

**2023 Middlesex League YRBS  
Wilmington High School Survey**

**Select a language.**

- Take the survey in English
- Responda la encuesta en español
- Participe da pesquisa em português
- Reponn sondaj la nan lang kreyòl ayisyen

**Student Characteristics**

The next questions ask about your background. The information being collected is used to describe the types of students taking the survey. Information **will not be** collected to find out your name or identify individual students.

**1. What grade are you in now?**

- 9th
- 10th
- 11th
- 12th
- Ungraded/Other

**2. How old are you?**

- 13 years old or younger
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

**The next question asks about your gender identity. Gender identity is a person’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. Your gender identity can be the same or different from your sex assigned at birth. Below are some helpful definitions.**

“**Nonbinary**” is a term used to describe people whose gender identity does not fit within the traditional construction of gender as a binary choice between exclusively male or exclusively female.

“**Genderfluid**” is a term to describe people who do not identify with a single fixed gender or have a fluid or unfixed gender identity.

“**Genderqueer**” is a term to describe people whose gender expression is, or seems to be, different from their assigned gender role. Usually, genderqueer people avoid gender-specific pronouns like “she/her” and “he/him,” and use more neutral pronouns instead.

**3. Which of the following terms best describes your current gender identity? We understand that there are many different ways you may identify, please pick the one that best describes you.**

- Girl or woman
- Boy or man
- Nonbinary, genderfluid, or genderqueer
- I’m not sure or questioning
- I don’t know what this question means
- I prefer not to answer

**4. What sex were you assigned at birth, on your original birth certificate?**

- Male
- Female
- I prefer not to answer

The next question asks about your **sexual orientation**. Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. Note that an individual's sexual orientation is independent of their gender identity.

5. **Which of the following best describes your sexual orientation?** We understand that there are many different ways you may identify, please pick the one that best describes you.
  - Straight or heterosexual
  - Lesbian or gay
  - Asexual
  - Bisexual, pansexual, or queer
  - I am not sure
  - I don't know what this question means
  - I prefer not to answer
  
6. **Are you Hispanic or Latino/a?**
  - Yes
  - No
  
7. **What is your race?** You can choose more than one answer.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Another race, please specify: \_\_\_\_\_
  
8. **How tall are you without your shoes on?**
  - Feet
  - Inches
  
9. **How much do you weigh without your shoes on?**
  - Pounds
  
10. **Are you currently receiving assistance as part of an Individual Education Plan (IEP) or 504 plan?**
  - No
  - Yes
  - Not sure
  
11. **During the past 30 days, where did you usually sleep?**
  - In my parent/caregiver's home
  - In the home of a friend, family member, or other person because I had to leave my home or my parent/caregiver cannot afford housing
  - In a shelter or emergency housing
  - In a motel or hotel
  - In a car, park, campground, or other public place
  - In a foster home or residential placement
  - Somewhere else
  - I don't have a usual place to sleep
  - I move from place to place

12. **During the past 30 days**, how often did you go to bed hungry because there was not enough food in your home?

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

13. **When was the last time you saw a dentist 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

### **Discrimination**

The next questions ask about discrimination you have experienced in school.

14. **During your life**, how often have you felt you were treated badly or unfairly in school because of your race or ethnicity?

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

15. **During the past 12 months**, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?

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

16. **During the past 12 months**, how often have you felt that you were treated badly or unfairly in school because of your gender identity? Gender identity is a person's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. Your gender identity can be the same or different from your sex assigned at birth.

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

17. **During the past 12 months**, how often have you felt that you were treated badly or unfairly in school because of your sexual orientation? Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. Note that a person's sexual orientation is independent of their gender identity.

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

18. **During the past 12 months**, how often have you felt that you were treated badly or unfairly **in school** because of your **religion**?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

### **Safety**

The next questions ask about your safety.

19. **How often do you wear a seatbelt when riding in a car driven by someone else?**
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
20. **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**?
- I did not ride in a car or other vehicle in the past 30 days
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
21. **During the past 30 days**, how many times did you **ride** in a car or other vehicle when the **driver had been using marijuana**?
- I did not ride in a car or other vehicle in the past 30 days
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
22. **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 or other vehicle in the past 30 days
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
23. **During the past 30 days**, how many times did you **drive** a car or other vehicle when you had **been using marijuana**?
- I did not drive a car or other vehicle in the past 30 days
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

24. **During the past 30 days**, on how many days did you **talk on a cell phone while driving a car or other vehicle?**
- I did not drive a car or other vehicle in 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
25. **During the past 30 days**, on how many days did you **check your cell phone, text, or e-mail while driving a car or other vehicle?**
- I did not drive a car or other vehicle in 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
26. **During the past 30 days**, on how many days did you **not** go to school because 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
27. **How safe from crime do you consider your neighborhood to be?**
- Extremely safe
  - Safe
  - Unsafe
  - Extremely unsafe

### **Violence-Related Behaviors and Experiences**

The next questions ask about violence-related behaviors and experiences.

