

2009 VERMONT 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 develop better health education programs 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 only be used 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 ovals completely. When you are finished, follow the instructions of the person giving you the survey.

THANK YOU VERY MUCH FOR YOUR HELP

IMPORTANT

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B C D
- To change your answer, erase completely.
- Select only one response per question

1. Where do you live? Directions: Please use the four digit town code from the blackboard. Fill in the matching oval below each number.

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2. How old are you?
- 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older
3. What is your sex?
- Female
 - Male
4. Are you Hispanic or Latino?
- Yes
 - No
5. What is your race? (**Select one or more responses.**)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

6. How tall are you without your shoes on? Directions: Write your height in the blank boxes. Fill in the matching oval below each number.

Example:

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

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

7. How much do you weigh without your shoes on? Directions: Write your weight in the blank boxes. Fill in the matching oval below each number.

Example:

Weight		
Pounds		
1	4	2
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

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

9. 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
10. At school during the past 12 months have you been receiving services or support through an IEP (Individualized Education Plan)?
- Yes
 - No
 - Not sure
11. 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
12. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure
- The next 17 questions ask about personal safety.**
13. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
 - Never wore a helmet
 - Rarely wore a helmet
 - Sometimes wore a helmet
 - Most of the time wore a helmet
 - Always wore a helmet
14. How often do you wear a seat belt when **riding** in a car driven by someone else?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
15. If you were injured in a car or other vehicle crash during the past 12 months, were you wearing your safety belt?
- I was not injured in a motor vehicle crash during the past 12 months
 - Yes
 - No
16. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
17. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
18. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been smoking marijuana**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
19. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been smoking marijuana**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

20. 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
21. 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
22. 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
23. 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
24. 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
25. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
26. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes
 - No
27. Has anyone ever touched you sexually against your wishes or forced you to touch them sexually?
- Yes
 - No
28. Have you ever been forced to have sexual intercourse?
- Yes
 - No
29. 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 3 questions ask about bullying. Bullying occurs when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her; or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property, a school bus, or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

30. During the past 30 days, on how many days were you bullied?
- 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
31. During the past 30 days, on how many days did you bully someone?
- 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
32. During the past 12 months, have you ever been **electronically bullied**, such as through e-mail, chat rooms, instant messaging, Web sites, or text messaging?
- Yes
 - No

The next 4 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.

33. 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

34. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
 - No
35. 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
36. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide** during the past 12 months
 - Yes
 - No

The next 8 questions ask about tobacco use.

37. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
 - 8 years old or younger
 - 9 or 10 years old
 - 11 or 12 years old
 - 13 or 14 years old
 - 15 or 16 years old
 - 17 years old or older
38. 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

39. 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
40. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
41. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
42. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
43. During the past 7 days, on how many days were you in a car with someone who was smoking cigarettes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
44. Out of 100 Vermont high school students, how many do you think smoke cigarettes?
- 15 or less students
 - 16 to 25 students
 - 26 to 45 students
 - 46 to 55 students
 - 56 to 75 students
 - 75 or more students
- The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, malt beverages (such as Mike's Hard Lemonade and Smirnoff Ice), 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.**
45. 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
46. 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

47. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days
48. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
49. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
- I did not drink alcohol during the past 30 days
 - Beer
 - Malt beverages, such as Smirnoff Ice, or Bacardi Silver, or Hard Lemonade
 - Wine coolers, such as Bartles & Jaymes or Seagrams
 - Wine
 - Liquor, such as vodka, rum, scotch, bourbon, or whiskey
50. During the past 30 days, how did you **usually** get the alcohol you drank? (Select only **one** response.)
- I did not drink alcohol during the past 30 days
 - I bought it in a store such as a convenience store, supermarket, or gas station
 - I bought it in liquor store
 - I bought it at a restaurant, bar or club
 - I gave someone money to buy it for me
 - Someone gave it to me
 - I got it or stole it from home
 - I stole it from a store or restaurant

The next 3 questions ask about marijuana use. Marijuana also is called pot, grass, weed, or smoke.

51. 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
52. 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
53. During the past 30 days, how many times did you use marijuana **on school property**?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next 10 questions ask about cocaine, inhalants, and other drug use.

