2021 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 improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS	5				
Use a #2 pencil only. Make dark marks. Fill in a response like this: To change your answer, erase	(A) com	B pletel	9	•	E

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

-	Zip	С	ode)
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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?
- O Female
- Male
- 4. In what grade are you?
- O 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade
- 5. Are you Hispanic or Latino?
- ⊖ Yes
- O No
- 6. 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

 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.

Exar	nple				
Hei	ight		Height		
Feet	Inches	ľ	Feet	Inches	
5	7				
		ŀ			
3	0		3	0	
(4)	1		4	1	
	2		5	2	
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	6 • 8			7	
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	9			9	
	10			10	
	1			1	
		l			

 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	9			
	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	2 3
	4	4		4	4
		5		(5)	5
	6	6		6	6
	7	7		7	7
	8	8		8	8
	9	9		9	9

- 9. Which of the following best describes you?
- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual identity some other way
- \bigcirc I am not sure about my sexual identity (questioning)

I do not know what this question is asking



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 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 	 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 		
 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? 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 	 15. During the past 30 days, did you ever sleep away from your parents 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 		
 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 	 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? 		
 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 	 Yes No 19. Do you have serious difficulty seeing, even when wearing glasses? Yes No 		
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_	20	Passuss of a physical montal or amotional
Ξ.	20.	Because of a physical, mental, or emotional problem, do you have serious difficulty
		concentrating, remembering, or making decisions?
	\bigcirc	Yes
	\sim	No
	\cup	
	21.	Do you have serious difficulty walking or climbing
		stairs?
	\bigcirc	Yes
	<u> </u>	No
	Ū	
	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.)
	0	No
	\bigcirc	Physical Disability
	\bigcirc	Learning Disability
	\bigcirc	Emotional Disability
	23.	Have you ever been diagnosed by a doctor or
		nurse with any of these conditions? (Mark all that
		apply.)
	<u> </u>	Asthma
	\sim	Diabetes
		High blood pressure
	0	ADD/ADHD
	0	Depression
	-	Anxiety
		Chronic Allergies
_	0	I have never had any of these conditions
	Th	e next question asks about safety.
		e next question asks about surety.
	24	During the past 30 days, on how many days did
_		you text or e-mail while driving a car or other
		vehicle?
	\bigcirc	I did not drive a car or other vehicle during the past
	Ŭ	30 days
	\bigcirc	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.

- 25. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- O days
- 1 day
- O 2 or 3 days
- 4 or 5 days
- 6 or more days
- 26. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property?**
- O days
- 1 day
- \bigcirc 2 or 3 days
- 4 or 5 days
- \bigcirc 6 or more days
- 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.)
- O days
- 1 day
- O 2 or 3 days
- 4 or 5 days
- \bigcirc 6 or more days
- 28. 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
- \bigcirc 6 or more days
- 29. 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 times1 times
- 2 or 3 times
- \bigcirc 4 or 5 times
- 6 or 7 times
- 0 8 or 9 times
- 10 or 11 times
- 12 or more times

- 30. During the past 12 months, how many times were you in a **physical fight**?
- O 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 on school property**?
- O times
- 1 time
- 2 or 3 times
- \bigcirc 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- O 10 or 11 times
- O 12 or more times
- 32. Have you ever been physically forced to have sexual intercourse when you did not want to?
- O Yes

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- O No
- 33. 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.)
- O times
- 1 times
- 2 or 3 times
- 4 or 5 times
- 6 or more times

- 34. 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
- O 0 times
- 1 time
- \bigcirc 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** 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
- O 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 purposely try to control you or emotionally hurt you? (Count such things as being told who you could or could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
- I did not date or go out with anyone during the past
 12 months

