2013 Delaware Youth Risk Behavior Survey **High School Questionnaire**

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. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

(0.0000) (0.0000) and 0.0000	and the state of
	A012400000077.
	CANCELLE AND LA
	A Property of
DIRECTIONS	***************************************

In the contract of the contrac	

	2001002004
	~~~~~
	MICHAELL
I ISE S II / NENCII ANIV	zorowany z
Use a #2 pencil only.	<
	200720000000000000000000000000000000000
Programme and the programme an	711000000000000000000000000000000000000
Make dark marks	3.11.11.11.11.11
	\$33300 Feet 1/25
	\$200 M 14040
	******
	9445560074
	275225222
Fill in a response like this: 👝 🔞 😮 🖨 📵	**********
	Accession.
	20000000
To change your answer, erase completely.	
	200200000000000000000000000000000000000
i o orialigo tour ariower, clase completely.	A CHEST HAT
	-1261731131
	A1. 22 702 703
	PINGARANT
A STATE OF THE PROPERTY OF THE	2.000.0000

	1.	What is your zip code?	Zip Cod	
i.e.		Please fill in the boxes at		75
		the top, then fill in the circles		
		in each column.	000	00
			0000	
;: <u>.</u>			(D) (D) (D) (D)	usutou.Xzz.22
			000	STREET, STREET
			<b>(1)</b>	**************************************
	2	How old are you?	(5) (5) (6) (	20,900000000000
		12 years old or younger	666	Principi habitaha
			CALL THE CAME AND ASSESSED AND ASSESSED.	OHIDADA (TABLE)
841		· ·	000	TELESCOPOLICE
15		14 years old	888	20110-1200-2201-2
este.		15 years old	999(	a) (a)
		16 years old		
<b>34</b>		17 years old		
		○ 18 years old or older		
d.				
<b>S</b>	_			
	3.	What is your sex?		
Re		○ Female		
<b>333</b>				
<b>(22)</b>				
	4.	Are you Hispanic or Latino?		•
300		○ Yes		
		○ No		
800				
38E				
(ii)	5.	What is your race?		
		(Select one or more response	=	
		American Indian or Alaska I	Native	
988		Asian		
85		Black or African American		
		<ul> <li>Native Hawaiian or Other P</li> </ul>	acific Islan	der
		○ White		
	6.	How old is 7. How		(Santana)
A)			r father?	Age
		The Expense of Expenses and	ou don't	
			w, put r best	
		© gue		0
		(0.6)	•	തെ

22

(3)(3)

(4) (4)

**6**) **6**)

(B) (B)

7

(B) (B)

(9)(9)

	8. In what grade are you?
	O 9th grade
	10th grade
00000	○ 11th grade
00000	12th grade
20222	<ul> <li>Ungraded or other grade</li> </ul>
33333	
00000	
88888	

 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

He	Height	
Feet	Inches	
5		
3	0	
<b>4</b>	<b>①</b>	
•	2	
6	(3)	
T)	<b>(4)</b>	
	<b>6</b>	
	<b>(6)</b>	
	(8)	
	(9)	
	(1)	
	0	

Height		
Feet	Inches	
<b>③</b>	0	
<b>(4)</b>	<b>①</b>	
6	2	
•	<b>③</b>	
<b>7</b>	<b>(4)</b>	
	(3)	
	<b>6</b>	
	Ø	
	(8)	
	9	
	0	
	0	

i. 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	
	Pounds	
1	5	2
0	0	0
•	<b>①</b>	(1)
2	2	
3	3	3
	<b>(4)</b>	<b>③</b>
		<b>③</b>
	<b>(6)</b>	<b>6</b>
	<b>(7)</b>	$^{\odot}$
	(8)	(8)
	9	9
l		

Weight			
	Pounds	·	
0	<b>(1)</b>	0	
1	1	1	
@	2	2	
3	3	(3)	
	<b>@</b>	<b>@</b>	
	⑥	<b>⑤</b>	
	<b>6</b>	6	
	7	$\mathfrak{T}$	
	8	8	
	9	9	

2

2)(2)

(3)(3)

(4) (4)

(B)(B)

**(6) (6)** 

OO

(8)(8)

99

11.	During the past 12 months, how would you describe your grades in school?	17.	How many times has your family moved since you
$\sim$	, -		started Kindergarten?
