

2019 Vermont 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 ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

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

5. What is your race? (Select one or more responses.)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. 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	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

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

Example

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

8. Which of the following best describes you?
 - A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Not sure

9. 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
10. Imagine this ladder pictures how American society is set up.
- At the top of the ladder are people who are the best off—they have the most money, the highest amount of schooling, and the jobs that bring the most respect.
 - At the bottom are people who are the worst off—they have the least money, little or no education, no job or jobs that no one wants or respects.

Please tell us where you think your family would be on this ladder. **Select the number that best represents where your family would be on this ladder.**

- 1 (best off)
- 2
- 3
- 4
- 5
- 6
- 7
- 8 (worst off)



The next 7 questions ask about safety.

11. **When you skied or snowboarded** during the past 12 months, how often did you wear a helmet?
- I did not ski or snowboard 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

12. 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
13. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- I did not drive a car or other vehicle during the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
14. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** (also called pot, weed, or cannabis)?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot, weed, or cannabis)?
- I did not drive a car or other vehicle during the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

16. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days
17. During the past 30 days, have you sent or received a revealing or sexual photo of someone using social media, email, or texting on your smartphone, computer, iPad or other tablet?
- A. Yes
 - B. No

The next 7 questions ask about violence-related behaviors.

18. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
19. 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?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

20. 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**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
21. During the past 12 months, how many times were you in a **physical fight**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
22. Has **anyone** ever done sexual things to you that you did not want (count such things as kissing, touching or sexual intercourse)?
- A. Yes
 - B. No
23. 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 didn't do what they wanted.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

24. 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.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next 3 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.

25. During the past 30 days, on how many days were you bullied?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
26. During the past 30 days, on how many days did you bully someone?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
27. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

28. 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?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 3 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.

29. 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?
- A. Yes
 - B. No
30. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
31. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 3 questions ask about cigarette smoking.

32. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried cigarette smoking, not even one or two puffs
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
33. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
34. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day

The next 5 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigs, e-hookahs, hookah pens, and mods.

35. Have you ever used an electronic vapor product?
- A. Yes
 - B. No

36. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
37. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - C. I got them on the Internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed them from someone else
 - F. A person who can legally buy these products gave them to me
 - G. I took them from a store or another person
 - H. I got them some other way
38. What is the **main** reason you have used electronic vapor products? (Select only **one** response.)
- A. I have never tried an electronic vapor product
 - B. Friend or family member used them
 - C. To try to quit using other tobacco products
 - D. They cost less than other tobacco products
 - E. They are easier to get than other tobacco products
 - F. They are less harmful than other forms of tobacco
 - G. They are available in flavors, such as mint, candy, fruit, or chocolate
 - H. I used them for some other reason

39. During the past 30 days, which type of electronic vapor product did you **usually** use? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. JUUL or other rechargeable device that uses pods
 - C. Vape pen or rechargeable e-cigarette (Do **not** count JUUL)
 - D. Disposable e-cigarette or vaping device (non-rechargeable)
 - E. Mods or a modular device with a tank that you refill with liquids or e-juice
 - F. Some other type of electronic vapor product
 - G. Not sure

The next 2 questions ask about other tobacco products.

40. 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, or Camel Snus? (Do not count any electronic vapor products.)
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
41. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 4 questions ask about all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products.

42. How old were you when you first tried a tobacco product flavored to taste like menthol (mint), clove, spice, alcohol (wine or cognac), candy, fruit, chocolate, or other sweets?
- A. I have never tried a flavored tobacco product
 - B. 8 years or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
43. During the past 12 months, did you ever try **to quit** using **all** tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
- A. I did not use any tobacco products during the past 12 months
 - B. Yes
 - C. No
44. When you go to a convenience store, supermarket, or gas station, how often do you see ads for cigarettes or other tobacco products?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
45. During the past 12 months, did a doctor, dentist, or nurse ask you if you smoke?
- A. I did not talk with a doctor, dentist, or nurse during the past 12 months
 - B. Yes
 - C. No
 - D. Not sure

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

46. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
47. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
48. 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 **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days

49. 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?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks

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

50. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
51. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

52. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)
- A. I did not use marijuana during the past 30 days
 - B. I smoked it in a joint, bong, pipe, or blunt
 - C. I ate it in food such as brownies, cakes, cookies, or candy
 - D. I drank it in tea, cola, alcohol, or other drinks
 - E. I vaporized it
 - F. I dabbed it using waxes or concentrates
 - G. I used it some other way

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

53. 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?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about using prescription stimulants without a doctor's prescription or differently than how a doctor told you to use them.

