



Oregon Department of Education

Kate Brown, Governor

RECEIVED

OCT 11 2016

TRSD
SUPERINTENDENT

Office of the Deputy Superintendent
255 Capitol St NE, Salem, OR 97310
Voice: 503-947-5600
Fax: 503-378-5156

Dear Superintendent:

School districts in Oregon have an opportunity to participate in an important survey in spring 2017 that will provide valuable data to schools on the health and well-being of their 8th and 11th graders. The survey monitors risk and protective factors and behaviors known to influence youth development and affect academic achievement and includes questions on the use of tobacco, alcohol, other drugs, as well as, nutrition, sexual activity and physical activity.

The *Oregon Healthy Teens Survey (OHT)* is a key part of the Oregon Health Authority's (OHA) state-wide effort to help schools and local communities ensure that all Oregon youth are healthy and successful learners who contribute positively to their communities. OHA has contracted with International Survey Associates (ISA) to manage the survey procedures, analyze data and provide reports to the schools and districts. Participating districts will receive their reports in the fall of 2017.

The survey is completely anonymous. Students are not asked to write their name or any other identifying information on their answer booklet. The survey can be completed in one class period using paper-and-pencil and in even less time using the online survey version. The students' teachers will administer the survey at each school. **The survey administration will be conducted mid-February 2017 to end-May 2017.** Students in grades 8 and 11 are to be surveyed.

The survey provides an opportunity to gather information about students that can be used for 1) planning and evaluation efforts (at both the district and school building levels), 2) grant applications, 3) satisfying funding requirements, and 4) Community Health Assessments. In addition, county and state level reports provide a means for comparing your individual schools' and district's data.

Your district has been selected to participate in the OHT Survey in the spring of 2017. The survey is offered at no charge to schools that have been selected to participate. Schools not selected are encouraged to participate and can choose to participate for a low cost of \$2.00 per survey. Beginning in November, ISA will contact each selected school principal to work with staff to schedule dates for parental notification letters and for the survey administration.

The following information has been enclosed for your review:

- *A list of your district's schools selected to participate*
- *Project Fact Sheet:* This document provides answers to commonly asked questions about the survey.
- *Copy of the Survey Instruments*
- *Survey Administration Time Line*
- *Agreement Form:* If interested, **please complete the attached School District Agreement Form and return it to Melissa Stephens at ISA via email melissa.stephens@pridesurveys.com or fax to 770-726-9327 as soon as conveniently possible. If you have questions for ISA, please call Melissa at 800-279-6361.**

As soon as you contact ISA with your approval to participate, ISA can begin contacting your selected schools to begin the survey administration process.

Oregon Health Authority and Oregon Department of Education strongly recommend and encourage you to take advantage of this opportunity to use the OHT survey and will work closely with participating school districts. We sincerely hope your district will agree to participate in this important survey. If you have questions, please contact Renee Boyd at (971-673-1145) or renee.k.boyd@state.or.us. Information is also available online at:

<https://public.health.oregon.gov/birthdeathcertificates/surveys/oregonHealthyTeens/Pages/index.aspx>

<https://oregonhealthyteens.pridesurveys.com>

Sincerely,

A handwritten signature in blue ink, appearing to read "Salam A. Noor".

Salam A. Noor, Ph.D.
Deputy Superintendent of Public Instruction

cc: Selected Principals

enclosures



September 15, 2016

To: District Superintendent

Dear Superintendent,

I am writing to share both research and evidence based support for the *2017 Oregon Healthy Teens (OHT)* survey. This survey is of great use to practitioners, policy makers, teacher educators and education researchers advocating for Oregon youth. As the graduate director of the UOTeach: Curriculum and Instruction M.Ed., I supervise student teachers in public school settings throughout the Oregon community. In this role I direct ongoing university, school district and state partnerships designed to provide research based culturally responsive and equitable curriculum and instruction to both teacher candidates and to current teachers. In addition, as a researcher, I have 10 years of experience analyzing both quantitative and qualitative educational and life outcomes data on students based on sex, gender identity, and sexual orientation. In both my role as a teacher educator and as a researcher, the OHT survey provides rich data to support improved outcomes for Oregon youth.

The *UOTeach* teacher education program is centered on excellence in curriculum and instruction through culturally responsive content expertise focused on equity and inclusion. This licensure program prepares public school teachers to equitably educate diverse Oregonians including protected minority and historically underserved Oregonians.¹ The OHT survey provides the future teachers and faculty within this graduate program with rich information about the cultural context of students in our public schools. Notably the survey provides us with heretofore missing demographic information as it is associated with school climate, school safety, mental health, and high risk behaviors.² This survey provides future teachers, current teachers, school administrators and academics with school equity information that informs curriculum, instruction, and school based supports to improve learning for all Oregonians.^{3|4}

As an education researcher, I wish to highlight that the 2017 OHT survey gathers important information about Oregon school climate and educational practices concerning sexual orientation minority and gender identity minority youth. This specific demographic data informs Oregon child advocates about the experiences and educational outcomes for these young Oregonians who we know face a battery of health risks both at school and in the community.^{5|6|7} The recently released Centers for Disease Control and Prevention study of LGBT youth health risks once again has confirmed over fifteen years of GLSEN National School Climate studies noting the excessive educational disparities, public safety concerns and health risks for this marginalized population of school children.^{8|9}

Past Oregon Healthy Teens surveys have helped Oregon educators identify safe and healthy educational settings for sexual orientation minority youth here in Oregon. The survey has also helped educators to identify levels of hostility and violence directed at sexual minority Oregon students at school as well as to identify increased mental and physical health concerns for Oregonians related to that abuse.¹⁰ In fact, the OHT data has shown that improving the educational environment for sexual minority youth reduces suicidal ideation among all youth within specific Oregon communities.¹¹

The 2017 Oregon Healthy Teens survey is an important educational equity tool for Oregon youth, families, child advocates, public health agencies, public educators and education scholars. I wish to extend my gratitude and continued support for this important public health service and public education service to all Oregonians.

