

## 2021 WILMINGTON HS YRBS

This survey is about youth health behavior, and was developed so that you can help us to better understand some of the leading health issues and risk factors for people your age today. We will use this information to improve our health education program and better support you and your classmates. Questions will be asked on a variety of subjects, such as:

- Safety
- Violence-related behaviors
- Bullying
- Mental health
- Self-harm and suicide
- Tobacco, alcohol, and other drug use
- Electronic vapor product use
- Sexual behavior
- Sex education and communication
- Body weight
- Nutrition
- Physical activity

Completing the survey is voluntary and will not affect your grades. There are no right or wrong answers, however, please read the questions carefully and answer honestly. Do not pick an answer just because you think that is what someone wants you to say. Pay attention to the different scales of time asked throughout the survey (i.e., lifetime, 12 months, 30 days) as this might affect your answer. If you are not comfortable answering a question, you may leave the question blank.

We will maintain strict procedures to protect your privacy. The survey is anonymous, so no one will know your answers. Please do not include your name anywhere in your survey responses. The results of this survey will never be reported by name or class.

When you finish the survey, follow the instructions of the person giving you the survey. If you wish to change your answer to any question, please do so before you submit your survey. Once you click the "Submit" button, you will no longer have access to your survey.

Thank you very much for your help.

**1) Where are you taking the survey today?**

- At school
- At home

**2. In this school year, how did you primarily attend school?**

- In-Person: I only go to my school and take classes there
- Online: I only take my classes online from home
- Both (hybrid): Some days I go to school and take classes there and other days I take my classes online from home

**DEMOGRAPHICS**

The next 11 questions ask about your background. The answers that you give will only be used to describe the types of students completing this survey. The information will not be used to find out your name.

**3) 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

**4) In what grade are you?**

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

**5) What sex were you assigned at birth?**

- Male
- Female

**6) What is your gender?**

- Male
- Female
- Genderqueer or not exclusively male or female (e.g., gender fluid, gender non-binary)
- I don't know

**7) Do you think of yourself as:**

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Something else
- I don't know

**8) Do you identify as transgender or transsexual?**

- Yes
- No
- I don't know

**9) Are you Hispanic or Latino?**

- Yes
- No

**10) What is your race?** You can choose more than one answer.

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

**11) How tall are you without your shoes on?**

Feet:

Inches:

**12) How much do you weigh without your shoes on?**

**13) During the past 30 days, where did you usually sleep?**

- In my parent's or guardian's home
- 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
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

**SAFETY**

The next 6 questions ask about safety.

**14) How often do you wear a seat belt when riding in a car driven by someone else?**

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

**15) 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?**

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

**16) 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 during the past 30 days
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

**17) During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called grass, pot, or weed) or THC products?**

- 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

**18) 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 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

**19) 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 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

## **VIOLENCE-RELATED BEHAVIORS**

The next 11 questions ask about violence-related behaviors.

**20) During the past 12 months, on how many days did you carry a gun? DO NOT count the days when you carried a gun only for hunting or for a sport, such as target shooting.**

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

**21) During the past 30 days, on how many days did you carry a weapon such as a gun or knife?**

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

**22) During the past 30 days, on how many days did you carry a weapon such as a gun or knife on school property?**

- I have not been on school property in the past 30 days
- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

**23) 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?**

- I did travel to or from school in the past 30 days
- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

**24) During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun or knife on school property?**

- I have not been on school property in the past 12 months.
- 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

**25) 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

**26) During the past 12 months, how many times were you in a physical fight on school property?**

- I have not been on school property in the past 12 months
- 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

**27) Have you ever been physically forced to have sexual intercourse when you did not want to?**

- Yes
- No

**28) 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.

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

**29) 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.

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

**30) 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.

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

## **BULLYING**

The next 4 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.

**31) During the past 12 months, have you been bullied on school property?**

- I have not been on school property in the past 12 months
- Yes
- No

**32) During the past 12 months, have you ever been electronically bullied?** Count being bullied through texting, Instagram, Twitter, Twitch, Facebook, or other social media apps.

- Yes
- No

**33) During the past 12 months, how many times has someone posted something about you on social media that made you upset or uncomfortable?** Social media apps include Instagram, Twitter, Twitch, Facebook, etc.

- Never. No one has posted something that made me feel upset or uncomfortable.
- A few times
- Once or twice a month
- Once or twice a week
- Almost every day

**34) Have you told anyone about being bullied? And if so, who?** You can choose more than one answer.

- I have not been bullied
- I have not told anyone
- A parent or guardian
- Sibling or other relative
- Teacher, principal, school nurse, coach, guidance counselor, or religious leader
- Friend, girlfriend, or boyfriend
- Mental health counselor or therapist
- Police
- Some other person

## **MENTAL HEALTH**

The next 7 questions asks about mental health.

**35) 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

**36) During the past 12 months, how often did you feel like you were under overwhelming stress?**

- Not at all
- Hardly ever
- Sometimes
- Most of the time
- Always

**37) Which of the following do you find causes the most negative stress for you?** Choose only one answer.

- Busy schedule (school, activities, sports, etc.)
- Parent or family demands or expectations about academics, grades, etc.
- Difficulty getting enough sleep
- Extracurricular activity demands or pressures
- School demands or expectations (such as assignments, homework, etc.)
- Social pressures from friends, peers, etc.
- Other family or personal issues which cause emotional stress for you
- Worrying about the future such as college, career, etc.

