. 10 or 11 times  
H. 12 or more times

24. During the past 12 months, have you ever been a member of a gang?
A. Yes  
B. No

25. Have you ever been physically forced to have sexual intercourse when you did not want to?
A. Yes  
B. No

26. 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.)
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or more times

27. During the past 12 months, how many times did someone you were dating or going out with 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.)
A. I did not date or go out with anyone during the past 12 months  
B. 0 times  
C. 1 time  
D. 2 or 3 times  
E. 4 or 5 times  
F. 6 or more times

28. 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.)
A. I did not date or go out with anyone during the past 12 months  
B. 0 times  
C. 1 time  
D. 2 or 3 times  
E. 4 or 5 times  
F. 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.

29. During the past 12 months, have you ever been bullied on school property?
A. Yes  
B. No

30. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
A. Yes  
B. No
The next question asks about hurting yourself on purpose.

31. 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?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 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.

32. 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?
A. Yes
B. No

33. During the past 12 months, did you ever seriously consider attempting suicide?
A. Yes
B. No

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

35. During the past 12 months, how many times did you actually attempt suicide?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

36. 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?
A. I did not attempt suicide during the past 12 months
B. Yes
C. No

The next 3 questions ask about cigarette smoking.

37. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No

38. How old were you when you first tried cigarette smoking, even one or two puffs?
A. I have never tried cigarette smoking, not even one or two puffs
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older

39. During the past 30 days, on how many days did you smoke cigarettes?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

The next 2 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.

40. Have you ever used an electronic vapor product?
A. Yes
B. No

41. During the past 30 days, on how many days did you use an electronic vapor product?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

The next 2 questions ask about other tobacco products.

42. 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.)
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days
43. During the past 30 days, on how many days did you smoke *cigars, cigarillos, or little cigars*?
   - A. 0 days
   - B. 1 or 2 days
   - C. 3 to 5 days
   - D. 6 to 9 days
   - E. 10 to 19 days
   - F. 20 to 29 days
   - G. 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.

44. During your life, on how many days have you had at least one drink of alcohol?
   - A. 0 days
   - B. 1 or 2 days
   - C. 3 to 9 days
   - D. 10 to 19 days
   - E. 20 to 39 days
   - F. 40 to 99 days
   - G. 100 or more days

45. During the past 30 days, on how many days did you have at least one drink of alcohol?
   - A. 0 days
   - B. 1 or 2 days
   - C. 3 to 5 days
   - D. 6 to 9 days
   - E. 10 to 19 days
   - F. 20 to 29 days
   - G. All 30 days

46. During the past 30 days, on how many days did you have at least one drink of alcohol *on school property*?
   - A. 0 days
   - B. 1 or 2 days
   - C. 3 to 5 days
   - D. 6 to 9 days
   - E. 10 to 19 days
   - F. 20 to 29 days
   - G. All 30 days

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

47. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?
   - A. 0 days
   - B. 1 day
   - C. 2 days
   - D. 3 to 5 days
   - E. 6 to 9 days
   - F. 10 to 19 days
   - G. 20 or more days

The next 5 questions ask about marijuana use. Marijuana also is called grass, pot, or weed.

48. During your life, how many times have you used marijuana?
   - A. 0 times
   - B. 1 or 2 times
   - C. 3 to 9 times
   - D. 10 to 19 times
   - E. 20 to 39 times
   - F. 40 to 99 times
   - G. 100 or more times

49. How old were you when you tried marijuana for the first time?
   - A. I have never tried marijuana
   - B. 8 years old or younger
   - C. 9 or 10 years old
   - D. 11 or 12 years old
   - E. 13 or 14 years old
   - F. 15 or 16 years old
   - G. 17 years old or older

50. During the past 30 days, how many times did you use marijuana?
   - A. 0 times
   - B. 1 or 2 times
   - C. 3 to 9 times
   - D. 10 to 19 times
   - E. 20 to 39 times
   - F. 40 or more times

51. During the past 30 days, how many times did you use marijuana *on school property*?
   - A. 0 times
   - B. 1 or 2 times
   - C. 3 to 9 times
   - D. 10 to 19 times
   - E. 20 to 39 times
   - F. 40 or more times
52. How would your parents or other adults in your family feel if you smoked marijuana?
A. Approve  
B. Would not care  
C. Disapprove  
D. Not sure  

The next 7 questions ask about other drugs.

53. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times  

54. 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?
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times  

55. During your life, how many times have you used heroin (also called smack, junk, or China White)?
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times  

56. During your life, how many times have you used methampetamines (also called speed, crystal, crank, or ice)?
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times  

57. During your life, how many times have you used ecstasy (also called MDMA)?
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times  

58. 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)?
A. 0 times  
B. 1 or 2 times  
C. 3 to 9 times  
D. 10 to 19 times  
E. 20 to 39 times  
F. 40 or more times  

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

The next 9 questions ask about sexual behavior.