0	Mostly A's		0 times
0	Mostly B's		1 time
$\mathcal{O}$	Mostly C's	_	2 times
$\sim$	Mostly D's	~~	3 times
0	Mostly F's		4 or more times
	None of these grades	12	Have you ever been diagnosed by a doctor or nurse
O	Not sure	10.	with any of these conditions ( ( ) the standard ( )
12	Where do you typically sleep at night?		A = 41
	At home with your parent(s) or guardian(s)	0	Astrima Diabetes
	At a friend's or relative's home with your parent(s)		High blood pressure
$\cup$	or guardian(s)		ADD/ADHD
$\overline{}$	At a friend's or relative's home without your		Depression
$\cup$	parent(s) or guardian(s)		Anxiety
$\cap$	Somewhere else (such as a shelter, transitional	Ŏ	Chronic Allergies
	housing, public place, hotel, car) with your		I have never had any of these conditions
	parent(s) or guardian(s)		Thave never had any of these conditions
$\cap$	Somewhere else (such as a shelter, group home,	19.	Are you currently receiving medical treatment for
***************************************	foster care home, public place, car, hotel) without		any of these conditions? (Mark all that apply.)
	your parent(s) or guardian(s)		Asthma
	, p(-, 3(-,		Diabetes
		lŏ	High blood pressure
13.	Are either of your parents or other adults in your	Ιŏ	ADD/ADHD
	family serving on active duty in the military?	Ιŏ	Depression
0	Yės	Ō	Anxiety
0	No		-
		0	I do not currently have any of these conditions
14.	During the past 12 months, have either of your		
	parents or other adults in your family been in jail or	The	e next 4 questions ask about personal safety.
	in prison?		· .
$\circ$	Yes	20.	When you rode a bicycle during the past 12
0	No		months, how often did you wear a helmet?
4-		O	I did not ride a bicycle during the past 12 months
15.	Do you have any physical disabilities or long-term	Ö	Never wore a helmet
	health problems? (Long-term means 6 months	0	Rarely wore a helmet
~~	or more.)	Ö	Sometimes wore a helmet
O	Yes	$\circ$	Most of the time wore a helmet
$\circ$	No	0	Always wore a helmet
$\circ$	Not sure	24	
16	Da you have any long term emotional problems	۷۱.	How often do you wear a seat belt when <b>riding</b> in a car driven by someone else?
10.	Do you have any long-term emotional problems or learning disabilities? (Long-term means 6		
	months or more.)		Never
$\sim$	Yes		Rarely Sometimes
	No		Most of the time
$\sim$	Not sure		Always
U	TVOL SUITS	! () }	- Allivayo
	PLEASE DO NOT W	RITE IN TI	IS AREA
	0000000000		
	-> Moved		
	start column = :	36	
	<b>,</b>	_	

<ol><li>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?</li></ol>	23.	During the past 30 days, ha car or other vehicle whe been drinking alcohol?		nes did yo	u <b>drive</b>
<ul> <li>0 times</li> <li>1 time</li> <li>2 or 3 times</li> <li>4 or 5 times</li> <li>6 or more times</li> </ul>	0000	I did not drive a car or other 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times	er vehicle du	ring the pa	ast 30 days
The next questions ask about your relationship	with yo	ur parents.	Never or Almost Never	Some- times	Always or Almost Always
24. How often do your parent(s) show you they ar	re proud	of you?	0	0	0
25. How often do your parent(s) take an interest in	n your a	ctivities?	0	0	0
26. How often do your parent(s) listen to you when	n I talk to	o them?	0	0	0
27. How often can you count on your parent(s) to	be there	when you need them?	0	0	0
28. How often do you and your parent(s) talk about	ut the thi	ings that really matter?	0	0	0
29. How often are you comfortable sharing your the parent(s)?	houghts	and feelings with your	0	0	0
The next questions ask about your feelings in th	ne past	4 weeks.	Never or Almost Never	Some- times	Always or Almost Always
