

2015 Youth Risk Behavior Survey

(v-12-2-14)

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. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

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 gender?
 - A. Female
 - B. Male
 - C. Other

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade

4. How would you describe yourself? [SELECT ONE OR MORE RESPONSES]
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Hispanic or Latino
 - E. Native Hawaiian or Other Pacific Islander
 - F. White/Caucasian

5. 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

6. Which of the following best describes **where** you live right now? [CHOOSE ONLY ONE]
 - A. With your parent(s) or legal guardian
 - B. Staying with a relative or friend
 - C. In an emergency shelter or transitional shelter
 - D. In a motel or hotel
 - E. In a campground or a trailer park **that doesn't have heat or running water**
 - F. In a car, park, public place, bus or train station
 - G. In an abandoned building

The next 5 questions ask about safety.

7. 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
8. During the past 30 days, how many times did you **DRIVE A CAR** or other vehicle **when you 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
9. During the past 30 days, how many times did you **RIDE IN A CAR** or other vehicle **driven by someone who had been under the influence of marijuana, pills or other drugs? (DO NOT COUNT ALCOHOL)**
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
10. During the past 30 days, how many times did you **DRIVE A CAR** or other vehicle **when you were under the influence of marijuana, pills or other drugs? (DO NOT COUNT ALCOHOL)**
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
11. During the past 30 days, on how many days did **you text, scroll the internet, or email 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 10 questions ask about violence-related behaviors.

12. 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
13. During the past 30 days, on how many days did you carry **a gun**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
14. 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
15. 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

16. During the past 30 days, on how many days were you called names, teased, harassed, or attacked at school or on the way to school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
17. 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
18. 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
19. 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
20. During the past 12 months, how many times did someone you were dating, "talking to" or going out with, **physically hurt you**? (Examples of being physically hurt include being hit, kicked, slammed into something, or injured with an object or weapon.)
- A. I did not date, "talk to" 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

21. Have you ever been **physically forced** to do anything of the following: have sexual intercourse, touch someone sexually or be touched by someone sexually?
- A. Yes
 - B. No

The next 7 questions ask about sad feelings, problems with emotions and 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.

22. 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
23. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
24. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
25. 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
26. **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
27. Have you ever hurt yourself **on purpose** (by cutting, burning or bruising etc.) **without the intention of committing suicide**?
- A. Yes
 - B. No
28. Do you have serious difficulty concentrating, remembering, or making decisions because of emotional problems?
- A. Yes
 - B. No

The next 8 questions ask about things that have happened to you at any time during your life.

29. How often did a parent or adult in your home swear at you, insult you or put you down?
- A. Never
 - B. Sometimes
 - C. Often
 - D. Repeatedly
30. How often did a parent or adult in your home hit, beat, kick or physically hurt you in any way?
- A. Never
 - B. Sometimes
 - C. Often
 - D. Repeatedly
31. How often has your family not had enough money to buy food or pay for housing?
- A. Never
 - B. Sometimes
 - C. Often
 - D. Repeatedly
32. How often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
- A. Never
 - B. Sometimes
 - C. Often
 - D. Repeatedly
33. Have you ever lived with anyone who was an alcoholic, problem drinker, used illegal street drugs, took prescription drugs to get high, or was a problem gambler?
- A. Yes
 - B. No
34. Have you ever lived with anyone who was depressed, mentally ill or suicidal?
- A. Yes
 - B. No
35. Has anyone in your household ever gone to jail or prison?
- A. Yes
 - B. No
36. Did you ever see someone get shot, stabbed or beaten in your neighborhood?
- A. Yes
 - B. No

The next 7 questions ask about tobacco use.

37. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
38. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - 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
40. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day
41. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
 - B. Yes
 - C. No

42. 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?
- 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, Black and Milds 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 the use of e-cigs. An e-cig, also known as an electronic vapor product, e-cigarette, electronic cigarette, personal vaporizer, or PV, is an electronic inhaler that vaporizes a liquid solution into an aerosol mist, simulating the act of tobacco smoking.