Sincerely,



Julia Heffernan, Ph.D.

Graduate Director of Curriculum and Instruction
Director of the UOTeach Teacher Licensure Program
Department of Education Studies



Board Member
Oregon Safe Schools and Communities Coalition
2015 to present



Founder and Co-Director UOTeachOUT
UO EducatoIn Studies Teacher Leadership Program on Gender Identity and Sexual Orientation
2010 Established



OHT Related Research and Curriculum and Instruction Scholarship

- ¹ ORS 339.351 to 339.364. (Revised 2009). *Oregon Safe Schools Improvement* in ORS 339 School Attendance; Admission; Discipline; Safety.
- ² Rosiek, J. L., & Heffernan, J. (2014). Can't Code What the Community Can't See: A Case of the Erasure of Heteronormative Harassment. *Qualitative Inquiry*, 20(6), 726-733.
- ³ Gutierrez-Schmich, T. and Heffernan, J. (2016). Public Pedagogy. In Rodriguez et al. (eds.), *Critical Concepts in Queer Studies and Education: An International Guide for the Twenty-First Century* (Palgrave Macmillan)
- ⁴ Gutierrez-Schmich, T. (2016). Public pedagogy and conflict pedagogy: Sites of possibility for anti-oppressive teacher education (Doctoral dissertation, University of Oregon).
- ⁵ Heffernan, J. I. (2010). *The sound of silence: Educators managing and reproducing heteronormativity in middle schools* (Doctoral dissertation, University of Oregon).
- ⁶ Wallace et al. Eds. (2014) *Oregon Safe Schools Report* (no. 3). Oregon Safe Schools and Communities Coalition. Portland, OR. OSSCC.
Wallace et al. Eds. (2013) *Oregon Safe Schools Report* (no. 2). Oregon Safe Schools and Communities Coalition. Portland, OR. OSSCC.
Wallace et al. Eds. (2012) *Oregon Safe Schools Report* (no. 1). Oregon Safe Schools and Communities Coalition. Portland, OR. OSSCC.
- ⁷ Meyer, E. J. (2015). *Gender, bullying, and harassment: Strategies to end sexism and homophobia in schools*. Teachers College Press.
- ⁸ Kann, L. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015. *MMWR. Surveillance Summaries*, 65.
- ⁹ Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN. (8th biennial national report)
- ¹⁰ Hatzenbuehler, M. L., & Keyes, K. M. (2013). Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *Journal of Adolescent Health*, 53(1), S21-S26. (Data from OHT survey)
- ¹¹ Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*, 127(5), 896-903. (Data from OHT survey)



2017 Oregon Healthy Teens Survey Fact Sheet – For Schools

Oregon Health Authority & Oregon Department of Education

What is the Oregon Healthy Teens (OHT) Survey?

OHT is a comprehensive, school-based, anonymous and voluntary paper-and-pencil or web based survey. OHT monitors risk behaviors and other factors that influence the health and wellbeing of Oregon’s adolescents. OHT is conducted among 8th and 11th graders statewide. State and local agencies depend on OHT to assess youth needs, develop comprehensive plans and prevention programs, solicit funding, and measure outcomes.

What is the goal of the OHT Survey?

Healthy students have better attendance, get higher grades and test score and are less likely to skip school, drop out or engage in risky behaviors. OHT provides schools, communities, and our state with a clearer picture of youth strengths and problems. OHT allows schools and communities to find out what prevention efforts are working and which need improvement, with a particular emphasis on tobacco prevention. Our goal is to do what the name says: give our teens the support they need to live healthy lives.

How is the OHT Survey Developed?

The Oregon Healthy Teens Survey was designed and is conducted as a collaborative effort by the Oregon Department of Education and Oregon Health Authority. Creating a single public health statewide system for getting a scientifically accurate picture of youth development helps reduce costs and redundancies sometimes associated with the multiple school assessments conducted in the past, and provides schools and their communities with a better opportunity to use the information for longer-term planning and evaluation of their efforts to improve youth outcomes.

Who Participates in the OHT Survey?

OHT is administered bi-annually in odd-numbered years to Oregon’s 8th and 11th grade students. OHT is administered to students across the entire state of Oregon.

What Does OHT Measure?

OHT focus areas include:

1. Tobacco, alcohol and other drug use and access to substances;
2. Physical activity, nutrition and body weight,
3. Sexual risk behaviors that can result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
4. Mental health concerns such as suicidal ideation, depression, harassment, and body image;
5. Behaviors that result in intentional (violence and suicide) and unintentional injury (motor vehicle crashes);
6. Health care access, use of school-based health centers, and screening for conditions such as asthma;
7. Basic demographics.

How Are OHT Data Used?

OHT data are used to help evaluate the effectiveness of a variety of projects and programs that promote healthy adolescence in Oregon. OHT data are a key source of state and national health indicators, such as those included in the Oregon Benchmarks and Healthy People 2010. Many Oregon counties and local communities use OHT survey information in community health assessments. Survey findings serve as a valuable tool for legislators and other policy makers as they make decisions about health related policies, services, programs, and educational activities. Agencies, non-profit organizations, and community groups use the data to provide base-line and evaluation information required for grants and other funding sources, and for planning and evaluating activities and programs that promote health and ability to learn, prevent injury, and reduce high risk behaviors among youth.