30. How often did you feel really sad?			0.	0	. 0
31. How often did you feel really worried?			0 ,	0	0
32. How often did you feel afraid?			0 ;	0	0
33. How often did you have trouble relaxing?			0.	0	0
34. How often did you feel nervous?			0	0	0
The next questions ask about your relationships	s in the	past 4 weeks.	Never or Almost Never	Some- times	Always or Almost Always
35. Do you get along well with people of different	races, c	ultures and religions?	0	0	0
36. Do you listen to other students' ideas?			0	0	0
37. Do you control your anger when you have a di	isagreen	nent with a friend?	0	0	0
38. Do you follow the rules when you are at a park	k, theate	r or sports event?	0	Ο,	.0
39. Do you respect other points of view, even if yo	ou disagr	ree?	0	0	0

40. During the past 30 days, on how many days did you text or e-mail while driving a care or other vehicle?	44. During the past 30 days, on how many days did you not go to school because you felt you would be
<ul> <li>I did not drive a car or other vehicle during the past</li> <li>30 days</li> </ul>	unsafe at school or on your way to or from school?  O days
○ 0 days	1 day
1 or 2 days	O 2 or 3 days
○ 3 to 5 days	○ 4 or 5 days
○ 6 to 9 days	○ 6 or more days
○ 10 to 19 days	<u> </u>
○ 20 to 29 days	
○ All 30 days	
	45. During the past 30 days, on how many days has someone tried to hurt you by hitting, punching, or
The next 13 questions ask about violence-related	kicking you on school property?
behaviors.	0 days
DOMATIONS.	1 day
44. During the past 20 days on how many days	2 or 3 days
41. During the past 30 days, on how many days did you carry a weapon such as a gun, knife,	○ 4 or 5 days
or club?	○ 6 or more days
○ 0 days	0 0 0 7
○ 1 day	
○ 2 or 3 days	46. During the past 12 months, how many times has
◯ 4 or 5 days	someone threatened or injured you with a weapon
○ 6 or more days	such as a gun, knife, or club on school property?
	○ 0 times
	○ 1 time
•	○ 2 or 3 times
42. During the past 30 days, on how many days	○ 4 or 5 times
did you carry a gun?	○ 6 or 7 times
○ 0 days	○ 8 or 9 times
○ 1 day	○ 10 or 11 times
○ 2 or 3 days	12 or more times
○ 4 or 5 days	;·
○ 6 or more days	
	47. During the past 12 months, how many
43. During the past 30 days, on how many days did	times were you in a physical fight?
you carry a weapon such as a gun, knife, or club	○ 0 times
on school property?	① 1 time
0 days	O 2 or 3 times
1 day	○ 4 or 5 times
2 or 3 days	○ 6 or 7 times
4 or 5 days	○ 8 or 9 times
○ 6 or more days	10 or 11 times
·	12 or more times
5	5
PLEASE DO NOT W	RITEINTHIS AREA

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?	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
0 times	things as kissing, touching or being pjysically forced to
1 time	have sexual intercourse.)
2 or 3 times	I did not date or go out with anyone during the past 12
4 or 5 times	months
■ 0 6 or more times	○ 0 times
	○ 1 time
	○ 2 or 3 times
49. During the past 12 months, how many times	O 4 or 5 times
were you in a physical fight on school property?	○ 6 or more times
0 times	The next 2 questions ask about bullying. Bullying is when
1 time	1 or more students tease, threaten, spread rumors about,
2 or 3 times	hit, shove, or hurt another student over and over again. It
4 or 5 times	is not builying when 2 students of about the same strength
6 or 7 times	or power argue or fight or tease each other in a friendly way.
8 or 9 times	or portor angue or right or total out out of an a mortaly may,
■ 0 10 or 11 times	
12 or more times	54. During the past 12 months, have you ever been bullied on school property?
	○ Yes
50. Have you ever been physically forced to have	○ No
sexual intercourse when you did not want to?	