44. Have you ever used an e-cig or electronic vapor product?
- A. Yes
 - B. No
45. During the past 30 days, on how many days did you use an e-cig or 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
46. How old were you when you used an e-cig or electronic vapor product for the first time?
- A. I have never used an e-cig or electronic vapor product
 - 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

The next 8 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.

47. 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
48. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - 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
49. During the past 30 days, on how many days did you have at least 1 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
50. 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?
- 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

51. 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?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks
52. During the past 30 days, how did you get the alcohol you drank? [CHOOSE ALL THAT APPLY]
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way
53. During the past 30 days, on how many days did you have at least one drink of alcohol (even a sip) 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
54. During the past 30 days how often were you under the influence of alcohol before or during the school day?
- A. Never
 - B. 1 to 3 times
 - C. 4 to 5 times
 - D. 6 to 9 times
 - E. 10 to 20 times
 - F. More than 20 times

The next 7 questions ask about marijuana use. Marijuana is also called pot or weed.

55. 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
56. 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
57. 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
58. During the past 30 days how did you use marijuana? [CHOOSE ALL THAT APPLY]
- A. I did not use marijuana during the past 30 days
 - B. I smoked it in a joint, bong, pipe, or blunt
 - C. I ate it in food such as brownies, cakes, cookies, or candy
 - D. I drank it in tea, cola, alcohol, or other drinks
 - E. I vaporized it (examples include hash oil, Dabs, THC drops)
 - F. I used it in some other way
59. 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

60. During the past 30 days, how often were you under the influence of marijuana before or during the school day?
- A. Never
 - B. 1 or 3 times
 - C. 4 to 5 times
 - D. 6 to 9 times
 - E. 10 to 20 times
 - F. More than 20 times
61. During your life, how many times have you used synthetic marijuana (also called K2 or Spice)?
- A. I do not know what K2 or Spice are
 - B. 0 times
 - C. 1 to 3 times
 - D. 4 to 5 times
 - E. 6 to 9 times
 - F. 10 to 20 times
 - G. More than 20 times

The next 11 questions ask about use of other drugs.

62. During the past 30 days, how many times did you use 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
63. During your life, how many times have you sniffed computer keyboard cleaners (Duster), markers, breathed the contents of aerosol spray cans, or inhaled 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
64. 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

65. During your life, how many times have you used **methamphetamines** (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
66. During your life, how many times have you used ecstasy (also called Molly or 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
67. During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, salvia or mushrooms?
- 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
68. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- 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
69. During your life, how many times have you taken any drug or pill to get high that was prescribed for someone else? (Examples include OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax, etc)
- 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

70. During your life, how many times have you taken any form of over the counter drug to get high? (Examples include cold medicines like Coricidin or Robitussin)
- 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
71. During your life, how many times have you used a needle to inject any illegal drug into your body?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
72. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

The next 10 questions ask about sexual behavior.

73. Have you ever had sexual intercourse?
- A. Yes
 - B. No
74. 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
 - I.
75. 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

76. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
77. 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
78. 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
79. The **last time** you had sexual intercourse, what one method (OTHER THAN CONDOMS) did you or your partner use to prevent pregnancy? [SELECT ONLY ONE RESPONSE]
- A. I have never had sexual intercourse
 - B. An IUD (such as Mirena or ParaGard)
 - C. An Implant (such as Implanon or Nexplanon)
 - D. Birth control pills, the birth control patch (such as OrthoEvra) or birth control ring (such as NuvaRing).
 - E. A shot (such as Depo-Provera)
 - F. Emergency Contraception (the “morning after pill” such as Plan B.)
 - G. Withdrawal
 - H. Nothing
 - I. Not sure
80. At your last checkup, which of the following ways to prevent pregnancy did your doctor, nurse, or health care provider discuss with you? [CHOOSE ALL THAT APPLY]
- A. An IUD (such as Mirena or ParaGard)
 - B. An Implant (such as Implanon or Nexplanon)
 - C. Birth control pills, the birth control patch (such as OrthoEvra) or birth control ring (such as NuvaRing).
 - D. A shot (such as Depo-Provera)
 - E. Emergency Contraception (the “morning after pill” such as Plan B.)
 - F. Condoms
 - G. Other
 - H. My doctor, nurse or health care provider did not discuss this with me.