Parents, school staff members, and community groups can use the information to identify areas where help is most needed for students to change behavior, and they can use that opportunity to develop and support activities and environments that encourage healthy behaviors. School districts also use the OHT data for school improvement plans.

Are Sensitive Questions Asked?

Our goal is to reduce those behaviors among high school and middle school students that adversely affect their health and ability to learn. Some questions may be considered sensitive. AIDS, HIV infection, and other sexually transmitted diseases are major health problems. Sexual intercourse and intravenous drug use are among the behaviors known to increase the risk of HIV or other STDs. The only way to determine if adolescents are at risk in these areas is to ask questions about these behaviors. Mental health, attempted suicide, harassment, tobacco, alcohol and other drug use, and weapon carrying may be considered sensitive topics. Questions are presented in a straightforward and sensitive manner in recognition of these topics. Questions are age appropriate and are presented in a straightforward and sensitive manner. Students can also choose to not answer any question that may make them uncomfortable.

Does asking questions about a behavior encourage that behavior?

No. The CDC (Centers for Disease Control and Prevention) states that there is no evidence that simply asking students about health risk behaviors will encourage them to try that behavior. In addition, asking sensitive questions can bring good news, such as recent Oregon Healthy Teens findings that show a reduction in sexual activity and tobacco use among Oregon teens.

How will my family's privacy be protected?

This survey is **anonymous**. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. Students will not put their names or other identifying information on the questionnaires or answer sheets. When the surveys have been completed and collected, we will have **no identifying information** linking a questionnaire to an individual student or parent. Summary information across grade levels will be reported to the school district.

Is student participation anonymous? How is student privacy protected?

Survey administration procedures are designed to protect student privacy and allow for anonymous participation. The survey is proctored by classroom teachers, who are given training materials on the survey protocol. Students submit a completed optically scannable survey, containing no personal identifiers, which is then placed in one envelope for the entire class. Students not participating in the survey are provided with an alternative activity by their school, usually outside of the classroom. Aggregated reports sent to schools and districts are based on all of the students participating, so anonymity of students is preserved.

Are students tracked over time to see how their behavior changes?

No. Although an individual student might participate again in future years, it will be impossible to track individual students who participate because no identifying information is collected.

How long does it take to fill out the questionnaire? Is there some sort of physical test?

One class period is needed for administration of the self-administered questionnaire. It takes approximately 5 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 40 minutes for students to record their responses. No physical test or exam is involved.

Are the questionnaire and consent letters provided in other languages?

Currently, we provide parent consent letters in English and Spanish. We provide the English version of the survey in paper and online. We provide the Spanish survey instrument online only. Schools needing the Spanish version can opt to take the survey online.

How do parents find out about OHT?

Oregon uses an “active notification” with a “passive permission/ passive consent” model for parents. OHT requires that participating schools actively notify the parents of selected students. A letter is sent to the home of each student in the selected grade, either via mail or email, to inform the parents or guardians of the upcoming survey and give parents a chance to find out more about the survey. The state coalition for OHT suggests that each school make a physical copy of the survey available in either the main office or the counseling office, where parents could visit and view the survey. Parents can also view the survey on the Oregon Health Authority website at:

<https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/Pages/ohtdata.aspx> or <https://oregonhealthyteens.pridesurveys.com>

If the school does not hear from a parent, the survey protocol assumes permission is given by the parent for their student to take the survey. If a parent does not wish their child to participate in the survey, they are asked to complete and return the parental notification form to opt their student out of the survey. Schools are asked to have an alternate site for those students to be placed while their classmates take the survey. Parents can also tell their child not to take the survey. Students can also opt out of the survey on their own even if the parent had not explicitly asked them not to participate. The survey is voluntary. The bottom of each page in the survey form also states that the survey is voluntary

Do students answer questions truthfully?

Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

Is OHT related to the “No Child Left Behind” mandates?

The focus of No Child Left Behind is on the improvement of students in academic areas. Program planning and support for increasing the health and well-being of students helps those students to be ready and able to learn once they are in the classroom. Schools are generally interested in having a healthy student-body that is able to focus on their education when they are in the classroom setting.

When is the survey conducted? When are results available?

Data collection is planned for February through May of 2017. Results, presented graphically for schools, districts and the state, are planned for release in Fall of 2017 and will be available in electronic format.

Oregon Healthy Teens Survey

• 2017 8th Grade •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, unless the question specifically asks you to **"Select one or more responses."**

Marking Instructions:

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- Use a No. 2 pencil only.
 - Do not use ink, ballpoint, or felt tip pens.
 - Make solid marks that fill the response completely.
 - Erase cleanly any marks you wish to change.
 - Make no stray marks on this form.
- CORRECT: ● INCORRECT: ☉ ⊗ ☹ ☹

1. In what grade are you?
- 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade

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. Are you Hispanic or Latino/Latina?
- Yes
 - No

4. What is your race? (Select one or more responses)
- American Indian/Native American
 - Alaska Native
 - Asian Indian
 - Chinese
 - Japanese
 - Korean
 - Vietnamese
 - Filipino
 - Native Hawaiian
 - Other Pacific Islander
 - Black or African American
 - White
 - Other (Specify) _____

5. If you selected more than one race, what one race best describes you?
- Only one race selected in previous question
 - American Indian/Native American
 - Alaska Native
 - Asian Indian
 - Chinese
 - Japanese
 - Korean
 - Vietnamese
 - Filipino
 - Native Hawaiian
 - Other Pacific Islander
 - Black or African American
 - White
 - Other

6. What is the language you use most often at home?
- English
 - Spanish
 - Another language (Specify) _____

7. How tall are you without your shoes on?
- Directions:** Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Height		Height	
Feet	Inches	Feet	Inches
4	11		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input checked="" type="radio"/> 11		<input type="radio"/> 11

8. How much do you weigh without your shoes on?
- Directions:** Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Weight			Weight		
Pounds			Pounds		
0	9	5			
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

9. Please tell us your zip code.
- Directions:** Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Zip Code				
9	7			
		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

The next questions will help us look at differences in health based on social and economic factors.