Yes	55. During the past 12 months, have you ever been
■ ○ No	electronically bullied? (Count being bullied through
, , , , , , , , , , , , , , , , , , ,	e-mail, chat rooms, instant messaging, websites, or
51. During the past 12 months, how many times did	texting.)
someone you were dating or going out with say things	O Yes
to you or say things to other people about you to	○ No
purposely hurt you?	
■ Oldid not daté or go out with anyone during the past 12	The next question asks about hurting yourself on
months _; .	purpose.
0 times	
1 time	56. During the past 12 months, did you do something to
2 or 3 times	purposely hurt yourself without wanting to die, such as cutting, scraping, or burning yourself on purpose?
4 or 5 times	
6 or more times	○ Yes
50 Division (1.00 months)	○ No
52. During the past 12 months, how many times did	
someone you were dating or going out with physically	The next 7 questions ask about sad feelings, and
hurt you on purpose? (Count such things as being hit,	attempted suicide. Sometimes people feel so depressed
slammed into something, or injured with an object or	about the future that they may consider attempting
weapon.)	suicide, that is, taking some action to end their own life.
I did not date or go out with anyone during the past 12 months	
0 times	57. During the past 12 months, did you ever feel so sad or
1 time	hopeless almost every day for two weeks or more in
2 or 3 times	a row that you stopped doing some usual activities?
4 or 5 times	○ Yes
■ ○ 6 or more times	○ No
	•

58.	During the past 12 months, did you ever <b>seriously</b> consider attempting suicide?	The	e next 11 questions ask about tobacco use.
$\circ$	Yes	64.	Have you ever tried cigarette smoking, even
	No		one or two puffs?
	110		Yes
50	During the past 12 months, did you make a plan		No
<b>υ</b> θ.	During the past 12 months, did you make a plan about how you would attempt suicide?	0	NO
0	Yes	65.	How old were you when you smoked a whole
Ö	No		cigarette for the first time?
		0	I have never smoked a whole cigarette
60.	During the past 12 months, how many times did		8 years old or younger
	you actually attempt suicide?		9 or 10 years old
0	0 times	0	11 or 12 years old
0	1 time	0	13 or 14 years old
Ō	2 or 3 times	lo	15 or 16 years old
Ō	4 or 5 times		17 years old or older
Õ	6 or more times		•
		66.	During the past 30 days, on how many days did you smoke cigarettes?
۵1	If you attempted suicide during the past 12		0 days
ŲΙ.	months did any attempt result in an injury, poisoning,	ļ	1 or 2 days
	or overdose that had to be treated by a doctor or	Ιŏ	
	nurse?		6 to 9 days
$\bigcirc$	I did not attempt suicide during the past 12	I	10 to 19 days
	months	Ιŏ	20 to 29 days
$\cap$	Yes	Lŏ	All 30 days
$\tilde{\circ}$	No		THE OU GUYS
		67.	During the past 30 days, on the days you smoked, howard cigarettes did you smoke per day?
62.	How have you heard of teenage suicide happening	l' 0	I did not smoke cigarettes during the past 30 days
	to someone you knew or that your friends knew?	1	Less than 1 cigarette per day
$\cap$	I have never heard of anyone I knew or my friends	1	1 cigarette per day
	knew committing suicide.	1 .	2 to 5 cigarettes per day
$\cap$	Talking with kids at school	1 '	6 to 10 cigarettes per day
$\stackrel{\circ}{\cap}$	Facebook or other social media	1	11 to 20 cigarettes per day
$\tilde{a}$	Texting	1	More than 20 cigarettes per day
$\stackrel{\circ}{\sim}$	Email from School Administration	~	more than 20 digarettes per day
$\stackrel{\circ}{\sim}$	Some other way:	68	During the past 30 days, how did you usually get your
J	Como onios way.	00.	own cigarettes? (Select only one response.)
