

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

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

2. How old are you?
- 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older

3. What is your sex?
- Female
 - Male

4. Are you Hispanic or Latino?
- Yes
 - No

5. 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

6. How old is your mother?
If you don't know, put your best guess.

Age	
0	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

7. How old is your father?
If you don't know, put your best guess.

Age	
0	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

8. In what grade are you?
- 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade

9. 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		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11

10. 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	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

22. 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?

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

23. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

The next questions ask about your relationship with your parents.	Never or Almost Never	Sometimes	Always or Almost Always
24. How often do your parent(s) show you they are proud of you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. How often do your parent(s) take an interest in your activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. How often do your parent(s) listen to you when I talk to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. How often can you count on your parent(s) to be there when you need them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How often do you and your parent(s) talk about the things that really matter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How often are you comfortable sharing your thoughts and feelings with your parent(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The next questions ask about your feelings in the past 4 weeks.	Never or Almost Never	Sometimes	Always or Almost Always
30. How often did you feel really sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. How often did you feel really worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. How often did you have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. How often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The next questions ask about your relationships in the past 4 weeks.	Never or Almost Never	Sometimes	Always or Almost Always
35. Do you get along well with people of different races, cultures and religions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Do you listen to other students' ideas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Do you control your anger when you have a disagreement with a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Do you follow the rules when you are at a park, theater or sports event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Do you respect other points of view, even if you disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. During the past 30 days, on how many days did you **text or e-mail while driving** a care 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 13 questions ask about violence-related behaviors.

41. 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

42. During the past 30 days, on how many days did you carry a **gun**?

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

43. 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

44. 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

45. During the past 30 days, on how many days has someone tried to hurt you by hitting, punching, or kicking you **on school property**?

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

46. 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

47. 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

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48. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

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

49. 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

50. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No

51. During the past 12 months, how many times did someone you were dating or going out with say things to you or say things to other people about you to purposely hurt you?

- 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

52. 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

53. 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

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.

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

- Yes
- No

55. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- Yes
- No

The next question asks about hurting yourself on purpose.

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

- Yes
- No

The next 7 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.

57. 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

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

- Yes
- No

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

- Yes
- No

60. 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

61. 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

62. How have you heard of teenage suicide happening to someone you knew or that your friends knew?

- I have never heard of anyone I knew or my friends knew committing suicide.
- Talking with kids at school
- Facebook or other social media
- Texting
- Email from School Administration
- Some other way: _____

63. What do you think is the **main** reason teenagers commit suicide? (Select only **one** response.)

- Bullying
- Academic Pressure
- Stress
- Loneliness
- Family Problems
- Something else: _____

The next 11 questions ask about tobacco use.

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

- Yes
- No

65. How old were you when you smoked a whole cigarette for the first time?

- I have never smoked a whole cigarette
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

66. During the past 30 days, 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

67. 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

68. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

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69. During the past 30 days, on how many days did you smoke cigarettes on school property?
- 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
70. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes
 - No
71. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
 - Yes
 - No
72. 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?
- 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
73. During the past 30 days, on how many days did you use **disolvable tobacco products** such as orbs?
- 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
74. 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 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.

75. During your life, on how many days have you had least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 9 days
 - 10 to 19 days
 - 20 to 39 days
 - 40 to 99 days
 - 100 or more days
76. 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
77. 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
78. 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?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days

79. During the past 30 days, how did you **usually** get the alcohol you drank?

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- I bought it at a restaurant, bar, or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- Someone gave it to me
- I took it from a store or family member
- I got it some other way

80. 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

81. During the past 30 days, where did you **usually** drink alcohol? (Select only **one** response.)

- I did not drink alcohol during the past 30 days
- At my home
- At another person's home
- While riding in or driving a car or other vehicle
- At a restaurant, bar, or club
- At a public place such as a park, beach, or parking lot
- At a public event such as a concert or sporting event
- On school property

82. During the past 30 days, what type of alcohol did you usually drink? (Select only **one** response.)

- I did not drink alcohol during the past 30 days
- I do not have a usual type
- Beer
- Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
- Wine coolers, such as Bartles & Jaymes or Seagrams
- Wine
- Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- Some other type

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

83. 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

84. 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

85. 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

94. During your life, how many times have you taken prescription **painkillers**, such as OxyContin, codeine, or Percocet, without a doctor's prescription?