- 10. Does your family own a car, van, or truck?
 No
 Yes, one
 Yes, two or more
- 11. Do you have your own bedroom for yourself?
 No Yes
- 12. During the past 12 months, how many times did you travel away on vacation with your family?
 Not at all
 Once
 Twice
 More than twice
- 13. How many computers does your family own?
 None
 One
 Two
 More than two
- 14. Do you receive free or reduced price lunches at school?
 Yes
 No
 Don't Know

The next questions will help us look at differences in health among various groups.

- 15. How do you identify? (Select one or more responses)
 Female
 Male
 Transgender
 Gender nonconforming/Genderqueer
 Gender fluid/not exclusively male or female
 Intersex/Intergender
 Something else fits better (Specify)
 I am not sure of my gender identity
 I do not know what this question is asking
- 16. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you see yourself?
 Very feminine
 Mostly feminine
 Somewhat feminine
 Equally feminine and masculine
 Somewhat masculine
 Mostly masculine
 Very masculine
 I am not sure
 I do not know what this question is asking

- 17. 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
 I am not sure
 I do not know what this question is asking

The next questions ask about health care issues.

- 18. Would you say that in general your physical health is...
 Excellent
 Very good
 Good
 Fair
 Poor
- 19. Would you say that in general your emotional and mental health is...
 Excellent
 Very good
 Good
 Fair
 Poor
- 20. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
 During the past 12 months
 Between 12 and 24 months ago
 More than 24 months ago
 Never
 Not sure
- 21. During the past 12 months, did you have any physical health care needs that were not met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
 Yes No
- 22. During the past 12 months, did you have any emotional or mental health care needs that were not met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
 Yes No

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses)**

- Yes – during school hours
- Yes – during the summer
- Yes – on the weekend or before/after school
- No
- Don't know

24. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

For these statements, mark how true you feel each is for you.

25. I can do most things if I try.

26. There is at least one teacher or other adult in my school that really cares about me.

27. I volunteer to help others in my community.

28. I can work out my problems.

	Very much true	A little true	Not at all true
25. I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. There is at least one teacher or other adult in my school that really cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I volunteer to help others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I can work out my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about grades and school.

29. 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

30. During the past 12 months, how many days of school did you miss for any reason?

31. During the past 12 months, how many days of school did you miss because of physical health reasons?

32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?

33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?

	None	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
30. During the past 12 months, how many days of school did you miss for any reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. During the past 12 months, how many days of school did you miss because of physical health reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about asthma.

34. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not sure

35. Do you still have asthma?

- I have never had asthma
- Yes
- No
- Not sure

The next questions ask about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

36. Does your school have a School-Based Health Center?

- Yes
- No
- Don't know

37. How many times have you used the School-Based Health Center at your school in the past 12 months?

- Never
- I've used it, but not in the last 12 months
- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times

The next question is about the food you ate during the past 12 months.

38. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

The next 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.

39. 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

40. 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

41. 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

42. 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

43. 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

44. 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

45. 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 question is about sleep patterns.

46. 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

The next questions ask about physical activity.

47. 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

48. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

49. 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

50. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- I do not take PE
- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 to 40 minutes
- 41 to 50 minutes
- 51 to 60 minutes
- More than 60 minutes

51. On an average school day, how many hours do you watch TV?

- I do not watch TV 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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

52. 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 on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not school work
- 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 questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...

	0 times in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	4 or more times per day
--	------------------------	-----------------------------	-----------------------------	-------------------------

- 53. **Soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- 54. **Fruit-flavored beverages** such as Kool-Aid, Sunny Delight, or Snapple? (Do **not** include 100% fruit juice.)
- 55. **Energy drinks** such as Red Bull, Rockstar, or Monster? (Do **not** include diet or sugar-free energy drinks.)
- 56. **Sports drinks** such as Gatorade or Powerade?
- 57. **Flavored milk** such as Chocolate or Strawberry milk? (Do **not** include plain milk.)
- 58. **Plain milk?** (Include milk that you added to cereal.)
- 59. **Sweetened coffee or tea beverages** such as Starbucks Frappuccino or an Arizona Iced Tea?
- 60. **Plain water?** (Include tap and bottled water.)

The next questions ask about the ways you get to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

	0 days	1 day	2 days	3 days	4 days	5 days
--	--------	-------	--------	--------	--------	--------

- 61. Walk.
- 62. Ride a bike.
- 63. Ride a skateboard, skates, or scooter.
- 64. Ride a school bus.
- 65. Ride public transportation, including a city bus or light rail.
- 66. Ride in or drive a car or other private vehicle (with only members of your family.)
- 67. Ride in a carpool (with people other than your family.)

68. During the past 7 days, how many times did you visit a convenience store such as Plain Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?
- I did not visit a convenience store during the past 7 days
 - 1 time during the past 7 days
 - 2-3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 7 or more times during the past 7 days

The next 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.

