2007 Hawai'i High School Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

o Use a #2 pencil only.

Make dark marks.

o Fill in a response like this: A B ● D.

- o If you change your answer, erase your old answer completely.
- 1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older
- 2. What is your sex?
 - A. Female
 - B. Male
- 3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade
- 4. Are you Hispanic or Latino?
 - A. Yes
 - B. No
- 5. What is your race? (Select one or more responses.)
 - A. American Indian or Alaska Native
 - B. Black or African American
 - C. Filipino
 - D. Japanese
 - E. Native Hawaiian/Part Hawaiian
 - F. Other Asian
 - G. Other Pacific Islander
 - H. White

6. How tall are you without your shoes on?

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

Example

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

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

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

Example

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

The next 4 questions ask about personal safety.

- 8. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
 - A. I did not ride a bicycle during the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
- 9. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
- 10. During the past 30 days, how many times did you **drive** a car or other vehicle **when** you had been drinking alcohol?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
- 11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been under the influence of marijuana or another drug**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 16 questions ask about violencerelated behaviors.

- 12. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
 - A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
- 13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
 - A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
- 14. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
 - A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
- 15. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property?**
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

- 16. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
- 17. During the past 12 months, how many times were you in a physical fight?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
- 18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
- 19. During the past 12 months, how many times were you in a physical fight **on school property**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

- 20. During the past 12 months, did you have a boyfriend or girlfriend?
 - A. Yes
 - B. No
- 21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
 - A. Yes
 - B. No
- 22. Have you ever been physically forced to have sexual intercourse when you did not want to?
 - A. Yes
 - B. No
- 23. During the past 12 months, how many times

has someone tried to hurt you by hitting, punching, or kicking you while **on school property**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times
- 24. During the past 12 months, how many times has someone tried to hurt you by saying mean things to you (things that hurt your feelings) while **on school property**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

- 25. During the past 12 months, how many times has someone tried to hurt you by saying mean things to you (things that hurt your feelings) while **on the internet or email**?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
- 26. During the past 12 months, how many times have you been harassed because someone thought you were gay, lesbian, or bisexual?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
- 27. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
 - A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

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

- 28. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
 - A. Yes
 - B. No

- 29. During the past 12 months, did you ever **seriously** consider attempting suicide?
 - A. Yes
 - B. No
- 30. During the past 12 months, did you make a plan about how you would attempt suicide?
 - A. Yes
 - B. No
- 31. During the past 12 months, how many times did you actually attempt suicide?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
- 32. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
 - A. **I did not attempt suicide** during the past 12 months
 - B. Yes
 - C. No

The next 2 questions ask about tobacco use.

- 33. During the past 30 days, on how many days did you smoke cigarettes?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 34. During the past 12 months, did you ever try **to quit** smoking cigarettes?
 - A. I did not smoke during the past 12 months
 - B. Yes
 - C. No

The next 7 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.

- 35. During your life, on how many days have you had at least one drink of alcohol?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days
 - G. 100 or more days
- 36. How old were you when you had your first drink of alcohol other than a few sips?
 - A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
- 37. During the past 30 days, on how many days did you have at least one drink of alcohol?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 38. 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?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days

- 39. During the past 30 days, how did you **usually** get the alcohol you drank?
 - A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way
- 40. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
 - A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
- 41. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
 - A. I did not drink alcohol during the past 30 days
 - B. I do not have a usual type
 - C. Beer
 - D. Malt beverages, such as Smirnoff, Bacardi Silver, or Hard Lemonade
 - E. Wine coolers, such as Bartles and Jaymes or Seagrams
 - F. Wine
 - G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 - H. Some other type

The next 4 questions ask about marijuana use. Marijuana also is called grass, pot, or *pakal•l•*.

- 42. During your life, how many times have you used marijuana?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times
- 43. How old were you when you tried marijuana for the first time?
 - A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
- 44. During the past 30 days, how many times did you use marijuana?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 45. During the past 30 days, how many times did you use marijuana on **school property**?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 9 questions ask about other drugs.

- 46. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 47. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 48. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 49. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

- 50. During your life, how many times have you used **ecstasy** (also called MDMA)?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 51. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 52. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
 - A. Yes
 - B. No
- 53. During the past 30 days, how many times have you taken **over-the-counter drugs** to get high?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
- 54. During the past 30 days, how many times have you taken a **prescription drug** such as OxyContin, Vicodin, tranquilizers, Valium, Xanax, and Ritalin without a doctor's prescription?
 - A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 10 questions ask about sexual behavior.