81. Have you ever participated in oral sex?
- A. Yes
 - B. No
82. How old were you when you had oral sex for the first time?
- A. I have never had oral sex
 - 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

The next 10 questions ask about all forms of bullying.

83. In the past year, what form of bullying have you experienced?
[CHOOSE ALL THAT APPLY]
- A. Verbal
 - B. Physical
 - C. Electronic (Cyberbullying)
 - D. Intimidation
 - E. Abuse
 - F. I was not bullied
84. If you were bullied, how serious did you consider the bullying to be?
- A. I wasn't bullied
 - B. Not at all
 - C. Only a bit
 - D. Quite Serious
 - E. Extremely Serious
85. If you were bullied, which were the main ways you used to cope with bullying?
[CHOOSE ALL THAT APPLY]
- A. I wasn't bullied
 - B. I tried to make fun of it
 - C. I tried to avoid the situation
 - D. I tried to ignore it
 - E. I fought back
 - F. I got help from friends
 - G. I got help from a teacher, staff member, or Dignity Act Coordinator
 - H. I got help from family/parents
 - I. I tried to handle it by myself
 - J. I did not really cope
 - K. Other

86. In which of the following ways did YOU ever take part in bullying anyone while you were at school? [SELECT ALL THAT APPLY]
- A. I did not take part in bullying at school I tried to avoid the situation
 - B. Hit/punch
 - C. Stole from
 - D. Called names
 - E. Threatened
 - F. Told lies to
 - G. Excluded
87. Have you ever witnessed someone being harassed/bullied?
- A. Yes
 - B. No
88. If you witnessed bullying, how did you react to the situation?
- A. I did not do anything about it
 - B. I did not know what to do when I witnessed bullying
 - C. I was afraid to do anything about it
 - D. I walked away
 - E. I stood up for the person being bullied (Upstander)
 - F. I told an adult about it
 - G. I talked with my Dignity Act Coordinator
 - H. I did not witness bullying
89. I understand what the Dignity for All Student Act is
- A. Yes
 - B. No

The next 6 question ask about cell phones and the internet.

90. During the past year, have you ever been electronically bullied? (Another student has teased, threatened, or spread rumors about you through texting, emails, YouTube, gaming systems, or social networking websites like Facebook, Twitter, vine, yik yak, ask.fm, tumblr, Instagram, blogs, SnapChat, etc.)
- A. Yes
 - B. No
91. In the past year, how many times have you used cell phone, text messaging or the internet to harass or embarrass someone you were mad at? Would you say...
- A. Never
 - B. 1 time
 - C. 2 times
 - D. 3 to 5 times
 - E. 6 or more times
 - F. In the past year I did not go on the internet **AND** I did not use a cell phone

92. In the past year, did anyone on the internet try to get you to talk about sex when you did not want to?
- A. Yes
 - B. No
 - C. In the past year I did not go on the internet
93. In the past year, when you met someone new on the internet, did you ever do any of the following? [CHOOSE ALL THAT APPLY]
- A. Meet the person face to face somewhere
 - B. Give out your phone number
 - C. Text this person
 - D. FaceTime this person
 - E. I did not do any of these
 - F. I did not meet someone new on the internet in the past year
94. During the past 30 days, how many times did you use a cell phone, computer or other electronic device to SEND/POST nude or semi-nude pictures or videos of yourself or someone else? This is called sexting.
- A. Never
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
95. During the past 30 days, how many times did you use a cell phone, computer or other electronic device to RECEIVE nude or semi-nude pictures of someone else? This is called sexting.
- A. Never
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times

The next 3 questions ask about diet and energy drinks

96. Which of the following did you do in the past 30 days to try to lose weight or to keep from gaining weight? [CHOOSE ALL THAT APPLY]
- A. I did not eat for 24 hours or more (also called fasting)
 - B. I took any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products such as Slim Fast.)
 - C. I vomited or took laxatives
 - D. I did not do any of these things to try to lose weight or keep from gaining weight.

