

2023 Delaware High School Youth Risk Behavior Survey

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

Make dark marks.

Fill in a response like this:

☐ ☐ ☐ ☒ ☐
A B C D E

To change your answer, erase completely.

Survey Number: 45001

1. What is your zip code?

Please fill in the boxes at the top, then fill in the matching circle below each number.

Zip Code				
①	①	①	①	①
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. In what grade are you?

- ☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade
☐ Ungraded or other grade

5. Are you Hispanic or Latino?

- ☐ Yes
☐ 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

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number

Example

Height		Height	
Feet	Inches	Feet	Inches
5	7		
③	①	③	①
④	①	④	①
●	②	⑤	②
⑥	③	⑥	③
⑦	④	⑦	④
	⑤		⑤
	⑥		⑥
	●		⑦
	⑧		⑧
	⑨		⑨
	⑩		⑩

8. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight			Weight		
Pounds			Pounds		
1	5	2			
①	①	①	①	①	①
●	①	①	①	①	①
②	②	●	②	②	②
③	③	③	③	③	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
☐ I am not sure about my sexual identity (questioning)
☐ I do not know what this question is asking

10. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?
- ☐ Very feminine
 - ☐ Mostly feminine
 - ☐ Somewhat feminine
 - ☐ Equally feminine and masculine
 - ☐ Somewhat masculine
 - ☐ Mostly masculine
 - ☐ Very masculine
11. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- ☐ No, I am not transgender
 - ☐ Yes, I am transgender
 - ☐ I am not sure if I am transgender
 - ☐ I do not know what this question is asking
12. What is the highest level of education completed by your mother (or the person who is like a mother to you)?
- ☐ Completed grade school or less
 - ☐ Attended some high school
 - ☐ Completed high school
 - ☐ Attended some college
 - ☐ Completed college
 - ☐ Completed graduate or professional school after college
 - ☐ Not sure
13. During the past 12 months, how would you describe your grades in school?
- ☐ Mostly A's
 - ☐ Mostly B's
 - ☐ Mostly C's
 - ☐ Mostly D's
 - ☐ Mostly F's
 - ☐ None of these grades
 - ☐ Not sure
14. During the past 30 days, where did you usually sleep?
- ☐ In my parent's or guardian's home
 - ☐ In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 - ☐ In a shelter or emergency housing
 - ☐ In a motel or hotel
 - ☐ In a car, park, campground, or other public place
 - ☐ I do not have a usual place to sleep
 - ☐ Somewhere else
15. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
- ☐ Yes
 - ☐ No
16. Are either of your parents or other adults in your family serving on active duty in the military?
- ☐ Yes
 - ☐ No
17. Have any of your family members been incarcerated (in jail or prison) in the past year? **(Mark all that apply.)**
- ☐ No one in my family
 - ☐ Father
 - ☐ Mother
 - ☐ Other adult family member (18 years or older)
 - ☐ Other non-adult family member (under 18 years old)
18. Are you deaf or do you have serious difficulty hearing?
- ☐ Yes
 - ☐ No
19. Do you have serious difficulty seeing, even when wearing glasses?
- ☐ Yes
 - ☐ No
20. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?
- ☐ Yes
 - ☐ No

21. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

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.)**

- ☐ No
- ☐ Physical disability
- ☐ Learning disability
- ☐ Emotional disability

23. Have you ever been diagnosed by a doctor or nurse with any of these conditions? **(Mark all that apply.)**

- ☐ Asthma
- ☐ Diabetes
- ☐ High blood pressure
- ☐ ADD/ADHD
- ☐ Depression
- ☐ Anxiety
- ☐ Chronic allergies
- ☐ I have never had any of these conditions

The next question asks about safety.

24. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- ☐ I did not drive a car or other vehicle during the past 30 days
- ☐ I drove a car or other vehicle, but did not text or e-mail while driving
- ☐ 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 14 questions ask about violence-related behaviors and experiences.

25. 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

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**?

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

27. During the past 30 days, on how many days did you carry **a gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

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

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
- ☐ 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 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

30. 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

31. 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

32. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

34. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

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

35. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

36. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

37. 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 and 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
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

38. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)

- ☐ Yes
- ☐ No

The next 5 questions ask about experiences with parents or other adults in your home

39. During your life, how often has a parent or other adult in your home insulted you or put you down?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always
40. During the past 12 months, how many times has a parent or other adult in your home insulted you or put you down?
- ☐ 0 times
 - ☐ 1 time
 - ☐ 2 or 3 times
 - ☐ 4 or 5 times
 - ☐ 6 or more times
41. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always
42. During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- ☐ 0 times
 - ☐ 1 time
 - ☐ 2 or 3 times
 - ☐ 4 or 5 times
 - ☐ 6 or more times
43. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always

The next 2 questions ask about times that you felt you were treated badly or unfairly.