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

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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.	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.
 37. During the past 12 months, have you ever been bullied on school property? Yes No 38. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) Yes No 	 43. 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
 The next 3 questions ask about sexting. 39. During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself? 	 44. During the past 12 months, did you ever seriously consider attempting suicide? Yes No
 Yes No 40. During the past 30 days, have you received a text or an e-mail with a revealing or sexual photo of someone? 	 45. During the past 12 months, did you make a plan about how you would attempt suicide? Yes No
 Yes No 	46. During the past 12 months, how many times did you actually attempt suicide?
 41. 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 	 0 times 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
The next question asks about hurting yourself on purpose.	
 42. 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 	 47. If you attempted suicide during the past 12 months, did any attempts 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
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 The next 4 questions ask about cigarette smoking. 48. Have you ever tried cigarette smoking, even one or two puffs? Yes No 	The next 4 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.
 49. 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 	 52. Have you ever used an electronic vapor product? Yes No
 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 	 53. 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 20 days
 50. 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 	 All 30 days 54. During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.) I did not use any electronic vapor products during the past 30 days I got or bought them from a friend, family member, or someone else I bought them myself in a vape shop or tobacco shop I bought them myself in a store such as a
 51. 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 	 I bought them mysell in a store such as a convenience store, supermarket, discount store, or gas station I bought them myself at a mall or shopping center kiosk or stand I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist I took them from a store or another person I got them some other way

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55. Do you currently use JUUL brand or a similar brand	59. During the part
like myblu or Logic?	did you have
	🔘 0 days
	1 or 2 days
	3 to 5 days
The next 2 questions are about other tobacco	○ 6 to 9 days
products.	○ 10 to 19 days
-	○ 20 to 29 days
56. During the past 30 days, on how many days did	○ All 30 days
you use chewing tobacco, snuff, dip, snus, or	
dissolvable tobacco products, such as	60. During the part
Copenhagen, Grizzly, Skoal, or Camel Snus?	have 4 or mor
(Do not count any electronic vapor products.)	within a coupl
O days	more drinks o
1 or 2 days	hours (if you a
3 to 5 days	○ 0 days
6 to 9 days	◯ 1 day
10 to 19 days	◯ 2 days
 20 to 29 days 	○ 3 to 5 days
 All 30 days 	 ○ 6 to 9 days
	 10 to 19 days
-	 20 or more da
57. During the past 30 days, on how many days did you	
smoke cigars, cigarillos, or little cigars?	61. During the pa
\square \bigcirc 0 days	number of alc
\bigcirc 1 or 2 days	is, within a co
$ \bigcirc 3 \text{ to } 5 \text{ days} $	○ I did not drink
\bigcirc 6 to 9 days	 1 or 2 drinks
 10 to 19 days 	○ 3 drinks
 20 to 29 days 	○ 4 drinks
 All 30 days 	○ 5 drinks
	○ 6 or 7 drinks
	0 8 or 9 drinks
The next 4 questions ask about drinking alcohol.	 10 or more dr
This includes drinking beer, wine, flavored alcholic	
beverages, and liquor such as rum, gin, vodka, or	The next 3 quest
 whiskey. For these questions, drinking alcohol does 	Marijuana also is
not include drinking a few sips of wine for religious	questions, do no
 purposes. 	products, which
- · · ·	marijuana, but d
-	alone.
58. How old were you when you had your first drink of	
 alcohol other than a few sips? 	62. During your lif
 I have never had a drink of alcohol other than 	used marijuar
 a few sips 	\bigcirc 0 times
 8 years old or younger 	\bigcirc 1 or 2 times
 9 or 10 years old 	\bigcirc 3 to 9 times
$\square \bigcirc 11 \text{ or } 12 \text{ years old}$	\bigcirc 10 to 10 times

15 or 16 years old 17 years old or older

○ 11 or 12 years old

13 or 14 years old

- past 30 days, on how many days ve at least one drink of alcohol?

- ys
- ys
- past 30 days, on how many days did you nore drinks of alcohol in a row, that is, uple of hours (if you are a **female**) or **5** or of alcohol in a row, that is in a couple of u are a male)?
- ys
- days
- past 30 days, what is the largest alcoholic drinks you had in a row, that couple of hours?
- nk alcohol during the past 30 days
- s
- s
- drinks

estions ask about marijuana use. o is called pot or weed. For these not count CBD-only or hemp ch come from the same plant as do not cause a high when used

- life, how many times have you iana?
- 5
- 10 to 19 times
- O 20 to 39 times
- 40 to 99 times

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100 or more times

- 63. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
- 8 years old or younger
- O 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- \bigcirc 17 years old or older
- 64. 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
- O 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, or Black Mamba.