- 69. 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
- 70. During the past 12 months, did you ever **seriously** consider attempting suicide?
 - Yes
 - No
- 71. 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

The next questions ask about personal safety.

72. 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
73. During the past 12 months, how many times has someone threatened 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
74. 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
75. During the past 12 months, has anyone offered, sold or given you an illegal drug on school property?
- Yes
 - No

The next questions ask about bullying. Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

76. During the past 30 days, have you been bullied by someone using any kind of technology, such as through social media, cell phones, or video games?
- Yes
 - No
77. During the past 30 days, have you ever been bullied at school (including any school events, or on the way to or from school) in relation to any of the following issues? This includes in-person and cyberbullying. (Select one or more responses)
- Bullying about your race or ethnic origin
 - Unwanted sexual comments or attention
 - Bullying because someone thought you were gay, lesbian or bisexual
 - Bullying about your weight, clothes, acne, or other physical characteristics
 - Bullying about your group of friends
 - Other reasons
 - I have not been bullied at school

The next questions refer to the "Choking Game," also called Knock Out, Space Monkey, Flatlining, or The Fainting Game.

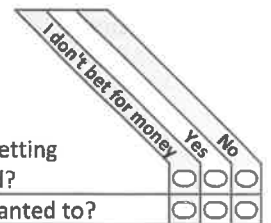
78. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you? (Select one or more responses)
- I have never heard of the Choking Game
 - I have heard of someone participating in the Choking Game
 - I have helped someone else participate in the Choking Game
 - I have participated in the Choking Game myself
79. How many times in your life have you participated in the Choking Game yourself?
- None - I have never participated myself
 - One time
 - Two times
 - 3 to 5 times
 - More than 5 times
80. Thinking back to the last time you yourself participated in the "Choking Game", were you alone or with other people?
- I have never participated in the "Choking Game"
 - I was alone
 - I was with other people

The next questions ask about gambling.

81. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check ALL the different types of gambling that you have bet on, if any, during the last 30 days. (Select one or more responses)
- I did not gamble in the last 30 days
 - Playing scratch off tickets, or any lottery tickets (such as Powerball or Megabucks)
 - Playing dice or coin flips
 - Playing cards (poker, etc.)
 - Betting on games of personal skill (bowling, video games, dares, etc.)
 - Playing Fantasy Sports (Fan Duel, Draft King, etc.)

During the last 12 months, have you ever ...

82. Felt that you would like to stop betting money but didn't think you could?
83. Bet or gambled more than you wanted to?
- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



The next questions ask about sexual orientation and behavior.

84. Do you think of yourself as...
- Lesbian or gay
 - Straight, that is, not lesbian or gay
 - Bisexual
 - Something else (Specify) _____
 - Don't know/Not sure
85. Have you ever had sexual intercourse?
- Yes
 - No
86. 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
87. 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
88. 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
89. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- I have never had sexual intercourse
 - Yes
 - No
90. The last time you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No

91. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? (Select one or more responses)
- I have never had sexual intercourse
 - IUD (intrauterine device such as Mirena or Paragard)
 - Contraceptive implant (Implanon or Nexplanon)
 - Depo-Provera (injectable birth control)
 - Birth control pills
 - Contraceptive patch
 - Contraceptive ring
 - Condoms
 - Withdrawal
 - Emergency contraception (morning after pill)
 - Some other method
 - No method was used to prevent pregnancy
 - Not sure

The next questions ask about tobacco use.

During the past 30 days, on how many days did you ...

	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
92. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Smoke menthol cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Use chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Smoke a little cigar, such as Swisher Sweets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Smoke a large cigar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Smoke tobacco in a hookah, also known as a waterpipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Use an e-cigarette or other vaping product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. Have you ever used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.
- Yes
 - No
 - Not sure
100. During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.
- Yes
 - No
 - Not sure
101. 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 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

102. How old were you when you first used **any form of tobacco or vaping product** other than regular cigarettes?
Exclude marijuana.

- I have never used any of those products
- 8 years old or younger 13 years old
- 9 years old 14 years old
- 10 years old 15 years old
- 11 years old 16 years old
- 12 years old 17 years old or older

103. The very first time you used **any tobacco or vaping product** (including e-cigarettes), which type of product did you use?

- I have never used any tobacco or vaping product
- Cigarette
- Chewing tobacco
- Small cigar
- Large cigar
- Hookah
- E-cigarette or other vaping product
- Another type of product

104. During the past 12 months, did you ever try to quit smoking cigarettes?

- I did not smoke during the past 12 months
- Yes
- No

105. If one of your best friends offered you an e-cigarette, would you smoke it?

- Definitely not
- Probably not
- Probably would
- Definitely would

106. During the past 30 days, from which of the following sources did you get tobacco or vaping products? (Select one or more responses)

- I did not get tobacco or vaping products during the past 30 days
- A store or gas station
- Friends 18 or older
- Friends under 18
- Took from home without permission
- A family member
- The Internet
- Some other source

107. Does someone living in your house (other than you) smoke or vape tobacco?

- Nobody smokes or vapes
- Someone smokes or vapes, but not inside the house
- Someone smokes or vapes inside the house

108. During this school year, have you seen anyone smoking or vaping tobacco on school property?

- Yes
- No

109. During the past 30 days, have you seen an advertisement promoting tobacco or a vaping product on a storefront or in a store?

- Yes
- No
- Not sure

110. Do you agree or disagree with the following statement: *Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.*

- Strongly agree
- Somewhat agree
- Don't know/Not sure
- Somewhat disagree
- Strongly disagree

111. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?

- Very honest
- Somewhat honest
- Don't know/Not sure
- Somewhat dishonest
- Very dishonest

The next 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.