28. **During the past 30 days**, on how many days did you carry a weapon such as a gun, knife or club?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
29. **During the past 30 days**, on how many days did you carry a weapon such as a gun, knife, or club **on school property?**
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days

30. **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?**
- 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
31. **During the past 12 months**, how many times were you in a physical fight?
- 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
32. **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

The next questions ask about sexual violence and dating violence.

33. **Has anyone ever done sexual things to you or forced you to do sexual things that you did not want to?** This includes things like pressuring you to take part in unwanted kissing, touching, or other types of sexual contact.
- Yes
  - No
  - I don't know
34. **During the past 12 months**, did anyone force you to do sexual things that you did not want to?
- Yes
  - No
  - I don't know
35. **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?
- I did not date or go out with anyone in the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

36. **During the past 12 months, how many times did someone you were dating or going out with physically hurt you?**
- I did not date or go out with anyone in the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
37. **During the past 12 months, how many times did someone you were dating or going out with try to control you or emotionally hurt you?**
- I did not date or go out with anyone in the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

### **Bullying**

The next questions ask about bullying you have experienced or witnessed. 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.

Bullying can be done in-person or electronically (cyberbullying). Electronic bullying takes place over digital devices like cell phones, computers, and tablets, and can occur through text or online in spaces where people can view, participate in, or share content like social media.

38. **During the past 12 months, have you been bullied?**
- Yes
  - No
39. **During the past 12 months, have you been bullied on school property?**
- Yes
  - No
40. **What did you do the last time you were bullied at school?** You can choose more than one answer.
- I didn't do anything
  - I tried to get the person/people doing it to stop
  - I told a teacher, counselor, or another adult at school
  - I told my caregiver(s)
  - I told an adult outside of school that is not my caregiver
  - I talked to a friend(s) or other student(s) about it
41. **During the past 12 months, have you ever been bullied electronically?**
- Yes
  - No

## Mental Health

The next questions ask about how you feel.

42. **During the past 30 days**, how often was your mental health not good? Poor mental health includes stress, anxiety, and depression.
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
43. **During the past 30 days**, did you ever feel tense, nervous, or worried every day for two or more weeks in a row that you stopped doing some usual activities?
- Yes
  - No

The next questions asks about sad feelings and attempted suicide. Sometimes people feel so hopeless and helpless about the future that they may have thoughts about or take some action to end their own lives.

44. **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
45. **During the past 12 months**, how many times did you hurt or injure yourself on purpose without wanting to die? For example, by cutting, burning, or bruising yourself on purpose.
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
46. **During the past 12 months**, did you ever seriously consider attempting suicide?
- Yes
  - No
47. **During the past 12 months**, did you make a plan about how you would attempt suicide?
- Yes
  - No
48. **During the past 12 months**, did you attempt suicide?
- Yes
  - No

## Protective Factors

The next questions ask about resources, supports, or coping strategies that help people deal more effectively with stressful events.

49. **Is there at least one teacher or other adult in your school that you can talk to if you have a problem?**
- Yes
  - No
  - I don't know

50. **Is there at least one adult outside of school who is not in your family that you can talk to if you have a problem?**
- Yes
  - No
  - I don't know
51. **Is there at least one adult in your family that you can talk to if you have a problem?**
- Yes
  - No
  - I don't know
52. **Is there at least one friend similar in age to you that you can talk to if you have a problem?**
- Yes
  - No
  - I don't know

### **Alcohol Use**

The next questions ask about drinking alcohol. Alcohol includes beer, hard seltzers, wine, wine coolers, and liquor such as vodka, rum, whiskey, or tequila. For these questions, drinking alcohol does not include only drinking a few sips of wine for religious purposes.

