

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

1. How old are you? (Select one option)

- 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

2. What is your gender? (Select one option)

- Female
- Male

3. In what grade are you? (Select one option)

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- ungraded or other grade

4. Are you Hispanic or Latino? (Select one option)

- Yes
- No

5. What is your race? (select one or more responses)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

6. How tall are you without your shoes on? (Write your height in feet and inches. For example, 5 ft 5 in.)

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

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet? (Select one option)

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

9. How often do you wear a seat belt when riding in a car driven by someone else? (Select one option)

- Never
- Rarely
- Sometimes
- Most of the time
- Always

10. 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? (Select one option)

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 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 drinking alcohol? (Select one option)

- I did not drive a car or other vehicle during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

12. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle? (Select one option)

- I did not drive a car or other vehicle during the past 30 days
- 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

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club? (Select one option)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

14. During the past 30 days, on how many days did you carry a gun? (Select one option)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? (Select one option)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

16. 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? (Select one option)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

17. 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? (Select one option)

- 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

18. During the past 12 months, how many times were you in a physical fight? (Select one option)

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

19. 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? (Select one option)

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

20. During the past 12 months, how many times were you in a physical fight on school property? (Select one option)

- 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

21. Have you ever been physically forced to have sexual intercourse when you did not want to? (Select one option)

- Yes
- No

22. 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.) (Select one option)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

23. 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 things such as kissing, touching, or being physically forced to have sexual intercourse.) (Select one option)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

24. This question asks 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.

During the past 12 months, have you ever been bullied on school property? (Select one option)

- Yes
- No

25. This question asks 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.

During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.) (Select one option)

- Yes
- No

26. 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? (Select one option)

- Yes
- No

27. During the past 12 months, did you ever seriously consider attempting suicide? (Select one option)

- Yes
- No

28. During the past 12 months, did you make a plan about how you would attempt suicide? (Select one option)

- Yes
- No

29. During the past 12 months, how many times did you actually attempt suicide? (Select one option)

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

30. 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? (Select one option)

- I did not attempt suicide during the past 12 months
- Yes
- No

31. Have you ever tried cigarette smoking, even one or two puffs? (Select one option)

- Yes
- No

32. How old were you when you smoked a whole cigarette for the first time? (Select one option)

- I have never smoked a whole cigarette
- 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

33. During the past 30 days, on how many days did you smoke cigarettes? (Select one option)

- 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

34. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? (Select one option)

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

35. During the past 30 days, how did you usually get your own cigarettes? (Select one option)

- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I got them on the Internet
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

36. During the past 12 months, did you ever try to quit smoking cigarettes? (Select one option)

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

37. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen? (Select one option)

- 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

38. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars? (Select one option)

- 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

39. Have you ever used an electronic vapor product? (Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens) (Select one option)

- Yes
- No

40. During the past 30 days, on how many days did you use an electronic vapor product? (Select one option)

- 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

41. During your life, on how many days have you had at least one drink of alcohol? (Select one option)

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

42. How old were you when you had your first drink of alcohol other than a few sips? (Select one option)

- I have never had a drink of alcohol other than a few sips
- 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

43. During the past 30 days, on how many days did you have at least one drink of alcohol? (Select one option)

- 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

44. 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? (Select one option)

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

45. 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? (Select one option)

- I did not drink alcohol during the past 30 days
- 1 or 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 or 7 drinks
- 8 or 9 drinks
- 10 or more drinks

46. During the past 30 days, how did you usually get the alcohol you drank? (Select one option)

- 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

47. During your life, how many times have you used marijuana? (Select one option)

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

48. How old were you when you tried marijuana for the first time? (Select one option)

- 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

49. During the past 30 days, how many times did you use marijuana? (Select one option)

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

50. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? (Select one option)

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

51. 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? (Select one option)

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

52. During your life, how many times have you used heroin (also called smack, junk, or China White)? (Select one option)

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

53. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)? (Select one option)

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

54. During your life, how many times have you used ecstasy (also called MDMA)? (Select one option)

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

55. During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan, Fire, Skunk, or Moon Rocks)? (Select one option)

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

56. During your life, how many times have you taken steroid pills or shots without a doctor's prescription? (Select one option)

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

57. 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? (Select one option)

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