		0	I did not smoke cigarettes during the past 30 days
63.	What do you think is the main reason teenagers	lõ	I bought them in a store such as a convenience
	commit suicide? (Select only one response.)	~	store, supermarket, discount store, or gas station
$\circ$	Bullying		I bought them from a vending machine
$\sim$	Academic Pressure	1	I gave someone else money to buy them for me
$\sim$	Stress	_	- · · · · · · · · · · · · · · · · · · ·
$\sim$			I borrowed (or bummed) them from someone else
$\mathcal{O}$	Loneliness  Family Problems	1	A person 18 years old or older gave them to me
$-\bigcirc$	Family Problems Something else:		I took them from a store or family member I got them some other way
~			I DOT TRAM COMA OTRAF WOV

among a	69. During the past 30 days, on how many days did you smoke cigarettes <b>on school property?</b>	The next 8 questions ask about drinking alcohol.  This includes drinking beer, wine, wine coolers, and
	○ 0 days	liquor such as rum, gin, vodka, or whiskey. For
	1 or 2 days	these questions, drinking alcohol does not include
naves.		drinking a few sips of wine for religious purposes.
	~ ^ ^	3 J
1, 100		
en en	( 00 t- 00 d	75. During your life, on how many days have you had
garden.	○ All 30 days	least one drink of alcohol?
inner	1	○ 0 days
	70. Have you ever smoked cigarettes daily, that is,	1 or 2 days
*****	at least one cigarette every day for 30 days?	○ 3 to 9 days
No.	○ Yes	① 10 to 19 days
37070	O No	② 20 to 39 days
20/20	110	0 40 to 99 days
	71. During the past 12 months, did you ever try to quit	100 or more days
enter.	smoking cigarettes?	100 of more days
gtes	O I did not smoke during the past 12 months	
1888	○ Yes ○ ○ No	76. How old were you when you had your first drink of alcohol other than a few sips?
	72. During the past 30 days, on how many days did you us	☐ I have never had a drink of alcohol other than
		a few sips
90032	Levi Garrett, Beechnut, Skoal, Skoal Bandits, or	8 years old or younger
	Copenhagen?	○ 9 or 10 years old
Bayloog	○ 0 days	○ 11 or 12 years old
	1 or 2 days	13 or 14 years old
SAMASS.	○ 3 to 5 days	○ 15 or 16 years old
	○ 6 to 9 days	17 years old or older
588		· ·
	○ All 30 days	77. During the past 30 days, on how many days did you have at least one drink of alcohol?
30824	73. During the past 30 days, on how many days did you	0 days
Esses.	use disolvable tobacco products such as orbs?	1 or 2 days
Service.	○ 0 days	3 to 5 days
500000	1 or 2 days	6 to 9 days
	3 to 5 days	0 10 to 19 days
estite:	○ 6 to 9 days	② 20 to 29 days
20095	① 10 to 19 days	Ali 30 days
	② 20 to 29 days	O All 30 days
R	○ All 30 days	
	All 50 days	78. During the past 30 days, on how many days did
Samuel Control	74. During the past 30 days, on how many days did you	you have 5 or more drinks of alcohol in a row, that is,
	smoke cigars, cigarillos, or little cigars?	within a couple of hours?
		○ 0 days
9000	0 days	O 1 day
2000	1 or 2 days	O 2 days
	3 to 5 days	○ 3 to 5 days
	○ 6 to 9 days	○ 6 to 9 days
	○ 10 to 19 days	O 10 to 19 days
	O 20 to 29 days	20 or more days
Sisteral I	∆II 30 days	

79. During the past 30 days, how did you usually get the alcohol you drank?	82. During the past 30 days, what type of alcohol did you usually drink? (Select only <b>one</b> response.)
I did not drink alcohol during the past 30 days	I did not drink alcohol during the past 30 days
I bought it in a store such as a liquor store,	I do not have a usual type
convenience store, supermarket, discount	O Beer
store, or gas station	Flavored malt beverages, such as Smirnoff Ice,
I bought it at a restaurant, bar, or club	Bacardi Silver, or Hard Lemonade
I bought it at a public event such as a concert	○ Wine coolers, such as Bartles & Jaymes or Seagrams ■
or sporting event	Wine
I gave someone else money to buy it for me	Liquor, such as vodka, rum, scotch, bourbon, or
Someone gave it to me	whiskey
I took it from a store or family member	○ Some other type
○ I got it some other way	
	The next 4 questions ask about marijuana use.