- 65. During your life, how many times have you used synthetic marijuana?
- O times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- O 20 to 39 times
- 0 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.

- 66. 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
- O 20 to 39 times
- 40 or more times

- 67. 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?
- O times
- O 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- O 20 to 39 times
- 40 or more times

The next 6 questions ask about other drugs.

- 68. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 0 times
- 1 or 2 times
- \bigcirc 3 to 9 times
- 10 to 19 times
- O 20 to 39 times
- 40 or more times
- 69. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- O times
- O 1 or 2 times
- O 3 to 9 times
- 10 to 19 times
- O 20 to 39 times
- 40 or more times
- 70. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- O times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
 10 to 19 times
- O 20 to 39 times
- 40 or more times
- 71. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?
- O times
- 1 or 2 times
- \bigcirc 3 to 9 times
- 10 to 19 times
- O 20 to 39 times
- 40 or more times

72. During your life, how many times have you used a needle to inject any illegal drug into your body?	78. During the past 3 months, with how many people did you have sexual intercourse?
○ 0 times	 I have never had sexual intercourse
○ 1 time	○ I have had sexual intercourse, but not during the past
○ 2 or more times	3 months
	○ 1 person
73. During the past 12 months, has anyone offered,	○ 2 people
sold, or given you an illegal drug on school	○ 3 people
property?	
⊖ Yes	○ 5 people
○ No	○ 6 or more people
The next 11 questions ask about sexual behavior.	
74. Have you ever had sexual intercourse?	79. Did you drink alcohol or use drugs before you had
⊖ Yes	sexual intercourse the last time?
O No	 I have never had sexual intercourse
	⊖ Yes
75. How old were you when you had sexual intercourse for the first time?	○ No
I have never had sexual intercourse	
11 years old or younger	
○ 12 years old	80. The last time you had sexual intercourse, did you
○ 13 years old	or your partner use a condom?
○ 14 years old	I have never had sexual intercourse
○ 15 years old	⊖ Yes
○ 16 years old	O No
○ 17 years old or older	
76. The first time you had sexual intercourse, how	
many years younger than you was your partner?	81. The last time you had sexual intercourse, what
 I have never had sexual intercourse 	one method did you or your partner use to
5 or more years younger	prevent pregnancy? (Select only one response.)
3 to 4 years younger	 I have never had sexual intercourse with an
 About the same age 	opposite-sex partner
3 to 4 years older	 No method was used to prevent pregnancy
5 or more years older	 Birth control pills (Do not count emergency
○ Not sure	contraception such as Plan B or the "morning after" pill.)
77. During your life, with how many people have you	
had sexual intercourse?	 An IUD (such as Mirena or ParaGard) or implant
 I have never had sexual intercourse 	(such as Implanon or Nexplanon)
○ 1 person	○ A shot (such as Depo-Provera), patch (such as Ortho
○ 2 people	Evra), or birth control ring (such as NuvaRing)
⊖ 3 people	 Withdrawal or some other method
	○ Not sure
○ 5 people	
 ○ 6 or more people 	

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- 82. How many times have you been pregnant or gotten someone pregnant?
- O times
- 1 time
- O 2 or more times
- Not sure
- 83. During your life, with whom have you had sexual contact?
- I have never had sexual contact
- O Females
- Males
- Females and males
- 84. Have you ever given or received oral sex?
- ⊖ Yes
- O No

The following 5 questions ask more about your experience with and access to birth control methods such as the ones listed above.

- 85. 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
- 86. 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
- Twitter, Facebook, Instagram, or Snapchat or other Internet sources
- \bigcirc 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

- 87. In the past 12 months did you receive information from any sources on the following topics? (Mark all that apply.)
- $\bigcirc\,$ Where you can go to get birth control
- \bigcirc How much birth control costs
- \bigcirc 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
- $\bigcirc\,$ Information about side effects
- I have not received any information on these topics from any sources
- 88. 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
- \bigcirc 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
- 89. 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
- O IUD (Liletta, Kyleena, Mirena, Paragard, or Skyla)
- O Implant (Nexplanon)
- O Depo-Provera (also called "the shot")
- O Birth control pills
- I do not know how to get any of these methods for free

The next 2 questions ask about body weight.