112. 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 13 years old
- 9 years old 14 years old
- 10 years old 15 years old
- 11 years old 16 years old
- 12 years old 17 years old or older

113. During the past 30 days, on how many days did you have at least one drink of alcohol?

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

114. 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 6 to 9 days
- 2 days 10 to 19 days
- 3 to 5 days 20 or more days

115. 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
 - I do not have a usual type
 - Beer
 - Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
 - Wine coolers, such as Bartles & Jaymes or Seagrams
 - Wine
 - Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 - Flavored alcoholic beverages, such as lemon vodka, coconut rum, etc.
 - Some other type

The next questions ask about marijuana (also called grass or pot), and other drugs

116. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
117. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?
- 0 days
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 or more days
118. During the past 30 days, how many times did you use marijuana **on school property**?
- 0 times
 - 1 or 2 times
 - 3 or 9 times
 - 10-19 times
 - 20 to 39 times
 - 40 or more times
119. During the past 30 days, if you used marijuana, how did you use it? (**Select one or more responses**)
- I did not use marijuana during the past 30 days
 - Smoked it (in a joint, bong, pipe, blunt)
 - Vaporized it (e.g., vapor pen)
 - Ate it (in brownies, cakes, cookies, candy)
 - Drank it (tea, cola, alcohol)
 - Dabbed it
 - Used in some other way

120. When you smoked marijuana during the past 30 days, did you ever mix it with tobacco? Either rolling with loose tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.
- I have not smoked marijuana in the past 30 days
 - Yes
 - No

121. When you used marijuana during the past 30 days, did you ever drink alcohol at the same time?
- I have not used marijuana in the past 30 days
 - Yes, most of the time
 - Yes, some of the time
 - Yes, rarely
 - No

122. Does any adult living in your house use marijuana?
- Yes
 - No

123. If one of your best friends offered you some marijuana, would you use it?
- Definitely not
 - Probably not
 - Probably would
 - Definitely would

During the past 30 days, have you seen an advertisement for marijuana products or stores?

	Don't know/Not sure	
	Yes	No
124. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>
125. On a storefront?	<input type="radio"/>	<input type="radio"/>
126. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?	<input type="radio"/>	<input type="radio"/>
127. On a billboard?	<input type="radio"/>	<input type="radio"/>
128. On the sidewalk (like signs or people wearing or waving signs)?	<input type="radio"/>	<input type="radio"/>

129. During the past 30 days, on how many days have you used **prescription drugs** (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) **without a doctor's orders**?
- 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

If you wanted to get...

	Sort of easy			Sort of hard			Very hard		
	Very easy	Sort of easy	Sort of hard	Very hard	Very easy	Sort of easy	Sort of hard	Very hard	
130. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
131. E-cigarettes or other vaping products, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
132. Some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
133. Prescription drugs not prescribed to you, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

1. In what grade are you?

- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

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. Are you Hispanic or Latino/Latina?

- Yes
- No

4. What is your race? (Select one or more responses)

- American Indian/Native American
- Alaska Native
- Asian Indian
- Chinese
- Japanese
- Korean
- Vietnamese
- Filipino
- Native Hawaiian
- Other Pacific Islander
- Black or African American
- White
- Other (Specify) _____

5. If you selected more than one race, what one race best describes you?

- Only one race selected in previous question
- American Indian/Native American
- Alaska Native
- Asian Indian
- Chinese
- Japanese
- Korean
- Vietnamese
- Filipino
- Native Hawaiian
- Other Pacific Islander
- Black or African American
- White
- Other

6. What is the language you use most often at home?

- English
- Spanish
- Another language (Specify) _____

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Height		Height	
Feet	Inches	Feet	Inches
4	11		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input checked="" type="radio"/> 11		<input type="radio"/> 11

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Weight			Weight		
Pounds			Pounds		
0	9	5			
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

9. Please tell us your zip code.

Directions: Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Zip Code				
9	7			
		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

The next questions will help us look at differences in health based on social and economic factors.

10. Does your family own a car, van, or truck?
 No
 Yes, one
 Yes, two or more
11. Do you have your own bedroom for yourself?
 No Yes
12. During the past 12 months, how many times did you travel away on vacation with your family?
 Not at all
 Once
 Twice
 More than twice
13. How many computers does your family own?
 None
 One
 Two
 More than two
14. Do you receive free or reduced price lunches at school?
 Yes
 No
 Don't Know

The next questions will help us look at differences in health among various groups.

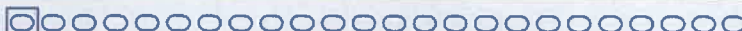
15. How do you identify? (Select one or more responses)
 Female
 Male
 Transgender
 Gender nonconforming/ genderqueer
 Gender fluid/not exclusively male or female
 Intersex/Intergender
 Something else fits better (Specify) _____
 I am not sure of my gender identity
 I do not know what this question is asking
16. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you see yourself?
 Very feminine
 Mostly feminine
 Somewhat feminine
 Equally feminine and masculine
 Somewhat masculine
 Mostly masculine
 Very masculine
 I am not sure
 I do not know what this question is asking

17. 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
 I am not sure
 I do not know what this question is asking

The next questions ask about health care issues.

18. Would you say that in general your physical health is...
 Excellent
 Very good
 Good
 Fair
 Poor
19. Would you say that in general your emotional and mental health is...
 Excellent
 Very good
 Good
 Fair
 Poor
20. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
 During the past 12 months
 Between 12 and 24 months ago
 More than 24 months ago
 Never
 Not sure
21. During the past 12 months, did you have any physical health care needs that were not met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
 Yes No
22. During the past 12 months, did you have any emotional or mental health care needs that were not met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
 Yes No

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses)**

- Yes – during school hours
- Yes – during the summer
- Yes – on the weekend or before/after school
- No
- Don't know

24. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

For these statements, mark how true you feel each is for you.