44. During your life, how often have you felt that you were treated badly or unfairly because of your race and ethnicity?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always
45. During your life, how often have you felt that you were treated badly or unfairly because you are or people think you are lesbian, gay, bisexual, transgender, or questioning? This could include being treated badly because of who you are sexually attracted to or because you express your gender in a way that is different from what people expect.
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always

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.

46. During the past 12 months, have you ever been bullied **on school property**?
- ☐ Yes
 - ☐ No
47. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- ☐ Yes
 - ☐ No

The next 3 questions ask about sexting.

48. During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself?
- ☐ Yes
- ☐ No
49. During the past 30 days, have you received a text or an e-mail with a revealing or sexual photo of someone?
- ☐ Yes
- ☐ No
50. During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?
- ☐ Yes
- ☐ No
- ☐ Not sure

The next question asks about hurting yourself on purpose.

51. 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 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

52. 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

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

☐ Yes

☐ No

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

☐ Yes

☐ No

55. 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

56. **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 last 12 months

☐ Yes

☐ No

The next 4 questions ask about cigarette smoking.

57. Have you ever smoked a cigarette, even one or two puffs?

☐ Yes

☐ No

58. How old were you when you first smoked a cigarette, even one or two puffs?

☐ I have never smoked a cigarette, not even one or two puffs

☐ 8 years old or younger

☐ 9 or 10 years old

☐ 11 or 12 years old

☐ 13 or 14 years old

☐ 15 or 16 years old

☐ 17 years old or older

59. 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

60. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per day

The next 4 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

61. Have you ever used an electronic vapor product?

- ☐ Yes
- ☐ No

62. During the past 30 days, on how many days did you use an electronic vapor product?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

63. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)

- ☐ I did not use any electronic vapor product 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 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 in some other way

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

- ☐ Yes
- ☐ No

The next 2 questions ask about other tobacco products.

65. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, Camel Snus or Velo Nicotine Lozenges? (Do **not** count any electronic vapor products.)

- ☐ 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

66. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?

- ☐ 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 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

67. 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

68. 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

69. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are a **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are a **male**)?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 or more days

70. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?

- ☐ I did not drink alcohol during the past 30 days
- ☐ 1 or 2 drinks
- ☐ 3 drinks
- ☐ 4 drinks
- ☐ 5 drinks
- ☐ 6 or 7 drinks
- ☐ 8 or 9 drinks
- ☐ 10 or more drinks

The next 3 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

71. 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

72. 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

73. During the past 30 days, how many times did you use marijuana?

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

The next question asks about synthetic marijuana use. Synthetic marijuana also is called **Spice**, **fake weed**, **K2**, or **Black Mamba**.

74. During your life, how many times have you used synthetic marijuana?

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

The next 2 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

75. During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

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

76. During the past 30 days, how many times did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

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

The next 5 questions ask about other drugs.

77. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

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

78. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

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

79. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?

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

80. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?

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

81. 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

The next 12 questions ask about sexual behavior.

82. Have you ever had sexual intercourse?

- ☐ Yes
- ☐ No

83. 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

84. 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

85. 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

86. 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

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

- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

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

- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

89. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- ☐ I have never had sexual intercourse with an opposite-sex partner
- ☐ No method was used to prevent pregnancy
- ☐ Birth control pills (Do **not** count emergency contraception such as Plan B or the “morning after” pill.)
- ☐ Condoms
- ☐ An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

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

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

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

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

92. Have you ever given or received oral sex?

- ☐ Yes
- ☐ No

93. During the past 12 months, have you ever had sexual intercourse without using a method to prevent pregnancy (even once)?
- ☐ I have not had sexual intercourse during the past 12 months
 - ☐ Yes, I have had sexual intercourse without using a method to prevent pregnancy during the past 12 months
 - ☐ No, I have not had sexual intercourse without using a method to prevent pregnancy during the past 12 months

The next 2 questions ask about body weight.

94. How do **you** describe your weight?
- ☐ Very underweight
 - ☐ Slightly underweight
 - ☐ About the right weight
 - ☐ Slightly overweight
 - ☐ Very overweight
95. 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

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.

96. 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

97. 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
 - ☐ 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
98. 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 or 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
99. 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
100. 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 3 questions ask about physical activity.

101. 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
102. 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.)
- ☐ 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
103. 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
 - ☐ 2 hours per day
 - ☐ 3 hours per day
 - ☐ 4 hours per day
 - ☐ 5 or more hours per day

The next 2 questions ask about gambling.