- 90. How do you describe your weight?
- Very underweight
- O Slightly underweight
- \bigcirc About the right weight
- Slightly overweight
- Very overweight

- 91. Which of the following are you trying to do about your weight?
- Lose weight
- Gain weight
- O Stay the same weight
- O I am not trying to do anything about my weight

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.

- 92. 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
- \bigcirc 1 to 3 times during the past 7 days
 - \bigcirc 4 to 6 times during the past 7 days
- 1 time per day

- 2 times per day
- 3 times per day
- 4 times per day
- 93. During the past 7 days, how many times did you eat **vegetables or salad**? (Do **not** count potatoes.)
 - I did not eat vegetables or salad during the past
 7 days
 - \bigcirc 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
- O 3 times per day
- 4 or more times per day
- 94. 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
- \bigcirc 1 to 3 times during the past 7 days
- \bigcirc 4 to 6 times during the past 7 days
- 1 time per day
- O 2 times per day
- \bigcirc 3 times per day
- O 4 or more times per day

- 95. During the past 7 days, on how many days did you eat **breakfast**?
- 0 days
- 🔘 1 day
- 2 days
- O 3 days
- 4 days
- \bigcirc 5 days \bigcirc 6 days
- 7 days
- 96. 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.

97. 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,)

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- O days
- 1 day2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- 98. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- \bigcirc Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- O 3 hours per day
- 4 hours per day
- \bigcirc 5 or more hours per day

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99. On an average school day, how much time do you spend playing video or computer games? (Do not count time spent watching shows or videos, accessing the Internet for things other than games, using social media, or doing school work.)

- I do not play video or computer games on an average school day
- Less than 1 hour per day
- 1 hour per day
- O 2 hours per day
- O 3 hours per day
- 4 hours per day
- \bigcirc 5 or more hours per day
- 100. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
 - O teams
 - 1 team
 - O 2 teams
 - O 3 or more teams
- 101. 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
 - \bigcirc 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.

- 102. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?
 - O times
 - 1 time
 - 2 times
 - 3 times
 - 4 or more times

The next 7 questions ask about other health-related topics.

- 103. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- ⊖ Yes
- O No
- Not sure
- 104. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
- ⊖ Yes
- O No
- Not sure
- 105. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?
- ⊖ Yes
- O No
- Not Sure
- 106. During the last 12 months, have you been to: (Mark all that apply.)
- $\bigcirc\,$ 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

Some schools have a school-based health center, also called a wellness center, where students can get health care such as sports physicals or prescriptions for medicine, on school property. This is not the same as the school nurse's office.

- 107. During the past 12 months, how many times did you go to the school-based health center at your school?
- My school does not have a school-based health center
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- \bigcirc 10 or more times