- 25. I can do most things if I try.
- 26. There is at least one teacher or other adult in my school that really cares about me.
- 27. I volunteer to help others in my community.
- 28. I can work out my problems.

	Very much true	Quite true	A little true	Not at all true
25. I can do most things if I try.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. There is at least one teacher or other adult in my school that really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I volunteer to help others in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I can work out my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about grades and school.

29. 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

30. During the past 12 months, how many days of school did you miss for any reason?

	None	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
30. During the past 12 months, how many days of school did you miss for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. During the past 12 months, how many days of school did you miss because of physical health reasons?

31. During the past 12 months, how many days of school did you miss because of physical health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?

32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?

33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The next questions ask about health or learning conditions you may have.

34. Are you deaf or do you have serious difficulty hearing?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

35. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

36. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

38. Do you have difficulty dressing or bathing?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

39. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The next questions ask about asthma.

40. Has a doctor or nurse ever told you that you have asthma?

- Yes
- No
- Not sure

41. Do you still have asthma?

- I have never had asthma
- Yes
- No
- Not sure

The next questions ask about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

42. Does your school have a School-Based Health Center?

- Yes
- No
- Don't know

43. How many times have you used the School-Based Health Center at your school in the past 12 months?

- Never
- I've used it, but not in the last 12 months
- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times

The next question is about the food you ate during the past 12 months.

44. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes
- No

The next 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.

45. 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

46. 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

47. 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

48. 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

49. 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

50. 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

51. 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 question is about sleep patterns.

52. 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

The next questions ask about physical activity.

53. 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

54. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

55. 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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

56. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE
 - Less than 10 minutes
 - 10 to 20 minutes
 - 21 to 30 minutes
 - 31 to 40 minutes
 - 41 to 50 minutes
 - 51 to 60 minutes
 - More than 60 minutes

57. On an average school day, how many hours do you watch TV?
- I do not watch TV 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

58. 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 on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
- I do not play video or computer games or use a computer for something that is not school work
 - 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 questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...

	0 times in past 7 days	1 to 4 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
59. Soda or pop , such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Sports drinks such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain milk.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Plain milk? (Include milk that you added to cereal.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Plain water? (Include tap and bottled water.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the ways you get to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

	0 days	1 day	2 days	3 days	4 days	5 days
67. Walk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Ride a bike.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Ride a skateboard, skates, or scooter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Ride a school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Ride public transportation, including a city bus or light rail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Ride in or drive a car or other private vehicle (with only members of your family.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Ride in a carpool (with people other than your family.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?
- I did not visit a convenience store during the past 7 days
 - 1 time during the past 7 days
 - 2 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 7 or more times during the past 7 days

The next 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.

75. 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
76. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes No
77. 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

The next questions ask about personal safety.

78. 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
79. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club **on school property**?
- 0 times 6 or 7 times
 1 time 8 or 9 times
 2 or 3 times 10 or 11 times
 4 or 5 times 12 or more times
80. During the past 12 months, how many times were you in a physical fight **on school property**?
- 0 times 6 or 7 times
 1 time 8 or 9 times
 2 or 3 times 10 or 11 times
 4 or 5 times 12 or more times
81. During the past 12 months, has anyone offered, sold or given you an illegal drug **on school property**?
- Yes No

The next questions ask about bullying. Bullying is when one or more students **tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.**

82. During the past 30 days, have you been bullied by someone using a kind of **technology**, such as through social media, cell phone, or video games?
- Yes No
83. During the past 30 days, have you ever been bullied at **school** (including any school events, or on the way to or from school) in relation to any of the following issues? This includes in-person and cyberbullying. **(Select one or more responses)**
- Bullying about your race or ethnic origin
 Unwanted sexual comments or attention
 Bullying because someone thought you were gay, lesbian or bisexual
 Bullying about your weight, clothes, acne, or other physical characteristics
 Bullying about your group of friends
 Other reasons
 I have not been bullied at school

The next questions refer to the "Choking Game," also called **Knock Out, Space Monkey, Flatlining, or The Fainting Game.**

84. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you? **(Select one or more responses)**
- I have never heard of the Choking Game
 I have heard of someone participating in the Choking Game
 I have helped someone else participate in the Choking Game
 I have participated in the Choking Game myself
85. How many times in your life have **you** participated in the Choking Game **yourself**?
- None – I have never participated myself
 One time
 Two times
 3 to 5 times
 More than 5 times
86. The last time **you yourself** participated in the "Choking Game", were you alone or with other people?
- I have never participated in the "Choking Game"
 I was alone
 I was with other people

The next questions ask about gambling.

87. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check ALL the different types of gambling that you have bet on, if any, during the last 30 days. **(Select one or more responses)**
- I did not gamble in the last 30 days
 Playing scratch off tickets, or any lottery tickets (such as Powerball or Megabucks)
 Playing dice or coin flips
 Playing cards (poker, etc.)
 Betting on games of personal skill (bowling, video games, dares, etc.)
 Playing Fantasy Sports (Fan Duel, Draft King, etc.)

During the last 12 months, have you ever ...

88. Felt that you would like to stop betting money but didn't think you could?
 Yes No
89. Bet or gambled more than you wanted to?
 Yes No

I don't bet for money	Yes	No
	<input type="radio"/>	<input type="radio"/>
	Yes	No
	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

The next questions ask about sexual orientation and behavior.