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

95. 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

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

- Yes
- No

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

- Yes
- No

The next 14 questions ask about sexual behavior.

98. Have you ever had sexual intercourse?

- Yes
- No

99. 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

100. The first time you had sexual intercourse, how many years younger or older than you was your partner?

- I have never had sexual intercourse
- 5 or more years younger
- 3 to 4 years younger
- About the same age
- 3 to 4 years older
- 5 or more years older
- Not sure

101. 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

102. 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

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

- I have never had sexual intercourse
- Yes
- No

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

- I have never had sexual intercourse
- Yes
- No

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

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

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

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

109. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure

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

111. Which of the following people would you say have given you the **most** information about safe sex practices? (Select only **one** response.)
- No one has talked to me about safe sex practices
 - My parents
 - My brothers or sisters
 - My friends
 - My doctor or nurse
 - Wellness Center staff
 - My health teacher
 - Someone else

The next 7 questions ask about body weight.

112. How do **you** describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight

113. 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

114. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- Yes
 - No

115. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- Yes
 - No

116. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- Yes
 - No

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117. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)

- Yes
- No

118. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- Yes
- No

The next 8 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.

119. 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.)

- I did not drink 100% fruit juice 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

120. 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 or more times per day

121. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green 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

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

- I did not eat other vegetables 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

123. 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

124. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or a cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- I did not drink milk during the past 7 days
- 1 to 3 glasses during the past 7 days
- 4 to 6 glasses during the past 7 days
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- 4 or more glasses per day

125. Yesterday, how many caffeinated drinks did you have?
(Count coffee, tea, sodas, power drinks, energy drinks, or other drinks with caffeine.)
- 1 did not have any caffeinated drinks yesterday
 - 1 caffeinated drink
 - 2 caffeinated drinks
 - 3 or more caffeinated drinks

126. 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

The next 5 questions ask about physical activity.

127. 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

128. 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

129. 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 iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
- 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

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

131. 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

The next 5 questions ask about other health-related topics.

132. Have you ever been taught about AIDS or HIV infection in school?
- Yes
 - No
 - Not sure

133. If you wanted an HIV test, would you know where to have one done?
- Yes
 - No



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

- Yes
- No
- Not Sure

135. During the last 4 weeks, how much of a problem was your asthma when you ran, exercised, or played sports?

- I do not have asthma
- Not a problem at all
- It's a little problem but it's okay
- It's a big problem

136. 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 3 questions ask about relationships.

137. Which of the following people would you say give you a lot of support and encouragement? (Mark all that apply.)

- No one
- My parents
- My brothers, sisters or other relatives
- My teachers
- Other adults in my neighborhood
- Other adults in my school
- My friends
- My friends' parents

138. If you had a personal problem with drinking, drug use, or sexual behavior, who would you **most likely** talk to? (Select only **one** response.)

- No one
- My parents
- My brothers, sisters, or other relatives
- My teachers
- Other adults in my neighborhood
- Other adults in my school
- My friends
- My friends' parents

139. How many times in an average week do you eat dinner with your family?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times

The next 3 questions ask about sexting.

140. During the past 30 days, have you been asked to text a revealing, intimate photo of yourself?

- Yes
- No

141. During the past 30 days, have you received a text with a revealing, intimate photo of someone?

- Yes
- No

142. During the past 30 days, has a revealing, intimate photo of you been sent to others without your permission?

- Yes
- No

The final question asks about gambling.

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

- Played the lottery or scratch-off tickets
- Gambled at a casino
- Bet on team sports
- Played Bingo for money
- Bet on dice games such as craps
- Bet money on horse races
- Gambled on the Internet
- Bet on video games
- Bet on games of personal skill such as pool, darts, or basketball

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

PLEASE DO NOT WRITE IN THIS AREA



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