

OREGON HEALTHY TEENS SURVEY – 2019

Please help us improve student health and safety in Oregon by taking this survey. Your answers will help us understand the greatest risks that students face and which programs and services are needed most to help support students.

Thank you for taking this survey. We appreciate the time you're taking to answer our questions.

Your participation in this survey is voluntary.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private and confidential. No one will know how you answer. Survey results are combined and only reported for students overall or large groupings.

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, does not mean 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.

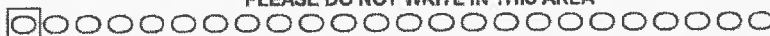
Marks Answers Like This



NOT Like This



PLEASE DO NOT WRITE IN THIS AREA



SERIAL

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/Latinx?

- Yes
- No

4. What is your race or ethnicity?

(Select one or more responses.)

- Black or African American
- American Indian/Native American
- Alaska Native
- Asian Indian
- Chinese
- Filipino/a
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Other Pacific Islander
- Middle Eastern or North African
- White
- Other (Specify) \_\_\_\_\_

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

- Only one race selected in previous question
- Black or African American
- American Indian/Native American
- Alaska Native
- Asian Indian
- Chinese
- Filipino/a
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Other Pacific Islander
- Middle Eastern or North African
- White
- Other (Specify) \_\_\_\_\_

6. Are you enrolled in any of the following tribes?

- I am not enrolled in a tribe
- Burns Paiute Tribe
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Confederated Tribes of Grand Ronde
- Klamath Tribes
- Confederated Tribes of Umatilla Indian Reservation
- Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians
- Confederated Tribes of Siletz Indians
- Confederated Tribes of Warm Springs
- Other (Specify) \_\_\_\_\_

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

- English
- Spanish
- Mandarin
- Cantonese
- Russian
- Vietnamese
- American Indian/Alaska Native tribal language
- Another language (Specify) \_\_\_\_\_

8. 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.

**Example Height**

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

**Height**

feet	inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
<input type="radio"/> 8	<input type="radio"/> 5
<input type="radio"/> 9	<input type="radio"/> 6
<input type="radio"/> 10	<input type="radio"/> 7
<input type="radio"/> 11	<input type="radio"/> 8

9. 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. If you weigh less than 100 pounds, please write 0 (zero) in the first column and fill in the matching circle (0).

**Example Weight**

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

**Weight**

pounds		
<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

10. 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.

9	7			
<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"/> 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"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
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<input checked="" type="radio"/> 7	<input checked="" type="radio"/> 7	<input checked="" type="radio"/> 7	<input checked="" type="radio"/> 7	<input checked="" type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<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.

11. Do you receive free or reduced price lunches at school?  
 Yes  No  Don't know

12. During the past 30 days, where did you usually sleep?  
 In my parent's or guardian's home  
 In the home of a friend, family member, or other person because I had to leave my home, or my parent or guardian cannot afford housing  
 In a shelter or emergency housing  
 In a motel or hotel  
 In a car, park, campground, or other public place  
 I do not have a usual place to sleep  
 Somewhere else

13. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?  
 Yes  No

The next questions will help us learn more about all of our students.

14. What was your sex at birth?  
 Female  
 Male  
 Intersex and/or my sex was unclear at birth

15. How do you identify? (Select one or more responses.)  
 Female  
 Male  
 Transgender/Trans Female  
 Transgender/Trans Male  
 Gender nonconforming  
 Gender fluid/Genderqueer  
 Agender  
 Something else fits better (Specify) \_\_\_\_\_  
 I am not sure of my gender identity  
 I do not know what this question is asking

The next questions are about health care.

16. Would you say that in general your physical health is...  
 Excellent  Fair  
 Very good  Poor  
 Good

17. Would you say that in general your emotional and mental health is...  
 Excellent  Fair  
 Very good  Poor  
 Good

18. 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

19. 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

20. 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

21. 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

22. 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

23. Have you ever had a cavity? (Select one or more responses.)  
 During the past 12 months  
 Between 12 and 24 months ago  
 More than 24 months ago  
 I have never had a cavity  
 Not sure

24. During the past 12 months, did you miss one or more hours of school due to any of the following reasons? (Select one or more responses.)  
 I had a toothache or painful tooth  
 My mouth was hurting  
 I had to go to the dentist because of tooth or mouth pain (Do not include regular check-up visits.)  
 I had to go to the hospital emergency room because of tooth or mouth pain  
 I had a mouth injury from playing a sport  
 I did not miss school for any of these reasons

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

25. I can do most things if I try.  
 Very much true  A little true  
 Pretty much true  Not at all true

26. There is at least one teacher or other adult in my school that really cares about me.  
 Very much true  A little true  
 Pretty much true  Not at all true

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27. I volunteer to help others in my community.