OO Delegation and OO described to the state of	Marijuana also is called grass or pot.
80. During the past 30 days, what is the largest number	
of alcoholic drinks you had in a row, that is, within a	100 Decision of the Landson of the L
couple of hours?	83. During your life, how many times have you used marijuana?
I did not drink alcohol during the past 30 days	*
1 or 2 drinks	0 times
<ul><li>○ 3 drinks</li><li>○ 4 drinks</li></ul>	1 or 2 times
○ 5 drinks	○ 3 to 9 times ■
6 or 7 drinks	○ 10 to 19 times □ 20 to 39 times □
8 or 9 drinks	20 to 39 times
10 or more drinks	100 or more times
	Too of more times
	·
,	84. How old were you when you tried marijuana for the
81. During the past 30 days, where did you usually drink	first time?
alcohol? (Select only <b>one</b> response.)	↑ I have never tried marijuana
○ I did not drink alcohol during the past 30 days	○ 8 years old or younger
O At my home	○ 9 or 10 years old
At another person's home	○ 11 or 12 years old
<ul> <li>While riding in or driving a car or other vehicle</li> </ul>	○ 13 or 14 years old
At a restaurant, bar, or club	○ 15 or 16 years old
O At a public place such as a park, beach, or parking lot	○ 17 years old or older
At a public event such as a concert or sporting event	
On school property	
	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
9	9

86. During the past 30 days, how many times did	90. During your life, how many times have you used
you use marijuana on school property?	heroin (also called smack, junk, or China White)?
0 times	0 times
① 1 or 2 times	1 or 2 times
3 to 9 times	3 to 9 times
① 10 to 19 times	① 10 to 19 times
20 to 39 times	O 20 to 39 times
40 or more times	○ 40 or more times
The next 11 questions ask about other drugs.	O4 During your life have not been been add
	91. During your life, how many times have you used methamphetamines crystal, crank, or ice)?
notes	○ 0 times
87. During your life, how many times have you used	① 1 or 2 times
any kind of herbal or natural substance to get	( ) 3 to 9 times
high, such as salvia, woodrose, or morning glory seeds?	O 10 to 19 times
O times	O 20 to 39 times
1 or 2 times	O 40 or more times
3 to 9 times	•
■ ○ 10 to 19 times	
20 to 39 times	
40 or more times	92. During your life, how many times have you used
	ecstasy (also called MDMA)?
	O times
	○ 1 or 2 times
88. During your life, how many times have you used any	3 to 9 times
form of cocaine, including powder, crack, or freebase?	○ 10 to 19 times
0 times	O 20 to 39 times
1 or 2 times	O 40 or more times
3 to 9 times	
0 10 to 19 times	
20 to 39 times	
40 or more times	
	93. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
	○ 0 times
89. During your life, how many times have you sniffed	1 or 2 times
glue, breathed the contents of aerosol spray cans, or	○ 3 to 9 times
inhaled any paints or sprays to get high?	① 10 to 19 times
□ ○ 0 times	② 20 to 39 times
1 or 2 times	0 40 or more times
3 to 9 times	
10 to 19 times	
20 to 39 times	
40 or more times	
— O 40 Of fillore unies	
	0
PLEASE DO NOT WE	
<b>—</b>   D00000000000000000000000000000000000	0000000000

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	<ul> <li>100. The first time you had sexual intercourse, how many years younger or older than you was your partner?</li> <li>I have never had sexual intercourse</li> <li>5 or more years younger</li> <li>3 to 4 years younger</li> <li>About the same age</li> <li>3 to 4 years older</li> <li>5 or more years older</li> <li>Not sure</li> </ul>
95.	During your life, how many times have you used a needle to inject any illegal drug into your body?	101. During your life, with how many people have you had sexual intercourse?