53. **How old were you when you had your first drink of alcohol (more than a few sips)?**
- 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
54. **During the past 30 days, on how many days did you have at least one drink of alcohol (more than a few sips)?**
- 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
55. **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
  - 1 day
  - 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 or more days

56. There are many different ways to get beer, wine, liquor, or spiked seltzers. **Which of the following are how you get alcohol?**

	Yes	No
I buy it from a supermarket or a convenience store		
I buy it from a liquor store or package store		
I buy it from bars or clubs or restaurants		
I have someone else buy it for me		
I get it through my friends		
I get it at home		
I get it at parties		

### Electronic Vapor Product Use

The next questions ask about electronic vapor products. Vape products include JUUL Puff Bars, Fruyt Stik, e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookah, hookah pens, and others.

57. **How old were you when you used an electronic vapor product (vape) for the first time, even one or two puffs?**

- I have never used an electronic vapor product (vape)
- 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

58. **During the past 30 days, on how many days did you vape?**

- 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

59. **During the past 30 days, on how many days did you vape on school property?**

- 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

60. **How do you usually get your vape products?** You can choose more than one answer.

- I **get** them from a friend, family member, or someone else
- I **buy** them from a friend, family member, or someone else
- I buy them myself in a vape shop or tobacco shop
- I buy them myself in a convenience store, supermarket, discount store, or gas station
- I buy them myself at a mall or shopping center kiosk or stand
- I buy them myself online
- I take them from a store or another person
- I get them in some other way

### **Marijuana Use**

The next questions ask about the use of marijuana. Marijuana is also called pot, weed, grass, hashish, dope, herb, or reefer. Marijuana can be smoked in joints, in blunts, or in bong. It can be mixed or infused into foods like gummies, cookies, cakes, or brownies (called edibles) and can be infused in drinks. It can also be vaped or inhaled, including as an oil or concentrate (called dabbing).

61. **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
62. **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
63. **During the past 30 days, how did you get marijuana that you used?** You can choose more than one answer.
- I bought it myself from a store
  - I bought it myself from someone else
  - I got it at home with permission from a parent or family member over the age of 21
  - I took it at home without permission from a parent or family member over the age of 21
  - I took it at some other place without permission
  - I got it from friends
  - I got it from parties
  - I got it some other way

### **Tobacco Use**

The next questions ask about tobacco and nicotine use.

64. **How old were you when you first tried cigarette smoking, even one or two puffs?**
- I have never tried cigarette smoking, not even one or two puffs
  - 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
65. **During the past 30 days, on how many days did you smoke cigarettes?**
- 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

66. **During the past 30 days, how did you get your tobacco products (this includes vape products, cigarettes, cigars, smokeless tobacco)?** You can choose more than one answer.
- I have never used a tobacco product
  - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - I bought them from a vape shop or vapor store
  - I bought them from a smoking bar
  - I bought them from another state
  - I gave someone else money to buy them for me
  - I got them from friend(s)/ I used a friend's
  - I got them from a family member
  - I got them online
  - I got them some other way

### **Prescription Drug Use**

The next questions ask about prescription drug use. A prescription drug is a drug that requires a prescription from a doctor. This is different from over-the-counter drugs which can be bought without a prescription.

67. **During your lifetime, have you ever taken prescription drugs that weren't your own?**
- Yes
  - No
68. **During the past 30 days, have you taken prescription drugs that weren't your own?**
- Yes
  - No
69. **How do you get the prescription drugs you take?** You can choose more than one answer.
- I **get** them from a friend, family member, or someone else
  - I **buy** them from a friend, family member, or someone else
  - I buy them myself online
  - I take them from a family member
  - I take them from another person
  - I get them in some other way

### **Other Drug Use**

The next questions ask about other drug use.

70. **During your lifetime, have you taken over-the-counter medication to get high?** An example of this medication is dextromethorphan, also called DXM, DM, dres, robo, rojo, tussin, triple C.
- Yes
  - No

**Perceptions of Substance Use**

The next questions are related to alcohol and drug use and the perceptions of the outcomes of using them.

71. Do you think most people your age:

	Yes	No
drink alcohol?		
use vape products?		
use marijuana?		
smoke cigarettes?		
use prescription drugs not prescribed to them?		

72. How much do you think people risk harming themselves (physically or in other ways), if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
have one or two drinks of alcohol (beer, wine, or liquor) nearly every day?				
have five or more drinks of alcohol (beer, wine, or liquor) once or twice each week?				
use a vape product every day?				
use marijuana once or twice a week?				
smoke one or more cigarettes nearly every day?				
use prescription drugs that are not prescribed to them?				

73. How wrong do your caregivers feel it would be for you to:

A caregiver is a parent, guardian, or other adult who is primarily responsible for your care.