54. During your life, how many times have you taken **prescription stimulants** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Adderall or Ritalin.)
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about using any prescription medication without a doctor's prescription or differently than how a doctor told you to use them.

55. **During the past 30 days**, how many times have you taken **any prescription medication** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, Percocet, Adderall or Ritalin.)
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 6 questions ask about other drugs.

56. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

57. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
58. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
59. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
60. During the past 12 months, has anyone offered, sold, or given you an **illegal drug on school property**?
- A. Yes
 - B. No
61. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 6 questions ask about sexual behavior.

62. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
63. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
64. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
65. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No

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

The next 2 questions ask about body weight.

68. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
69. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight

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.

70. 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.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
71. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
72. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

73. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
74. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
75. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
76. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage**, such as soda or pop (for example, Coke, Pepsi, or Sprite), sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count diet soda or 100% fruit juice.)
- A. I did not drink these sugar-sweetened beverages during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
77. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- A. I did not drink water during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
78. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 3 questions ask about physical activity.

79. 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.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
80. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
81. In an average week when you are in school, on how many days do you participate in physical activity or other short breaks during class, such as, movement, stretching, or brain breaks? (Do not count your physical education (PE) class.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

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.

82. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next 12 questions ask about your perceptions about alcohol, tobacco, and marijuana.

83. If you wanted to get electronic vapor products, how hard or easy would it be for you to get some?
- A. Very hard
 - B. Sort of hard
 - C. Sort of easy
 - D. Very easy
84. If you wanted to get alcohol, how hard or easy would it be for you to get some?
- A. Very hard
 - B. Sort of hard
 - C. Sort of easy
 - D. Very easy
85. If you wanted to get marijuana, how hard or easy would it be for you to get some?
- A. Very hard
 - B. Sort of hard
 - C. Sort of easy
 - D. Very easy
86. How wrong do you think it is for **someone your age** to use electronic vapor products?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not at all wrong

87. How wrong do you think it is for **someone your age** to drink alcohol?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not at all wrong
88. How wrong do you think it is for **someone your age** to use marijuana?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not at all wrong
89. How wrong do your parents or guardians feel it would be for you to use electronic vapor products?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not at all wrong
E. Not sure
90. How wrong do your parents or guardians feel it would be for you to drink alcohol?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not at all wrong
E. Not sure
91. How wrong do your parents or guardians feel it would be for you to use marijuana?
A. Very wrong
B. Wrong
C. A little bit wrong
D. Not at all wrong
E. Not sure
92. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products regularly?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk

93. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk
94. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk

The next 14 questions ask about other health-related topics.

95. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
A. Yes
B. No
C. Not sure
96. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
A. Yes
B. No
C. Not sure
97. During the past 12 months, how many times have you had a sunburn? (Count the number of times even a small part of your skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device.)
A. 0 times
B. 1 time
C. 2 times
D. 3 times
E. 4 times
F. 5 or more times

98. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
 A. Yes
 B. No
 C. Not sure
99. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
 A. Yes
 B. No
 C. Not sure
100. 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?
 A. Yes
 B. No
101. During the past 30 days, how often did you go hungry because there was not enough food in your home?
 A. Never
 B. Rarely
 C. Sometimes
 D. Most of the time
 E. Always
102. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or other adult family member?
 A. 0 days
 B. 1 day
 C. 2 days
 D. 3 days
 E. 4 days
 F. 5 days
 G. 6 days
 H. 7 days
103. 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
104. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
 A. Yes
 B. No
 C. Not sure
105. Do you agree or disagree that your school has clear rules and consequences for behavior?
 A. Strongly agree
 B. Agree
 C. Not sure
 D. Disagree
 E. Strongly disagree
106. In an average week when you are in school, how many total hours do you participate in afterschool activities such as sports, band, drama, or clubs run by your school or community groups?
 A. 0 hours
 B. 1 to 4 hours
 C. 5 to 9 hours
 D. 10 to 19 hours
 E. 20 or more hours
107. After high school, which of the following are you most likely to do? (Select only **one** response.)
 A. Attend a 4-year college/university
 B. Attend community college
 C. Attend a technical school
 D. Join the military
 E. Work a full-time job only
 F. Not sure
108. During the past 12 months, how would you describe your grades in school?
 A. Mostly A's
 B. Mostly B's
 C. Mostly C's
 D. Mostly D's
 E. Mostly F's
 F. None of these grades
 G. Not sure

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