0	0 times	I have never had sexual intercourse
0	1 time	○ 1 person
0	2 or more times	O 2 people
		○ 3 people
06	During the next 12 months has anyone offered	○ 4 people
<b>9</b> 0.	During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?	○ 5 people
$\circ$		○ 6 or more people
$\circ$	Yes No	
$\circ$	140	
○ ○ The	During the past 12 months, have you offered, sold, or given anyone an illegal drug on school property?  Yes No next 14 questions ask about sexual behavior.  Have you ever had sexual intercourse?  Yes No	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
99.	How old were you when you had sexual	sexual intercourse the last time?
	intercourse for the first time?	I have never had sexual intercourse
0	I have never had sexual intercourse	○ Yes
0	11 years old or younger	○ No
0	12 years old	
$\circ$	13 years old	
0	14 years old	104. The last time you had sexual intercourse, did you
$\circ$	15 years old	or your partner use a condom?
$\circ$	16 years old	I have never had sexual intercourse
$\bigcirc$	17 years old or older	○ 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.)	111. Which of the following people would you say have given you the <b>most</b> information about safe sex practices? (Select only <b>one</b> 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	<ul> <li>No one has talked to me about safe sex practices</li> <li>My parents</li> <li>My brothers or sisters</li> <li>My friends</li> <li>My doctor or nurse</li> </ul>
	(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	<ul><li>Wellness Center staff</li><li>My health teacher</li><li>Someone else</li></ul>
	Not sure	The next 7 questions ask about body weight.
Marrie .		112. How do you describe your weight?
106.	How many times have you been pregnant or gotten someone pregnant?  0 times 1 time 2 or more times Not sure	<ul> <li>Very underweight</li> <li>Slightly underweight</li> <li>About the right weight</li> <li>Slightly overweight</li> <li>Very overweight</li> </ul>
	Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)? Yes No	113. Which of the following are you trying to do about your weight?  Cose weight Gain weight Stay the same weight
	Not sure	I am not trying to do anything about my weight
108.	During your life, with whom have you had sexual contact?	114. During the past 30 days, did you <b>exercise</b> to lose weight or to keep from gaining weight?
	I have never had sexual contact — Females Males Females and males	○ Yes ○ No
109.	Which of the following best describes you?	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?
	Heterosexual (straight) Gay or lesbian Bisexual Not sure	<ul><li>○ Yes</li><li>○ No</li></ul>
110.	Have you ever given or received oral sex?	116. During the past 30 days, did you <b>go without eating for 24 hours or more</b> (also called fasting) to lose weight or to keep from gaining weight?
	Yes No	○ Yes ○ No
		WRITE IN THIS AREA

<ul> <li>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.)</li> <li>Yes</li> <li>No</li> </ul>	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
118. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?	
O Yes O No	122. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
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.	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
<ul> <li>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.)</li> <li>I did not drink 100% fruit juice during the past 7 days</li> <li>1 to 3 times during the past 7 days</li> <li>4 to 6 times during the past 7 days</li> <li>1 time per day</li> <li>2 times per day</li> <li>3 times per day</li> <li>4 or more times per day</li> </ul>	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
<ul> <li>120. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)</li> <li>I did not eat fruit during the past 7 days</li> <li>1 to 3 times during the past 7 days</li> <li>4 to 6 times during the past 7 days</li> <li>1 time per day</li> <li>2 times per day</li> <li>3 times per day</li> <li>4 or more times per day</li> </ul>	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?	129.	On an average school day, how many hours do you
		(Count coffee, tea, sodas, power drinks,		play video or computer games or use a computer for
0.00		energy drinks, or other drinks with caffeine.)		something that is not school work? (Count time spent
	0	I did not have any caffeinated drinks yesterday		on things such as Xbox, PlayStation, an iPod, an iPad
5005	0	1 caffeinated drink		or other tablet, a smartphone, YouTube, Facebook or
le sale	0	2 caffeinated drinks		other social networking tools, and the Internet.)