	Not at all wrong	A little bit wrong	Wrong	Very wrong
drink alcohol?				
use vape products?				
use marijuana?				
smoke cigarettes?				
use prescription medications not prescribed to you?				

74. How wrong do your friends feel it would be for you to:

	Not at all wrong	A little bit wrong	Wrong	Very wrong
drink alcohol?				
use vape products?				
use marijuana?				
smoke cigarettes?				
use prescription medications not prescribed to you?				

75. If you wanted to get the following substances, how easy would it be for you to get:

	Very hard	Sort of hard	Sort of easy	Very easy
alcohol?				
vape products?				
marijuana?				
cigarettes?				
prescription medications not prescribed to you?				

76. **During the past 12 months, has anyone offered, sold, or given you alcohol or another illegal drug such as marijuana or prescription drugs on school property?**

- Yes
- No
- I'm not sure

### Sexual Behaviors

The next questions ask about sexual behaviors.

77. **Have you ever had sexual contact with another person?** Sexual contact includes things such as kissing, touching, and sexual intercourse.

- Yes
- No
- I'm not sure

78. **During the past 12 months, have you had sexual contact with another person?** Sexual contact includes things such as kissing, touching, and sexual intercourse.

- Yes
- No

79. **Have you ever had sexual intercourse?** Sexual intercourse includes vaginal sex which is when a penis goes inside of a vagina, oral sex which is contact between the mouth and genitals, and anal sex which is when a penis goes inside an anus (butt).

- Yes
- No

80. **How old were you when you had sexual intercourse for the first time?**
- 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
81. **During the past 3 months, with how many people did you have 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
82. **Did you drink alcohol or use drugs before you had sexual intercourse the last time?**
- Yes
  - No
83. **The last time you had sexual intercourse, what methods did you or the other person use to prevent pregnancy? You can choose more than one answer.**
- I have never had sex that could result in pregnancy
  - Birth control pills
  - A shot (such as Depo-Provera), patch (such as Twirla), or birth control ring (such as NuvaRing or Annovera)
  - Condoms (male or female)
  - Emergency contraception (such as Plan B or ella)
  - An IUD (such as Mirena, Skyla, or ParaGard) or implant (such as Nexplanon)
  - Withdrawal (pulling out)
  - Some other method
  - Not sure what method
  - No method was used to prevent pregnancy
84. **The last time you had sexual contact, did you or the other person use any kind of condom, dental dam, or other barrier to protect yourself and your partner against sexually transmitted infections (STIs – such as HIV, chlamydia, or herpes)? Sexual contact includes things such as kissing, touching, and sexual intercourse.**
- Yes
  - No
85. **Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically (by smartphone, computer, tablet, or other device)?**
- Yes
  - No

## Nutrition

The next questions ask about nutrition and nutritional habits.

86. **Yesterday**, how many times did you **eat vegetables**?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
87. **Yesterday**, how many times did you **eat fruit or drink 100% fruit juice**?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
88. **Yesterday**, how many times did you drink a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? Do not count diet soda, other diet drinks, or 100% fruit juice.
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
89. **During the past 7 days**, on how many days did you **eat breakfast**?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - All 7 days

## Physical Activity

The next questions about physical activity.

90. **During the past 7 days**, on how many days were you physically active for a total of at least **60 minutes per day**?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

91. **During the past 7 days**, on how many days did you exercise or participate in physical activity for at least **20 minutes** that made you sweat or breathe hard? Examples are playing basketball or soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
92. **On an average school day**, how many hours do you spend in front of a TV, computer, phone, or other electronic device watching shows or videos, playing games, going online, or using social media (also called "**screen time**")? Do **not** count time spent doing schoolwork.
- I have not spent any time in front of a screen other than to do schoolwork
  - 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

### **Organized Activities**

The next questions ask about your participation in organized activities.

93. **During this school year**, did you take part in an organized activity? Examples of activities include sports teams, school clubs, music, art or dance lessons, religious groups, or other supervised activities.
- Yes
  - No
94. **In the past 12 months**, did you work at a job **for pay**?
- Yes
  - No

### **Other Topics**

The next questions include other topics related to health.

95. **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

96. **In the past 30 days, what was the most common way you traveled to school?**

- Walk
- Bike, skateboard, or scooter
- School bus
- Rode in a vehicle with only members of my family
- Rode in a vehicle with children or adults from other families (carpool)
- Public transit (city bus, subway, other public transportation)
- Other way

97. **Please tell us about any health issues that you think really concern students in your school.  
(Write in)**