97. Have you ever used an **energy drink**? (An energy drink is a type of beverage containing stimulant drugs, mainly caffeine, which is marketed as providing mental or physical stimulation. Types of energy drinks are Red Bull, 5-Hour Energy, Rockstar, Monster)
- A. Yes
 - B. No
98. During the past 7 days, how many times did you use an energy drink?
- A. I did not use energy drinks
 - B. 1-3 times during the past 7 days
 - C. 4-6 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

The next 4 questions ask about time spent being physically active, watching TV, playing video games, using the computer and sleeping

99. 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 spend in any kind of physical activity that increases your heart rate and makes 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
100. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - 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

101. 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, Nintendo DS, Netflix, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook and the Internet)
- 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
102. On an average school night, how many hours of sleep do you get?
- A. 4 hours or less
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours

The next 3 questions ask health care.

103. When was the last time you saw a doctor, nurse or health care provider for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
104. In the past 12 months, did you get a chance to speak with a doctor, nurse or other health care provider privately? (one-to-one without your parents or other people in the room).
- A. Yes
 - B. No
105. During your last check up, did your doctor, nurse or health care provider discuss any of the following ways to [CHOOSE ALL THAT APPLY]
- A. Avoid use of tobacco, alcohol and other drugs
 - B. Avoid use of e-cigs or electronic vapor products
 - C. Prevent pregnancy, AIDS, or other sexually transmitted diseases (STDs)
 - D. Eat healthy foods
 - E. Be physically active

The next 4 questions are about how your parents feel about certain behaviors

106. How wrong do your parents feel it would be for you to drink beer, wine or hard liquor (For example vodka, whiskey or gin)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
107. How wrong do your parents feel it would be for you to smoke cigarettes?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
108. How wrong do your parents feel it would be for you to smoke marijuana?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
109. How wrong do your parents feel it would be for you use an e-cig or electronic vapor product?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all

The next 4 questions ask you how much you agree or disagree with statements about your life.

110. My family gives me help and support when I need it.
- A. Strongly Agree
 - B. Agree
 - C. Not Sure
 - D. Disagree
 - E. Strongly Disagree
111. In my family, there are clear rules about what I can and cannot do.
- A. Strongly Agree
 - B. Agree
 - C. Not Sure
 - D. Disagree
 - E. Strongly Disagree

112. I get a lot of encouragement at my school.

- A. Strongly agree
- B. Agree
- C. Not Sure
- D. Disagree
- E. Strongly disagree

113. In my community, I feel like I matter to people.

- A. Strongly agree
- B. Agree
- C. Not Sure
- D. Disagree
- E. Strongly disagree

The next 3 questions ask about situations in your life

114. Which BEST describes who you live with? **[CHOOSE ONLY ONE]**

- A. With both parents
- B. With 1 parent only
- C. With one parent and a step parent
- D. With a step parent only
- E. With grandparents or other relatives, and not my parents
- F. With foster parents
- G. With friends and not with my parents
- H. I live on my own and not with my parents

115. If you had an important question about your life, how many adults do you know (not counting your parents) to whom you feel comfortable going to for help?

- A. No adults
- B. 1 or 2 adults
- C. 3 or more adults

116. In an average week, how many hours do you spending helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency or doing other things) to make your city/town a better place for people to live?

- A. 0 hours
- B. 1 hour
- C. 2 hours
- D. 3-5 hours
- E. 6-10 hours
- F. 11 or more hours

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