



- 53 1. What is your zip code?  
 52 Please fill in the boxes at  
 51 the top, then fill in the  
 50 circles in each column.  
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Zip Code				
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7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

- 34 2. How old are you?  
 33  12 years old or younger  
 32  13 years old  
 31  14 years old  
 30  15 years old  
 29  16 years old  
 28  17 years old  
 27  18 years old or older  
 26

- 25 3. What is your sex?  
 24  Female  
 23  Male  
 22

- 21 4. In what grade are you?  
 20  9th grade  
 19  10th grade  
 18  11th grade  
 17  12th grade  
 16  Ungraded or other grade  
 15

- 14 5. Are you Hispanic or Latino?  
 13  Yes  
 12  No  
 11

- 10 6. What is your race? (Select one or more  
 9 responses.)  
 8  American Indian or Alaska Native  
 7  Asian  
 6  Black or African American  
 5  Native Hawaiian or Other Pacific Islander  
 4  White  
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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	4
	●	5	5	5	5
	6	6	6	6	6
	7	7	7	7	7
	8	8	8	8	8
	9	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? 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 or guardians because you were kicked out, ran away, or were abandoned?
- Yes
  - No

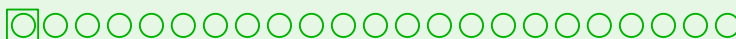
16. Are either of your parents or other adults in your family serving on active duty in the military?
- Yes
  - No

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

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- 53 20. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?
- 52
- 51  Yes
- 50  No
- 49
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- 47
- 46 21. Do you have serious difficulty walking or climbing stairs?
- 45
- 44  Yes
- 43  No
- 42
- 41
- 40 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.)**
- 39
- 38  No
- 37  Physical Disability
- 36  Learning Disability
- 35  Emotional Disability
- 34
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- 30
- 29 23. Have you ever been diagnosed by a doctor or nurse with any of these conditions? **(Mark all that apply.)**
- 28  Asthma
- 27  Diabetes
- 26  High blood pressure
- 25  ADD/ADHD
- 24  Depression
- 23  Anxiety
- 22  Chronic Allergies
- 21  I have never had any of these conditions
- 20
- 19
- 18
- 17
- 16
- 15 24. Are you currently receiving medical treatment for any of these conditions? **(Mark all that apply.)**
- 14  Asthma
- 13  Diabetes
- 12  High blood pressure
- 11  ADD/ADHD
- 10  Depression
- 9  Anxiety
- 8  Chronic Allergies
- 7  I do not currently have any of these conditions
- 6
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**The next question asks about safety.**

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.**

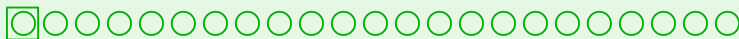
26. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days
27. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?
- 0 days
- 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

29. 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
30. During the past 12 months, how many times has someone threatened or injured you with a **weapon** such as a gun, knife, or club **on school property**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or 7 times
  - 8 or 9 times
  - 10 or 11 times
  - 12 or more times
31. 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
32. 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

33. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes
  - No
34. 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 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** 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
36. 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

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

- 46  I did not date or go out with anyone during the past  
45 12 months  
44  0 times  
43  1 time  
42  2 or 3 times  
41  4 or 5 times  
40  6 or more times

39  
38 **The next 2 questions ask about bullying. Bullying  
37 is when 1 or more students tease, threaten, spread  
36 rumors about, hit, shove, or hurt another student  
35 over and over again. It is not bullying when 2  
34 students of about the same strength or power  
33 argue or fight or tease each other in a friendly way.**

32

31

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

- 28  Yes  
27  No

26

25

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

- 21  Yes  
20  No

19

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

17

16

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

- 12  Yes  
11  No

10

9

8 41. During the past 30 days, have you received a text  
7 or an e-mail with a revealing or sexual photo of  
6 someone?

- 5  Yes  
4  No

3

2

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42. 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.**

43. 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.**

44. 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

45. During the past 12 months, did you ever  
**seriously** consider attempting suicide?

- Yes  
 No

46. During the past 12 months, did you make a  
plan about how you would attempt suicide?

- Yes  
 No

47. 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

48. **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.**

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

- Yes
- No

50. 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

51. 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

52. 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 4 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.**

53. Have you ever used an electronic vapor product?

- Yes
- No

54. 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

55. 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 who can legally buy these products gave them to me
- I took them from a store or another person
- I got them some other way

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53 56. Do you currently use JUUL brand or a similar brand like myblu or Logic?

52  Yes

51  No

50

49 **The next 2 questions are about other tobacco**

48 **products.**

47

46 57. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as

45 Copenhagen, Grizzly, Skoal, or Camel Snus?

44 (Do not count any electronic vapor products.)

43  0 days

42  1 or 2 days

41  3 to 5 days

40  6 to 9 days

39  10 to 19 days

38  20 to 29 days

37  All 30 days

36

35

34 58. During the past 30 days, on how many days did you

33 smoke **cigars, cigarillos, or little cigars**?

32  0 days

31  1 or 2 days

30  3 to 5 days

29  6 to 9 days

28  10 to 19 days

27  20 to 29 days

26  All 30 days

25

24

23 **The next 4 questions ask about drinking alcohol.**

22 **This includes drinking beer, wine, wine coolers, and**

21 **liquor such as rum, gin, vodka, or whiskey. For**

20 **these questions, drinking alcohol does not include**

19 **drinking a few sips of wine for religious purposes.**

18

17 59. How old were you when you had your first drink of alcohol other than a few sips?