60. Have you ever had sexual intercourse?
A. Yes  
B. No  

61. How old were you when you had sexual intercourse for the first time?
A. I have never had sexual intercourse  
B. 11 years old or younger  
C. 12 years old  
D. 13 years old  
E. 14 years old  
F. 15 years old  
G. 16 years old  
H. 17 years old or older  

62. During your life, with how many people have you had sexual intercourse?
A. I have never had sexual intercourse  
B. 1 person  
C. 2 people  
D. 3 people  
E. 4 people  
F. 5 people  
G. 6 or more people  

63. During the past 3 months, with how many people did you have sexual intercourse?
A. I have never had sexual intercourse  
B. 1 person  
C. 2 people  
D. 3 people  
E. 4 people  
F. 5 people  
G. 6 or more people  

64. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
A. I have never had sexual intercourse  
B. Yes  
C. No
65. The last time you had sexual intercourse, did you or your partner use a condom?
   A. I have never had sexual intercourse
   B. Yes
   C. No

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

67. During your life, with whom have you had sexual contact?
   A. I have never had sexual contact
   B. Females
   C. Males
   D. Females and males

68. How many times have you been pregnant or gotten someone pregnant?
   A. 0 times
   B. 1 time
   C. 2 or more times
   D. Not sure

The next 2 questions ask about body weight.

69. How do you describe your weight?
   A. Very underweight
   B. Slightly underweight
   C. About the right weight
   D. Slightly overweight
   E. Very overweight

70. Which of the following are you trying to do about your weight?
   A. Lose weight
   B. Gain weight
   C. Stay the same weight
   D. I am not trying to do anything about my weight

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

71. 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.)
   A. I did not drink 100% fruit juice during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

72. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
   A. I did not eat fruit during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

73. During the past 7 days, how many times did you eat green salad?
   A. I did not eat green salad during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

74. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
   A. I did not eat potatoes during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day
75. During the past 7 days, how many times did you eat carrots?
- A. I did not eat carrots during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

76. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

77. 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.)
- A. I did not drink soda or pop during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

78. During the past 7 days, how many glasses of milk did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
- B. 1 to 3 glasses during the past 7 days
- C. 4 to 6 glasses during the past 7 days
- D. 1 glass per day
- E. 2 glasses per day
- F. 3 glasses per day
- G. 4 or more glasses per day

79. During the past 7 days, on how many days did you eat breakfast?
- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

The next 3 questions ask about physical activity.

80. 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.)
- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

81. 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 smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
- A. I do not play video or computer games or use a computer for something that is not school work
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

82. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

The next 8 questions ask about communication and education on sexuality, sexual health services, and AIDS prevention.

83. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)
- A. Yes
- B. No
- C. Not sure
84. Have you ever been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts?
   A. Yes
   B. No
   C. Not sure

85. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes
   B. No
   C. Not sure

86. Have you ever been taught in school about how to use condoms?
   A. Yes
   B. No
   C. Not sure

87. Have you ever been taught in school about birth control methods?
   A. Yes
   B. No
   C. Not sure

88. During the past 12 months, how often did you talk with your parents or other adults in your family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy?
   A. Not at all during the past 12 months
   B. About once during the past 12 months
   C. About once every few months
   D. About once a month
   E. More than once a month

89. Is there an adult in your school who can help you find sexual health services such as HIV, STD and pregnancy testing, access to birth control, or support around your sexuality?
   A. Yes
   B. No
   C. Not sure

90. If you needed help finding sexual health services, would you feel comfortable asking an adult at your school?
   A. Yes
   B. No
   C. Not sure

The next 9 questions ask about other health-related topics.

91. On an average school night, how many hours of sleep do you get?
   A. 4 or less hours
   B. 5 hours
   C. 6 hours
   D. 7 hours
   E. 8 hours
   F. 9 hours
   G. 10 or more hours

92. During the past 12 months, how would you describe your grades in school?
   A. Mostly A's
   B. Mostly B's
   C. Mostly C's
   D. Mostly D's
   E. Mostly F's
   F. None of these grades
   G. Not sure

93. Do you have any long-term learning disabilities? (Long-term means 6 months or more.)
   A. Yes
   B. No
   C. Not sure

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

95. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
   A. Yes
   B. No
   C. Not sure

96. Can you talk with at least one of your parents or other adult family members about things that are important to you?
   A. Yes
   B. No
   C. Not sure

97. Are either of your parents or other adults in your family serving on active duty in the military?
   A. Yes
   B. No
98. How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?
   A. Definitely will not
   B. Probably will not
   C. Probably will
   D. Definitely will
   E. Not sure

99. 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?
   A. Very feminine
   B. Mostly feminine
   C. Somewhat feminine
   D. Equally feminine and masculine
   E. Somewhat masculine
   F. Mostly masculine
   G. Very masculine

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