- Very much true       A little true  
 Pretty much true       Not at all true

28. I can work out my problems.

- Very much true       A little true  
 Pretty much true       Not at all true

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 F's  
 Mostly B's       None of these grades  
 Mostly C's       Not sure  
 Mostly D's

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

- None       6-10 days  
 1-2 days       11-15 days  
 3-5 days       16 or more days

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

- None       6-10 days  
 1-2 days       11-15 days  
 3-5 days       16 or more days

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

- None       6-10 days  
 1-2 days       11-15 days  
 3-5 days       16 or more days

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

- None       6-10 days  
 1-2 days       11-15 days  
 3-5 days       16 or more days

The next questions are about health or learning conditions you may have.

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

- Yes       No

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

- Yes       No

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

- Yes       No

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

- Yes       No

38. Do you have difficulty dressing or bathing?

- Yes       No

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?

- Yes       No

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 are 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 section asks 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

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	1 time per day	2 times per day	3 times per day	4 or more times per day
51. 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"/>	<input type="radio"/>
52. 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"/>	<input type="radio"/>
53. 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"/>	<input type="radio"/>
54. 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"/>	<input type="radio"/>
55. 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"/>	<input type="radio"/>
56. 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"/>	<input type="radio"/>
57. 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"/>	<input type="radio"/>
58. 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"/>	<input type="radio"/>

59. During the past 7 days, did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?

- Yes
- No

The next question is about sleep patterns.

60. 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

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The next questions ask about physical activity.

61. 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

62. 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

63. 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

64. 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

65. On an average day, how many hours do you use social media?

- I do not use social media on an average 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

66. Overall, what effect would you say your social media use has had on your life?

- Mostly positive
- Mostly negative
- Neither positive nor negative

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Ride a bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Ride a skateboard, skates, or scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Ride a school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Ride public transportation, including a city bus or light rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Ride in or drive a car or other private vehicle (with only members of your family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Ride in a carpool (with people other than your family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet for details.

74. 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

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

- Yes
- No

76. 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

We care about you and your safety.

Suicide affects us all. More people die by suicide than car accidents each year and firearms are the most common way that people take their own lives. The next question will help us learn more about safety and gun access.

77. How long would it take you to get and be ready to fire a loaded gun? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.

- I could not get a loaded gun
- Less than 10 minutes
- 10 or more minutes, but less than 1 hour
- 1 or more hours, but less than 4 hours
- 4 or more hours, but less than 24 hours
- 24 or more hours

The following 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  
 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

80. 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

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 any kind of **technology**, such as through social media, cell phones, 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, bisexual, or transgender  
 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 question refers 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've 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

The next section asks about gambling.

85. 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.)  
 Sports betting (betting on actual sporting events, football, baseball, video games, etc.)

86. During the last 12 months, have you ever felt bad about the amount you bet, or what happens when you bet money or something of value?

- I did not bet for money or something of value  
 Yes  
 No

The next questions ask about sexual orientation and sexual health. Remember that the answers you give will be kept private. There are no right or wrong answers. If you are not comfortable answering a question, you can leave it blank.

87. Do you think of yourself as...

- Lesbian or gay  
 Straight or heterosexual  
 Bisexual  
 Something else (Specify) \_\_\_\_\_  
 Don't know /Not sure

88. Have you ever had sexual intercourse?

- Yes  
 No

89. 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

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90. 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

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91. 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

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

- I have never had sexual intercourse
- Yes
- No

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93. 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

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94. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?

- Yes
- No
- Not sure

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95. Have you ever been taught in school about how to use birth control methods or where to get birth control?

- Yes
- No
- Not sure

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96. Have you ever been taught in school about healthy and respectful relationships?

- Yes
- No
- Not sure

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The next questions ask about violence-related behaviors.

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97. Have you ever given in to sexual activity when you didn't want to because of pressure?