104. During the past 12 months, how many loot boxes, loot crates, prize crates, or other packages containing random virtual items did you buy in video games?
- ☐ I did not play video games in the last 12 months
 - ☐ I played video games but did not buy any loot boxes
 - ☐ 1 to 5 loot boxes
 - ☐ 6 to 10 loot boxes
 - ☐ 11 to 20 loot boxes
 - ☐ 21 or more loot boxes
105. 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 teams
 - ☐ Bet on individual sports teams
 - ☐ Played cards for money
 - ☐ Bet on a challenge (dare, fight, street race, etc.)
 - ☐ Bet on dice games such as craps
 - ☐ Played Bingo for money
 - ☐ Played online gambling games for money
 - ☐ Bet on video games
 - ☐ Bet on games of personal skill such as pool, darts, or basketball

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

106. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- ☐ Yes
 - ☐ No
 - ☐ Not sure
107. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
- ☐ Yes
 - ☐ No
 - ☐ Not sure
108. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?
- ☐ Yes
 - ☐ No
 - ☐ Not sure

109. During the past 12 months, have you been to: **(Mark all that apply.)**
- ☐ A dentist for a check-up, exam, or teeth cleaning
 - ☐ A doctor or other healthcare provider for a routine check-up
 - ☐ A mental health professional/counselor for any reason

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.

110. 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
 - ☐ 10 or more times
111. 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
112. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always

The next 6 questions ask about other experiences you may have had during your life.

113. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
- ☐ Yes
 - ☐ No
114. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?
- ☐ Yes
 - ☐ No
115. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- ☐ Yes
 - ☐ No
116. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always
117. During your life, how often have you felt that you were able to talk to a friend about your feelings?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always
118. Do you agree or disagree that you feel close to people at your school?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Not sure
 - ☐ Disagree
 - ☐ Strongly disagree

The next 6 questions ask about relationships.

119. Which of the following people would you say give you a lot of support and encouragement? **(Mark all that apply.)**
- ☐ No one
 - ☐ Your parent or guardian
 - ☐ Your brother, sister, or other relative
 - ☐ Your teacher
 - ☐ Another adult in your school
 - ☐ Another adult outside of your school
 - ☐ Your friends
 - ☐ Your friends' parents
 - ☐ Your grandparent
120. If you had a personal problem with drinking, drug use, violence you have seen or that has affected you, or sexual behavior, who would you **most likely** talk to? (Select only **one** response.)
- ☐ No one
 - ☐ Your parent or guardian
 - ☐ Your brother, sister, or other relative
 - ☐ Your teacher
 - ☐ Another adult
 - ☐ Your friends
 - ☐ Your grandparent
121. Do you ever feel sad, empty, hopeless, angry, or anxious?
- ☐ Yes
 - ☐ No
122. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- ☐ I do not feel sad, empty, hopeless, angry, or anxious
 - ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Most of the time
 - ☐ Always
123. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Not sure
 - ☐ Disagree
 - ☐ Strongly disagree

124. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
- ☐ Yes
 - ☐ No
 - ☐ Not sure

The next 12 questions ask about how you think other people feel about some of the behaviors asked about in this survey.

125. How much do you think people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
126. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
127. How much do you think people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
128. How much do you think people risk harming themselves physically or in other ways when they use prescription drugs that are not prescribed to them?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
129. How wrong do your parents feel it would be for you to smoke tobacco?
- ☐ Not at all wrong
 - ☐ A little bit wrong
 - ☐ Wrong
 - ☐ Very wrong

130. How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- ☐ Not at all wrong
- ☐ A little bit wrong
- ☐ Wrong
- ☐ Very wrong

131. How wrong do your parents feel it would be for you to smoke marijuana?

- ☐ Not at all wrong
- ☐ A little bit wrong
- ☐ Wrong
- ☐ Very wrong

132. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

- ☐ Not at all wrong
- ☐ A little bit wrong
- ☐ Wrong
- ☐ Very wrong

133. How wrong do your friends feel it would be for you to smoke tobacco?

- ☐ Not at all wrong
- ☐ A little bit wrong
- ☐ Wrong
- ☐ Very wrong

134. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

- ☐ Not at all wrong
- ☐ A little bit wrong
- ☐ Wrong
- ☐ Very wrong

135. 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

136. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- ☐ Not at all wrong
- ☐ A little bit wrong
- ☐ Wrong
- ☐ Very wrong

The next 4 questions ask about your relationship with your parent(s).	Never or Almost Never	Some- times	Always or Almost Always
137. My parent(s) show me they are proud of me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. My parent(s) take an interest in me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. My parent(s) listen to me when I talk to them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. I can count on my parent(s) to be there when I need them:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 2 questions ask about your feelings in the past 4 weeks.	Never or Almost Never	Some- times	Always or Almost Always
141. How often did you feel really worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. How often did you feel afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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