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

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

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

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

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

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

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

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

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

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

5. What is your race? (Select one or more responses.)
   A. American Indian or Alaska Native
   B. 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
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<tr>
<th>Feet</th>
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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
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</tbody>
</table>
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. Which of the following best describes you?
A. Heterosexual (straight)
B. Gay or lesbian
C. Bisexual
D. Not sure

10. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
A. No, I am not transgender
B. Yes, I am transgender
C. I am not sure if I am transgender
D. I do not know what this question is asking

11. Are either of your parents or other adults in your family serving on active duty in the military?
A. Yes
B. No

The next 6 questions ask about violence-related behaviors.

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. Have you ever been physically forced to have sexual intercourse when you did not want to?
A. Yes
B. No

15. During the past 12 months, how many times did anyone 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. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

16. 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
17. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
   A. I did not date or go out with anyone during the past 12 months
   B. 0 times
   C. 1 time
   D. 2 or 3 times
   E. 4 or 5 times
   F. 6 or more times

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

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 texting, Instagram, Facebook, or other social media.)
   A. Yes
   B. No

20. 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 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 3 questions ask about cigarette smoking.

27. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No

28. How old were you when you first tried cigarette smoking, even one or two puffs?
   A. I have never tried cigarette smoking, not even one or two puffs
   B. 8 years old or younger
   C. 9 or 10 years old
   D. 11 or 12 years old
   E. 13 or 14 years old
   F. 15 or 16 years old
   G. 17 years old or older

29. 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 4 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

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

31. How old were you when you first tried using an electronic vapor product?
   A. I have never tried using an electronic vapor product
   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

32. During the past 30 days, on how many days did you use an electronic vapor product?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 to 19 days
   F. 20 to 29 days
   G. All 30 days

33. During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)
   A. I did not use any electronic vapor products during the past 30 days
   B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
   C. I got them on the Internet
   D. I gave someone else money to buy them for me
   E. I borrowed them from someone else
   F. A person who can legally buy these products gave them to me
   G. I took them from a store or another person
   H. I got them some other way

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.

34. 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

35. 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
36. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?
A. 0 days  
B. 1 day  
C. 2 days  
D. 3 to 5 days  
E. 6 to 9 days  
F. 10 to 19 days  
G. 20 or more days

37. 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

38. During the past 30 days, where did you usually drink alcohol? (Select only one response.)
A. I did not drink alcohol during the past 30 days  
B. At my home  
C. At another person’s home  
D. While riding in or driving a car or other vehicle  
E. At a restaurant, bar, or club  
F. At a public place such as a park, beach, or parking lot  
G. At a public event such as a concert or sporting event  
H. On school property

39. During the past 30 days, what type of alcohol did you drink most often? (Select only one response.)
A. I did not drink alcohol during the past 30 days  
B. Beer  
C. Wine  
D. Vodka  
E. Some other liquor, such as rum, scotch, bourbon, whiskey, or tequila  
F. Flavored alcoholic beverages, such as Smirnoff Ice, Bacardi Silver, Mike’s Hard Lemonade, Four Loko, Blast, or Hard Apple Cider  
G. Some other type of alcohol

40. 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?
A. Very wrong  
B. Wrong  
C. A little bit wrong  
D. Not at all wrong  
E. Not sure

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

41. 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

42. 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

43. During the past 30 days, how did you usually use marijuana? (Select only one response.)
A. I did not use marijuana during the past 30 days  
B. I smoked it in a joint, bong, pipe, or blunt  
C. I ate it in food such as brownies, cakes, cookies, or candy  
D. I drank it in tea, cola, alcohol, or other drinks  
E. I vaporized it  
F. I dabbed it using waxes or concentrates  
G. I used it some other way
The next 2 questions ask about the use of prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

44. During your life, how many times have you taken prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

45. During the past 30 days, how many times did you take prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

The next 8 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 your life, how many times have you used heroin (also called smack, junk, or China White)?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

48. During your life, how many times have you used methamphetamine (also called speed, crystal meth, crank, ice, or meth)?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

49. 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

50. 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

51. 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

52. 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

53. During the past 12 months, have you attended school under the influence of alcohol, marijuana, or other drugs?
   A. Yes
   B. No
54. 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

55. 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

56. 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

57. 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

58. 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

59. 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

60. 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

The next question asks about body weight.

61. During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals?
   A. Yes
   B. No
   C. Not sure
The next 10 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 eat at home, at school, at restaurants, or anywhere else.

62. 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

63. 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

64. 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

65. 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

66. 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

67. 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

68. 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

69. During the past 7 days, how many times did you drink a **can, bottle, pouch, or glass of a juice drink**, such as Fruit Punch, Hawaiian Sun, Aloha Maid, Sunny Delight, or Tang? (Do not count 100% fruit juice.)
   A. I did not drink juice drinks 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
70. 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

71. During the past 30 days, how often did you go hungry because there was not enough food in your home?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

The next 10 questions ask about physical activity.

72. 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

73. During the past 7 days, on how many 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

74. 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

75. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
   A. I do not play video or computer games or use a computer for something that is not school work
   B. Less than 1 hour per day
   C. 1 hour per day
   D. 2 hours per day
   E. 3 hours per day
   F. 4 hours per day
   G. 5 or more hours per day

76. 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

77. Do you agree or disagree that the physical education (PE) classes you took during the past 12 months offered a variety of physical activities?
   A. I did not take PE classes during the past 12 months
   B. Strongly agree
   C. Agree
   D. Not sure
   E. Disagree
   F. Strongly disagree
78. During the past 12 months, were you usually physically active at least half of the time during physical education (PE) classes?
   A. I did not take PE classes during the past 12 months
   B. Yes
   C. No

79. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do not count your physical education teacher.)
   A. Yes
   B. No

80. In an average week when you are in school, on how many days do you walk or ride your bike to or from school?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days

81. 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 question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

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

The next 17 questions ask about other health-related topics.

83. 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

84. 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

85. During the past 12 months, how many times have you missed school because of problems with your teeth or mouth? (Do not include times you missed school for routine dental or orthodontic appointments.)
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

86. 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

87. During the past 30 days, on how many days did you not go to school because you were sick?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 or more days
88. 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

89. During the past 30 days, where did you usually sleep?
   A. In my parent’s or guardian’s home
   B. 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
   C. In a shelter or emergency housing
   D. In a motel or hotel
   E. In a car, park, campground, or other public place
   F. I do not have a usual place to sleep
   G. Somewhere else

90. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
   A. I do not feel sad, empty, hopeless, angry, or anxious
   B. Never
   C. Rarely
   D. Sometimes
   E. Most of the time
   F. Always

91. 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

92. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?
   A. Yes
   B. No
   C. Not sure

93. 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

94. Have you ever been taught in school about sexually transmitted diseases (STDs)?
   A. Yes
   B. No
   C. Not sure

95. Have you ever been taught in school about the benefits of not having sexual intercourse to prevent pregnancy and sexually transmitted diseases (STDs)?
   A. Yes
   B. No
   C. Not sure

96. Have you ever been taught in school about how to use birth control methods or where to get birth control?
   A. Yes
   B. No
   C. Not sure

97. Have you ever been taught in school about where you could get sexual health services, such as birth control, condoms, or HIV or other sexually transmitted disease (STD) testing or treatment?
   A. Yes
   B. No
   C. Not sure

98. 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

99. 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

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