108. Has a doctor or nurse ever told you that you have asthma?	113. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you
⊖ Yes	need?
○ No	○ I do not feel sad, empty, hopeless, angry, or anxious
○ Not sure	○ Never
	○ Rarely
109. On an average school night, how many hours of	⊖ Sometimes
sleep do you get?	O Most of the time
\bigcirc 4 or less hours	○ Always
○ 5 hours	
⊖ 6 hours	
○ 7 hours	114. Do you agree or disagree that your parents or
○ 8 hours	other adults in your family have clear rules and
\bigcirc 9 hours	consequences for your behavior?
\bigcirc 10 or more hours	⊖ Strongly agree
	⊖ Agree
The next 6 questions ask about relationships.	\bigcirc Not sure
110. Which of the following people would you say	 Strongly disagree
give you a lot of support and encouragement?	
(Mark all that apply.)	
\bigcirc No one	115. Have your parents or other adults in your family ever
 Your parent or guardian 	talked with you about what they expect you to do or
 Your brother, sister, or other relative 	not to do when it comes to sex?
 Your teacher 	⊖ Yes
 Another adult in your school 	\bigcirc No
 Another adult outside of school 	○ Not sure
 Your friends 	
 Your friends' parents 	The next 12 questions ask about how you think
 Your grandparent 	other people feel about some of the behaviors
	asked about in this survey.
111. If you had a personal problem with drinking,	
drug use, violence you have seen or that has	116. How much do you think people risk harming
affected you, or sexual behavior, who would	themselves physically or in other ways when they
you most likely talk to?	smoke one or more packs of cigarettes per day?
○ No one	⊖ No risk
 Your parent or guardian 	 O Slight risk
○ Your brother, sister, or other relative	 Moderate risk
○ Your teacher	○ Great risk
 Another adult 	
○ Your friends	117. How much do you think people risk harming
 Your grandparent 	themselves physically or in other ways when they
- •	have five or more drinks of an alcoholic beverage
112. Do you ever feel sad, empty, hopeless, angry, or	once or twice a week?
anxious?	○ No risk
⊖ Yes	⊖ Slight risk
○ No	O Moderate risk
	⊖ Great risk
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- 118. How much do you think people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?
 - O 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 use prescription drugs that are not prescribed to them?
 - O No risk
 - Slight risk
 - Moderate risk
 - Great risk
- 120. How wrong do your parents feel it would be for you to smoke tobacco?
 - O Not at all wrong
 - A little bit wrong
- O Wrong
- Very wrong
- 121. 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
- O Wrong
- Very wrong
- 122. How wrong do your parents feel it would be for you to smoke marijuana?
 - Not at all wrong
- A little bit wrong
- O Wrong
- Very wrong

- 123. 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
- O Wrong
- Very wrong
- 124. How wrong do your friends feel it would be for you to smoke tobacco?
 - O Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
- 125. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?
 - $\bigcirc\,$ Not at all wrong
 - A little bit wrong
 - Wrong
 - Very wrong
- 126. How wrong do your friends feel it would be for you to smoke marijuana?
 - Not at all wrong
- A little bit wrong
- Wrong
- Very wrong
- 127. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
 - Not at all wrong
 - \bigcirc A little bit wrong
 - Wrong
 - \bigcirc Very wrong

The next 4 questions ask about your relationship with your parent(s).	Never or Almost Never	Some- times	Always or Almost Always
128. My parent(s) show me they are proud of me:	0	0	0
129. My parent(s) take an interest in me:	0	0	0
130 My parent(s) listen to me when I talk to them:	0	0	0
131. I can count on my parent(s) to be there when I need them:	0	0	0

132. How often did you feel really worried?	The next 2 questions ask about your feelings in the past 4 weeks. 132. How often did you feel really worried?		Never or Almost Never	Some- times	Always o Almost Always
 Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the server coast and people were required to stay home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 4 questions ask about your experiences during the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.) Never Never Always 135. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.) Never Always 135. During the COVID-19 pandemic, how often did you go hungry because there was not enough fool in your home? Never Smetimes Most of the time Always This is the end of the survey.					
 the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 4 questions ask about your experiences during this time, whether in the past or continuing now. 134. During the COVID-19 pandemic, how often was your mental health not good? (Poor good good good good good good good g	133. How often did you feel afraid?		0	0	0
	 the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 4 questions ask about your experiences during this time, whether in the past or continuing now. 134. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.) Never Rarely Sometimes Most of the time Always 135. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home? Never Rarely Sometimes Most of the time Most of the time 	 alcohol during the started? I have never had than a few sips Strongly agree Agree Not sure Disagree Strongly disagree 137. Do you agree or of tobacco products and vape devices than before it startic l have never used including electron devices Strongly agree Agree Not sure Disagree Strongly agree Agree Not sure Disagree 	COVID-19 p a drink of alc a drink of alc disagree that including el dis, during the ted? d tobacco pro ic cigarettes	t you used ectronic c COVID-19	than before r I more igarettes 9 pandemic
Thank you yory much for your holp	This is the end	d of the sur	vey.		
Thank you very much for your help.	Thank you very m	nuch for yo	ur he	lp.	

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