16  I have never had a drink of alcohol other than a few sips

15  8 years old or younger

14  9 or 10 years old

13  11 or 12 years old

12  13 or 14 years old

11  15 or 16 years old

10  17 years old or older

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60. 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

61. 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

62. 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, weed, or cannabis.**

63. 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



64. 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

65. 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, King Kong, Yucatan Fire, or Skunk.**

66. 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.**

67. 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

68. 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 7 questions ask about other drugs.**

69. 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

70. 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

71. 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

72. 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

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- 53 73. During your life, how many times have you taken  
 52 **steroid pills or shots** without a doctor's  
 51 prescription?  
 50  0 times  
 49  1 or 2 times  
 48  3 to 9 times  
 47  10 to 19 times  
 46  20 to 39 times  
 45  40 or more times  
 44

- 43 74. During your life, how many times have you used a  
 42 needle to inject any **illegal** drug into your body?  
 41  0 times  
 40  1 time  
 39  2 or more times  
 38

- 37 75. During the past 12 months, has anyone offered,  
 36 sold, or given you an illegal drug **on school**  
 35 **property**?  
 34  Yes  
 33  No  
 32

31 **The next 11 questions ask about sexual behavior.**  
 30

- 29 76. Have you ever had sexual intercourse?  
 28  Yes  
 27  No  
 26

- 25 77. How old were you when you had sexual  
 24 intercourse for the first time?  
 23  I have never had sexual intercourse  
 22  11 years old or younger  
 21  12 years old  
 20  13 years old  
 19  14 years old  
 18  15 years old  
 17  16 years old  
 16  17 years old or older  
 15

- 14 78. The **first time** you had sexual intercourse, how many  
 13 years younger or older than you was your partner?  
 12  I have never had sexual intercourse  
 11  5 or more years younger  
 10  3 to 4 years younger  
 9  About the same age  
 8  3 to 4 years older  
 7  5 or more years older  
 6  Not sure  
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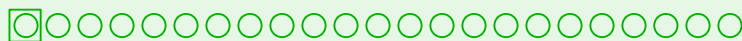
79. During your life, with how many people have you  
 had sexual intercourse?  
 I have never had sexual intercourse  
 1 person  
 2 people  
 3 people  
 4 people  
 5 people  
 6 or more people

80. 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

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

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

83. 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  
 Some other method  
 Not sure



84. How many times have you been pregnant or gotten someone pregnant?

- 0 times
- 1 time
- 2 or more times
- Not sure

85. During your life, with whom have you had sexual contact?

- I have never had sexual contact
- Females
- Males
- Females and males

86. 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.**

87. 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

88. 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
- <https://www.beyourownbaby.org>
- 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

89. 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

90. 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

91. 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

53 The next 2 questions ask about body weight.

52

51 92. How do **you** describe your weight?

50  Very underweight

49  Slightly underweight

48  About the right weight

47  Slightly overweight

46  Very overweight

45

44 93. Which of the following are you trying to do about your weight?

42  Lose weight

41  Gain weight

40  Stay the same weight

39  I am **not trying to do anything** about my weight

38

37

36 The next 5 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.

35

34 94. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

28  I did not eat fruit during the past 7 days

27  1 to 3 times during the past 7 days

26  4 to 6 times during the past 7 days

25  1 time per day

24  2 times per day

23  3 times per day

22  4 times per day

21

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

17  I did not eat vegetables or salad during the past 7 days

15  1 to 3 times during the past 7 days

14  4 to 6 times during the past 7 days

13  1 time per day

12  2 times per day

11  3 times per day

10  4 or more times per day

9

8

7

6

5

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96. 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

97. 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

98. 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.

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 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



100. 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

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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)

- 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

102. 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

103. 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.**

104. 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

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

105. 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

106. 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

107. 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

108. 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

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53 Some schools have a school-based health center,  
52 also called a wellness center, where students can  
51 get health care such as sports physicals or  
50 prescriptions for medicine, on school property. This  
49 is not the same as the school nurse's office. The  
48 following question asks about your use of the  
47 school-based health center.

46  
45  
44

43 109. During the past 12 months, how many times did you  
42 go to the school-based health center at your school?

- 41  My school does not have a school-based health center
- 40  0 times
- 39  1 time
- 38  2 or 3 times
- 37  4 or 5 times
- 36  6 or 7 times
- 35  8 or 9 times
- 34  10 or more times

33  
32

31 110. Has a doctor or nurse ever told you that you have  
30 asthma?

- 29  Yes
- 28  No
- 27  Not sure

26  
25

24 111. On an average school night, how many hours of  
23 sleep do you get?

- 22  4 or less hours
- 21  5 hours
- 20  6 hours
- 19  7 hours
- 18  8 hours
- 17  9 hours
- 16  10 or more hours

15  
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The next 6 questions ask about relationships.

112. 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

113. 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.)

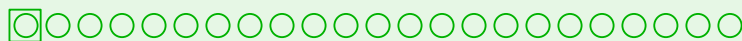
- No one
- Your parent or guardian
- Your brother, sister, or other relative
- Your teacher
- Another adult
- Your friends
- Your grandparent

114. Do you ever feel sad, empty, hopeless, angry, or anxious?

- Yes
- No

115. 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



116. 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

117. 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.**

118. 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

119. 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

120. 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

121. 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

122. 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

123. 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

124. 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

125. 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