- Yes
- No

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

- Yes
- No

99. During the past 12 months, did your boyfriend/girlfriend/partner ever hit, slap, or physically hurt you on purpose?

- Yes
- No

100. During your life, has any adult ever intentionally hit or physically hurt you?

- Yes
- No

101. During your life, has any adult ever had sexual contact with you?

- Yes
- No

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
102. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Smoke menthol cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. 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"/>
105. 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"/>
106. Smoke a cigarillo or 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"/>
107. 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"/>
108. 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"/>

109. Have you used vaping products shaped like a USB flash drive, such as JUUL, MarkTen Elite, or myBlu?

- No, never
- Yes, in the past 30 days
- Yes, but not in the past 30 days

110. Have you ever used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.

- Yes
- No



111. 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

112. 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

113. How old were you when you first used any non-cigarette tobacco or vaping product? Exclude marijuana.

- I have never used any of those products  
 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

114. 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  
 Cigarillo or small cigar  
 Large cigar  
 Hookah  
 E-cigarette or other vaping product  
 Another type of product

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

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

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

- Definitely not  Probably would  
 Probably not  Definitely would

117. 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 day  
 A store or gas station  
 Friends 21 or older  
 Friends under 21  
 Took from home without permission  
 A family member  
 The internet  
 Some other source

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

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

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

- Yes  No

120. 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

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.

121. 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

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

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

123. 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  6 to 9 days  
 1 day  10 to 19 days  
 2 days  20 or more days  
 3 to 5 days

124. During the past 30 days, what type of alcohol did you usually drink? (Select only one response.)

- I did not drink alcohol during the past 30 days  
 Beer  
 Wine  
 Liquor, such as vodka, rum, scotch, bourbon, whiskey or tequila  
 Flavored alcoholic beverages, such as Mike's Hard Lemonade, Twisted Ice Tea, Smirnoff Ice, wine coolers, flavored liquors, or other pre-mixed beverages

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125. During the past 30 days, from which of the following sources did you usually get the alcohol you drank? (Select one or more responses.)

- I did not drink alcohol in the past 30 days
- At a party
- Friends 21 or older
- Friends under 21
- A parent or guardian, **with** their permission
- A parent or guardian, **without** their permission
- A family member (not parents)
- A store, gas station, restaurant or bar
- A public event such as a concert or sporting event
- I got it some other way

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126. During the past 30 days, have you seen or heard an advertisement for alcohol on any of the following? (Select one or more responses.)

- Storefront or in a store
- Website, social media or through email (on your cellphone, tablet or computer)
- Magazine or newspaper
- Television
- Radio or music streaming
- Concert or sporting event
- Billboard
- Public transit (bus or light rail)
- On a product, flyer, billboard or sign that also had a university logo

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127. 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

128. During the past 30 days, how many times did you ride in a car or other vehicle driven by a teenager who had been drinking alcohol?

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

The next section asks about marijuana (also called grass or pot), and other drugs.

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129. 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

130. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 or more days

131. During the past 30 days, how many times did you use marijuana on school property?

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

132. 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

133. 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 or 3 times
- 4 or 5 times
- 6 or more times

134. Does any adult living in your house use marijuana?

- Yes
- No

135. 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
136. In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>
137. On a storefront?	<input type="radio"/>	<input type="radio"/>
138. Online? On your cellphone, tablet, or computer (through email, websites, or social media)?	<input type="radio"/>	<input type="radio"/>
139. On a billboard?	<input type="radio"/>	<input type="radio"/>
140. On the sidewalk (like signs or people wearing or waving signs)?	<input type="radio"/>	<input type="radio"/>

141. 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 hard	Sort of hard	Sort of easy	Very easy
142. 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"/>
143. Cigarettes, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. E-cigarettes or other vapeing products, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Some marijuana, how easy would it be for you to get some?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. 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:**

	Great risk	Moderate risk	Slight risk	No risk
147. 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"/>
148. 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"/>
149. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Use e-cigarettes or other vaping products every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Use marijuana regularly (at least once or twice a week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Use prescription drugs that are not prescribed to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions ask about family and friends.**

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

	Very wrong	Wrong	A little bit wrong	Not wrong at all
153. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Use e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. 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	Wrong	A little bit wrong	Not wrong at all
158. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Use an e-cigarette or other vaping product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. 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.**

**163. 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**



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