80.5	Ō	3 or more caffeinated drinks		
	-			computer for something that is not school work
etjesk.			0	Less than 1 hour per day
			lŏ	1 hour per day
101100	126.	During the past 7 days, on how many days did you	0	2 hours per day
		eat breakfast?	0	3 hours per day
	$\circ$			• •
	_	0 days		4 hours per day
		1 day		5 or more hours per day
3300	$\circ$	2 days		
lerge.	O	3 days	130.	In an average week when you are in school, on how
2000	O	4 days	1	many days do you go to physical education (PE) classes?
55555	O	5 days		•
2000	0	6 days		0 days
<b> </b>	0	7 days		1 day
2000				2 days
	The	next 5 questions ask about physical activity.	0	3 days
10/00000	1110	mont o quodiono don about phydiodi donvity.		4 days
			0	5 days
	127.	During the past 7 days, on how many days were you		
8882		physically active for a total of at least 60 minutes per		
888		day? (Add up all the time you spent in any kind of	131.	, , , , , , , , , , , , , , , , , , , ,
2000		physical activity that increased your heart rate and		teams did you play? (Count any teams run by
(Second)		made you breathe hard some of the time.)		your school or community groups.)
1000	0	0 days		0 teams
50000	0	1 day	10	1 team
	0	2 days	10	2 teams
4956	Ö	3 days	0	3 or more teams
	0	4 days		
	Õ	5 days	The	next 5 questions ask about other health-related
	Ō	6 days	l .	-
exion.	Ō	7 days	topi	65.
	~			
			132.	Have you ever been taught about AIDS or HIV
	128.	On an average school day, how many hours do		infection in school?
		you watch TV?	10	Yes
	0	I do not watch TV on an average school day	lŏ	No
	Ö	Less than 1 hour per day	1 6	Not sure
20000	~	1 hour per day		Not sure
	$\circ$	·	133	If you wanted an HIV test, would you know where
sWeep.		2 hours per day		to have one done?
	$\mathcal{O}$	3 hours per day		
	$\mathcal{O}$	4 hours per day	$\stackrel{\sim}{1}$	Yes
	$\circ$	5 or more hours per day	' ()	No
<b>8</b> 8	F		4	
250.02		PLEASE DO NOT.V		
		000000000000000000000000000000000000000	$\cup \cup$	
200				
28.82		start colu	imn	

134. Has a doctor or nurse ever told you that you have	139. How many times in an average week do you
asthma?	eat dinner with your family?
O Yes	O 0 times
O No	O 1 time
O Not Sure	O 2 times
	3 times
135. During the last 4 weeks, how much of a problem was	O 4 times
•	○ 5 times
your asthma when you ran, exercised, or played	○ 6 times
sports?	○ 7 times
O I do not have asthma	
O Not a problem at all	
It's a little problem but it's okay	The next 3 questions ask about sexting.
O It's a big problem	
400 On an average asked right have made been af	140. During the past 30 days, have you been asked to
136. On an average school night, how many hours of	text a revealing, intimate photo of yourself?
sleep do you get?	
O 4 or less hours	O Yes
○ 5 hours	O No
O 6 hours	!
O 7 hours	Add Davis the next 20 days have
O 8 hours	141. During the past 30 days, have you received a text
O 9 hours	with a revealing, intimate photo of someone?
○ 10 or more hours	O Yes
	O No
The next 3 questons ask about relationships.	
	142. During the past 30 days, has a revealing, intimate
137. Which of the following people would you say	photo of you been sent to others without your
give you a lot of support and encouragement?	permission?
(Mark all that apply.)	○ Yes
○ No one	O No
○ My parents	
My brothers, sisters or other relatives	• .
My teachers	The final question asks about gambling.
Other adults in my neighborhood	, g
Other adults in my school	
My friends	143. In the past year, which of the following have
My friends' parents	you done? (Mark all that apply.)
`	Played the lottery or scratch-off tickets
138. If you had a personal problem with drinking, drug	Gambled at a casino
use, or sexual behavior, who would you most	Bet on team sports
likely talk to? (Select only one response.)	Played Bingo for money
○ No one	Bet on dice games such as craps
My parents	Bet money on horse races
My brothers, sisters, or other relatives	Gambled on the Internet
My teachers	Bet on video games
Other adults in my neighborhood	Bet on video games     Bet on games of personal skill such as pool,
Other adults in my school	darts, or basketball
My friends	donto, or adonotodir
O My friends' parents	

This is the end of the survey.

Thank you very much for your help.