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

- 60. The **last time** you had sexual intercourse, did you or your partner use a condom?
 - A. I have never had sexual intercourse
 - B. Yes
 - C. No
 - 61. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
 - A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. Depo-Provera (injectable birth control)
 - F. Withdrawal
 - G. Some other method
 - H. Not sure
 - 62. Have you ever had oral sex?
 - A. Yes
 - B. No
 - 63. Have you ever had anal sex?
 - A. Yes
 - B. No
 - 64. Who are you sexually attracted to?
 - A. Males
 - B. Females
 - C. Both males and females
 - D. I am not sexually attracted to anyone

The next 7 questions ask about body weight.

- 65. How do **you** describe your weight?
 - A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight

- 66. Which of the following are you trying to do about your weight?
 - A. **Lose** weight
 - B. Gain weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
- 67. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No
- 68. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No
- 69. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No.
- 70. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
 - A. Yes
 - B. No
- 71. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
 - A. Yes
 - B. No

The next 8 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.

- 72. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
 - A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 73. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
 - A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 74. During the past 7 days, how many times did you eat **green salad**?
 - A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

- 75. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
 - A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 76. During the past 7 days, how many times did you eat **carrots**?
 - A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 77. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
 - A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
- 78. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
 - A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

- 79. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
 - A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day
- 80. Have you ever been taught in school about how many fruits and vegetables you should eat each day?
 - A. Yes
 - B. No
 - C. Not sure

The next 5 questions ask about physical activity.

- 81. 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 spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
- 82. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
 - A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

- 83. During an average physical education (PE) class, how much time do you spend exercising or doing an activity other than standing or sitting still?
 - A. I do not take PE
 - B. Less than half of the class is usually spent exercising or doing an activity
 - C. About half of the class is usually spent exercising or doing an activity
 - D. More than half of the class is usually spent exercising or doing an activity
- 84. On an average school day, how many hours do you watch TV?
 - A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
- 85. 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? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
 - A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

The next 2 questions ask about asthma.

- 86. Has a doctor or nurse ever told you that you have asthma?
 - A. Yes
 - B. No
 - C. Not sure
- 87. Do you still have asthma?
 - A. I have never had asthma
 - B. Yes
 - C. No
 - D. Not sure

The next 12 questions ask about other health topics.

- 88. Have you ever been taught about AIDS or HIV infection in school?
 - A. Yes
 - B. No
 - C. Not sure
- 89. Has a doctor or nurse ever discussed ways to prevent pregnancy with you?
 - A. Yes
 - B. No
 - C. Not sure
- 90. Has a doctor or nurse ever discussed ways to prevent sexually transmitted diseases (STDs) and AIDS or HIV infection with you?
 - A. Yes
 - B. No
 - C. Not sure
- 91. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
 - A. Yes
 - B. No
 - C. Not sure

- 92. Outside of school, is there an adult you can talk to about things that are important to you?
 - A. Yes
 - B. No
- 93. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
 - A. 0 adults
 - B. 1 adult
 - C. 2 adults
 - D. 3 adults
 - E. 4 adults
 - F. 5 or more adults
 - 94. How likely is it that you will complete high school?
 - A. Definitely will not
 - B. Probably will not
 - C. Probably will
 - D. Definitely will
 - E. Not sure
 - 95. How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?
 - A. Definitely will not
 - B. Probably will not
 - C. Probably will
 - D. Definitely will
 - E. Not sure
 - 96. Do you have a driver's license?
 - A. Yes
 - B. No

- 97. When did you **complete** a driver education course?
 - A. I have never taken a driver education course
 - B. I took a driver education course but did not complete it
 - C. I am currently taking a driver education course
 - D. Less than 6 months ago
 - E. 6 to 12 months ago
 - F. More than 12 months ago
- 98. When was the **last** time you got a ticket for a moving violation while driving a car or motorcycle?
 - A. I do not drive a car or motorcycle
 - B. I have never gotten a ticket for a moving violation
 - C. Less than 6 months ago
 - D. 6 to 12 months ago
 - E. More than 12 months ago

- 99. When was the **last** time you had a crash or collision while driving a car or motorcycle?
 - A. I do not drive a car or motorcycle
 - B. I have never had a crash or collision while driving a car or motorcycle
 - C. Less than 6 months ago
 - D. 6 to 12 months ago
 - E. More than 12 months ago

This is the end of the survey.

Thank you very much for your help