54. During the past 30 days, how many times did you use **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

55. How old were you when you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high for the first time?
- I have never tried inhalants
 - 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
56. 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
57. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
58. During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
59. During your life, how many times have you taken a prescription pain reliever such as Oxycontin, Vicodin, or other prescription pain reliever not prescribed to you?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
60. During your life, how many times have you taken the prescription stimulant Ritalin or Adderall not prescribed to you?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
61. During your life, how many times have you taken **steroid pills or shots** 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
62. 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
63. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
 - No
- The next 7 questions ask about sexual behavior.**
64. 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

65. 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
66. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
 - Yes
 - No
67. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No
68. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- I have never had sexual intercourse
 - No method was used to prevent pregnancy
 - Birth control pills
 - Condoms
 - Depo-Provera (injectable birth control)
 - Withdrawal
 - Some other method
 - Not sure
69. With whom have you had sexual intercourse?
- I have never had sexual intercourse
 - Females
 - Males
 - Females and males
70. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- Yes
 - No

The next 4 questions ask about body weight.

71. How do **you** describe your weight?
- Very underweight
 - Slightly underweight
 - About the right weight
 - Slightly overweight
 - Very overweight
72. 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
73. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- Yes
 - No
74. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- Yes
 - No

The next 9 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.

75. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- I did not drink 100% fruit juice during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

76. 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
77. 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
78. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips)
- I did not eat potatoes 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
79. During the past 7 days, how many times did you eat **carrots**?
- I did not eat carrots 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
80. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots)
- I did not eat other vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
81. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or 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
82. 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** include 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
83. During the past 7 days, on how many days did you eat breakfast?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

The next 3 questions ask about physical activity.

84. 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
85. On an average school day, how many hours do you watch TV, use a computer for fun, or play video games? (Include activities such as being on the Internet, computer games, Nintendo, Game Boy, and Play Station.)
- I do not watch TV, use a computer for fun, or play video 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
86. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
88. If you wanted to get some beer, wine, or hard liquor how hard or easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
89. If you wanted to get some marijuana, how hard or easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy
90. How wrong do you think it is for someone your age to smoke cigarettes?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
91. How wrong do you think it is for someone your age to drink beer, wine, malt beverages or hard liquor?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
92. How wrong do you think it is for someone your age to smoke marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
93. How wrong do your parents or guardians feel it would be for you to smoke cigarettes?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
94. How wrong do your parents or guardians feel it would be for you to drink beer, wine, malt beverages or hard liquor?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all

The next 14 questions ask about attitudes and perceptions towards alcohol, tobacco, and other drugs.

87. If you wanted to get some cigarettes, how hard or easy would it be for you to get some?
- Very hard
 - Sort of hard
 - Sort of easy
 - Very easy

95. How wrong do your parents or guardians feel it would be for you to smoke marijuana?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not wrong at all
96. About how many adults have you known personally who in the past year have used marijuana, cocaine, or other illegal drugs?
- None
 - 1 adult
 - 2 adults
 - 3 to 4 adults
 - 5 or more adults
97. About how many adults have you known personally who in the past year have sold or dealt drugs?
- None
 - 1 adult
 - 2 adults
 - 3 to 4 adults
 - 5 or more adults
98. How much do you think people risk harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
99. How much do you think people risk harming themselves (physically or in other ways), if they drink one or two alcoholic beverages (beer, wine, malt beverages, or liquor) nearly every day?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
100. How much do you think people risk harming themselves (physically or in other ways), if they smoke marijuana regularly?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

The next 8 items ask about a variety of behaviors.

101. If you had a problem with tobacco, alcohol, or other drugs, who would you be **most** likely to talk to about it?
- A parent
 - A friend
 - An adult friend or relative
 - A student assistance program (SAP) counselor
 - A school counselor, teacher, coach, nurse, or other school staff
 - A doctor or a counselor in an alcohol/drug treatment center
 - No one
 - None of the above
102. During the 7 days, on how many days did all, or most, of your family members living in your home eat a meal together?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
103. How often does one of your parents talk with you about what you are doing in school?
- Never
 - Less than once a month
 - About once or twice a month
 - About once or twice a week
 - About every day
104. Is there an adult in your life you can usually turn to for help and advice?
- Yes
 - No
105. During an average week, how many hours do you spend in clubs or organizations (other than sports) outside of school, such as 4-H, Boys and Girls Clubs, YWCA, YMCA?
- 0 hours
 - 1 hour
 - 2 hours
 - 3-5 hours
 - 6-10 hours
 - 11 or more hours

106. During an average week, how many hours do you spend helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your community a better place for people to live?

- a. 0 hours
- b. 1 hour
- c. 2 hours
- d. 3-5 hours
- e. 6-10 hours
- f. 11 or more hours

107. Do you agree or disagree that students help decide what goes on in your school?

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

108. Do you agree or disagree that in your community you feel like you matter to people?

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

This is the end of the survey.

Thank you very much for your help.