

2013 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 improve health education for young people like yourself.

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

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

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

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

Thank you very much for your help.

Directions

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

- 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
- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? (Select one or more responses.)
 - American Indian or Alaska Native
 - Black or African American
 - Filipino
 - Japanese
 - Native Hawaiian/Part Hawaiian
 - Other Asian
 - Other Pacific Islander
 - White

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

Example

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

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

Example

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

8. Which one of these groups **best** describes you? (Select only **one** response.)
- A. Hispanic or Latino
 - B. Native Hawaiian
 - C. Filipino
 - D. Japanese
 - E. White
 - F. Other Pacific Islander
 - G. Some other race or ethnicity
 - H. I do not describe myself as only one race or ethnicity
9. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

The next question asks about personal safety.

10. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 7 questions ask about violence-related behaviors.

11. 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

12. 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
13. 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
14. 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
15. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
16. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

17. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next 3 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

18. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
19. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- A. Yes
 - B. No
20. During the past 12 months, have you ever bullied someone else **electronically**? (Count bullying through e-mail, chat rooms, instant messaging, websites, online gaming, or texting.)
- A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

21. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 5 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.

22. 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
23. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
24. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
25. 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

26. **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.

27. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - 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
28. 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

The next 8 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.

29. 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

30. 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
31. 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
32. 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
33. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks

34. During the past 30 days, how did you **usually** get the alcohol you drank?
- I did not drink alcohol during the past 30 days
 - I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - I bought it at a restaurant, bar, or club
 - I bought it at a public event such as a concert or sporting event
 - I gave someone else money to buy it for me
 - Someone gave it to me
 - I took it from a store or family member
 - I got it some other way
35. During the past 12 months, how many of your 4 best friends have tried beer, wine, or hard liquor (such as rum, gin, vodka, or whiskey) when their parents did not know about it?
- 0
 - 1
 - 2
 - 3
 - 4
 - Not sure
36. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (such as rum, gin, vodka, or whiskey) regularly?
- Very wrong
 - Wrong
 - A little bit wrong
 - Not at all wrong
 - Not sure

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

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

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

The next 9 questions ask about other drugs.

40. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
41. 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?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
42. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

43. 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

44. 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

45. During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

- 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

46. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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

47. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

48. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

The next 9 questions ask about alcohol and drugs.

49. During the past 30 days, have you ridden in a car driven by someone, including yourself, who was "high" or had been using alcohol or drugs?

- A. Yes
- B. No

50. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

- A. Yes
- B. No

51. Do you ever use alcohol or drugs while you are alone?

- A. Yes
- B. No

52. Do you ever forget things you did while using alcohol or drugs?

- A. Yes
- B. No

53. Do your family or friends ever tell you that you should cut down on your drinking or drug use?

- A. Yes
- B. No

54. Have you ever gotten into trouble while you were using alcohol or drugs?

- A. Yes
- B. No

55. If you thought that your alcohol or drug use was causing you problems, would you seek help from a counselor or doctor?

- A. Yes
- B. No

56. How many adults do you know who got drunk or high during the past 12 months?
- A. 0 adults
 - B. 1 adult
 - C. 2 adults
 - D. 3 adults
 - E. 4 adults
 - F. 5 or more adults

57. During the past 12 months, have you attended school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
- A. Yes
 - B. No

The next 9 questions ask about sexual behavior.

58. Have you ever had sexual intercourse?
- A. Yes
 - B. No

59. 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

60. 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

61. 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

62. 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

63. 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

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

65. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
 - B. Females
 - C. Males
 - D. Females and males

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

The next 4 questions ask about body weight.

67. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
68. 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
69. 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** count meal replacement products such as Slim Fast.)
- A. Yes
 - B. No
70. 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 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

71. 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
72. 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
73. During the past 7 days, how many times did you eat cooked or canned beans, such as refried beans, baked beans, black or garbanzo beans, beans in soup, soybeans, edamame, tofu, or lentils? (Do **not** count long beans or green beans.)
- A. I did not eat beans 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 **dark green vegetables** such as broccoli, romaine, chard, collard greens, watercress, kale, or spinach?
- A. I did not eat dark green 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
75. During the past 7 days, how many times did you eat **orange-colored vegetables** such as sweet potatoes, pumpkin, winter squash, or carrots?
- A. I did not eat orange-colored vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
76. During the past 7 days, how many times did you eat **other vegetables** such as tomatoes (including tomato juice or V8 juice), corn, eggplant, peas, green beans, lettuce, cabbage, and baked or mashed potatoes? (Do **not** count french fries or other fried potatoes.)
- 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

77. 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** count 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
78. During the past 7 days, how many **glasses of milk** did you drink? (Count 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
79. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 6 questions ask about physical activity.

80. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
81. 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?
- 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. 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

83. 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, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, 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
84. 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
85. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

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

86. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure

87. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
 - B. No
 - C. Not sure
88. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
89. Do you still have asthma?
- A. I have never had asthma
 - B. Yes
 - C. No
 - D. Not sure
90. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
91. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
92. During the past 12 months, did you have a toothache?
- A. Yes
 - B. No
 - C. Not sure
93. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours
94. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
- A. Yes
 - B. No
 - C. Not sure
95. Outside of school, is there an adult you can talk to about things that are important to you?
- A. Yes
 - B. No
 - C. Not sure
96. During the past 12 months, have you talked with at least one of your parents or another adult in your family about the dangers of tobacco, alcohol, or drug use?
- A. Yes
 - B. No
 - C. Not sure
97. Do you agree or disagree that you can resist peer pressure and dangerous situations?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

98. 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

99. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

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