90. Do you think of yourself as...
- Lesbian or gay
 - Straight, that is, not lesbian or gay
 - Bisexual
 - Something else (Specify) _____
 - Don't know/Not sure
91. Have you ever had sexual intercourse?
- Yes
 - No
92. 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
93. 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
94. 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
95. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
 - Yes
 - No
96. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No

97. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**?
(Select one or more responses)
- I have never had sexual intercourse
 - IUD (intrauterine device such as Mirena or Paragard)
 - Contraceptive implant (Implanon or Nexplanon)
 - Depo-Provera (injectable birth control)
 - Birth control pills
 - Contraceptive patch
 - Contraceptive ring
 - Condoms
 - Withdrawal
 - Emergency contraception (morning after pill)
 - Some other method
 - No method was used to prevent pregnancy
 - Not sure
98. During your life, with whom have you had sexual contact?
- I have never had sexual contact
 - Females
 - Males
 - Females and males

The next questions ask about violence-related behaviors.

99. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes
 - No
100. Have you ever given in to sexual activity when you didn't want to because of pressure?
- Yes
 - No
101. During your life, has any adult ever had sexual contact with you?
- Yes
 - No
102. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes
 - No
103. During your life, has any adult ever intentionally hit or physically hurt you?
- Yes
 - No

122. Do you agree or disagree with the following statement:
Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.
- Strongly agree
 - Somewhat agree
 - Don't know/Not sure
 - Somewhat disagree
 - Strongly disagree

123. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?
- Very honest
 - Somewhat honest
 - Don't know/Not sure
 - Somewhat dishonest
 - Very dishonest

The next 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.

124. 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 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

125. 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

126. 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

127. 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
 - I do not have a usual type
 - Beer
 - Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
 - Wine coolers, such as Bartles & Jaymes or Seagrams
 - Wine
 - Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 - Flavored alcoholic beverages, such as lemon vodka, coconut rum, etc.
 - Some other type

128. During the past 30 days, from which of the following sources did you get the alcohol you drank? (Select one or more responses)
- I did not drink alcohol during the past 30 days
 - At a party
 - Friends 21 or older
 - Friends under 21
 - Family member (not parents)
 - At home with my parents' permission
 - A store, gas station, or liquor store
 - Bar, night club or restaurant
 - From home without my parents' permission
 - I gave money to someone to get it for me
 - I got it some other way

129. 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 in the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

The next questions ask about marijuana (also called grass or pot), and other drugs

130. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

131. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?
- 0 days
 - 1 to 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 or more days

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

133. During the past 30 days, if you used marijuana, how did you use it? (Select one or more responses)
- I did not use marijuana during the past 30 days
 - Smoked it (in a joint, bong, pipe, blunt)
 - Vaporized it (e.g., vapor pen)
 - Ate it (in brownies, cakes, cookies, candy)
 - Drank it (tea, cola, alcohol)
 - Dabbed it
 - Used in some other way

134. When you smoked marijuana during the past 30 days, did you ever mix it with tobacco? Either rolling with loose tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.
- I have not smoked marijuana in the past 30 days
 - Yes
 - No

135. When you used marijuana during the past 30 days, did you ever drink alcohol at the same time?
- I have not used marijuana in the past 30 days
 - Yes, most of the time
 - Yes, some of the time
 - Yes, rarely
 - No

136. During the past 30 days, how many times did you drive a car or other vehicle within three hours after using marijuana?
- I did not drive in the past 30 days
 - 0 times
 - 1 time
 - 2-3 times
 - 4-5 times
 - 6 or more times

137. Does any adult living in your house use marijuana?
- Yes
 - No

138. If one of your best friends offered you some marijuana, would you use it?
- Definitely not
 - Probably not
 - Probably would
 - Definitely would

During the past 30 days, have you seen an advertisement for marijuana products or stores:

- | | Yes | No | Don't know/Not sure |
|---|-----------------------|-----------------------|-----------------------|
| 139. In a magazine or newspaper? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 140. On a storefront? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. Online? On your cellphone, tablet, or computer (through email, websites, or social media)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. On a billboard? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 143. On the sidewalk (like signs or people wearing or waving signs)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
144. During the past 30 days, on how many days have you used prescription drugs (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?
- 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

If you wanted to get...

- | | Very easy | Sort of easy | Sort of hard | Very hard |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 145. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 146. E-cigarettes or other vaping products, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 147. Some marijuana, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 148. Prescription drugs not prescribed to you, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How much do you think people risk harming themselves (physically or in other ways) if they...

- | | No risk | Slight risk | Moderate risk | Great risk |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 149. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 150. Have five or more drinks of an alcoholic beverage once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 151. Smoke one or more packs of cigarettes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 152. Use e-cigarettes or other vaping product every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 153. Use marijuana regularly (at least once or twice a week)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 154. Use prescription drugs that are not prescribed to them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

The next questions ask about family and friends.

How wrong do your parents feel it would be for you to ...

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

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 155. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 156. Smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 157. Use e-cigarettes or other vaping products? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 158. Use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 159. Use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How wrong do your friends feel it would be for you to ...

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

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 160. Have one or two drinks of an alcoholic beverage nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 161. Smoke cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 162. Use an e-cigarette or other vaping product? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 163. Use marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 164. Use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Finally, please tell us how truthful you were.

165. How honest were you in filling out this survey?

- I was very honest
- I was honest most of the time
- I was honest some of the time
- I was honest once in a while
- I was not honest at all

THANK YOU FOR YOUR PARTICIPATION