**38) Which of the following do you find the most stressful about school?** Choose only one answer.

- Having to study things you do not understand
- Teachers expecting too much from you
- Keeping up with schoolwork
- Having to concentrate too long during the school day
- Having to study things you are not interested in
- Pressure of study
- Getting up early in the morning to go to school
- Going to school

**39) Do you have a healthy activity or behavior that helps you relieve stress?** Examples include listening to music, meditating, and taking care of your body by getting enough sleep, exercising, and eating healthy foods.

- Yes
- No

**40) Is there at least one teacher or other adult in your school that you can talk to if you have a problem?**

- Yes
- No

**41) Can you talk with at least one of your parents or other adult family members about things that are important to you?**

- Yes
- No
- Not sure

## **SELF-HARM**

The next question asks about hurting yourself on purpose.

**42) 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?**

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

## **SUICIDE**

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

**43) 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

**44) During the past 12 months, did you ever seriously consider attempting suicide?**

- Yes
- No

**45) During the past 12 months, did you make a plan about how you would attempt suicide?**

- Yes
- No

**46) During the past 12 months, how many times did you actually attempt suicide?**

- I did not attempted suicide in the past 12 months
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

**47) 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?**

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

## **TOBACCO USE**

The next 6 questions ask about tobacco use.

**48) Have you ever tried cigarette smoking, even one or two puffs?**

- Yes
- No

**49) 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

**50) During the past 30 days, on how many days did you smoke part of all of a cigarette?**

- 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

**51) During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?**

- 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

**52) During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?**

- 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

**53) During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products?** Examples of these products are as Zyn, Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs. DO NOT count any electronic vapor products.

- 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

## **RISKS & PERCEPTIONS OF SMOKING TOBACCO**

The next 3 questions ask about the risks of and how people perceive smoking tobacco

**54) How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**55) How wrong do your parents feel it would be for you to smoke tobacco?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**56) How wrong do your friends feel it would be for you to smoke tobacco?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

## **ELECTRONIC VAPOR PRODUCTS**

The next 5 questions ask about electronic vapor products such as vape pens, vape pipes, e-cigarettes, e-cigars, e-pipes, e-hookahs, and hookah pens. Examples of electronic vapor product brands are JUUL, blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo.

**57) Have you ever used an electronic vapor product?**

- Yes
- No

**58) During the past 30 days, on how many days did you use an electronic vapor product?**

- 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 use an electronic vapor product on school property?**

- I have not been on school property 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

**60) During the past 30 days, on how many days did you vape nicotine on school property? Count vaping nicotine using a JUUL or other electronic vapor device brands.**

- I have not been on school property 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

**61) During the past 30 days, how did you usually get your own electronic vapor products? Choose only one answer. If you got them from more than one place, choose the one where you got them most often.**

- I did not use any electronic vapor products during the past 30 days
- I bought or got them from a friend, family member, or someone else
- I bought them myself from a vape shop or tobacco shop
- I bought them myself in a convenience store, supermarket, discount store, or gas station
- I bought them myself at a mall or shopping center kiosk or stand
- I bought them myself on the Internet
- I took them from a store or another person
- I got them some other way

### **RISKS & PERCEPTIONS OF ELECTRONIC VAPOR PRODUCTS**

The next 3 questions ask about the risks of and how people perceive using electronic vapor products.

**62) How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes or other vaping devices?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**63) How wrong do your parents feel it would be for you to use electronic vapor products?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**64) How wrong do your friends feel it would be for you to use electronic vapor products?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

## **QUITTING TOBACCO & VAPE PRODUCTS**

The next question asks about quitting all tobacco and vape products.

**65) During the past 12 months, did you ever try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?**

- I did not use any tobacco products during the past 12 months
- Yes
- No

## **ALCOHOL USE**

The next 5 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.

**66) How old were you when you had your first drink of alcohol other 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 to 15 years old
- 15 or 16 years old
- 17 years old or older

**67) During your life, on how many days have you had at least one drink of alcohol?**

- 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

**68) During the past 30 days, on how many days did you have at least one drink of alcohol?**

- 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

**69) During the past 30 days, on how many days did you have at least one drink of alcohol on school property?**

- I have not been on school property 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

**70) During the past 30 days, how did you usually get the alcohol you drank?** Choose only one answer. If you got it from more than one place, choose the one where you got it most often.

- I did not drink alcohol during the past 30 days
- I got or bought it from a friend, family member, or someone else
- I bought it myself in a liquor store, convenience store, supermarket, discount store, or gas station
- I bought it myself at a restaurant, bar, or club
- I bought it myself at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- I took it from a store or another person
- I got it some other way

### **BINGE DRINKING**

The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours.

**71) During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?**

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

**72) 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?**

- 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

## **RISKS & PERCEPTIONS ALCOHOL USE**

The next 5 questions ask about the risks of drinking alcohol and how people perceive alcohol consumption.

**73) How much do you think people risk harming themselves when they have five or more drinks of an alcoholic beverage once or twice a week?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**74) How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**75) How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**76) How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**77) How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?**

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know or can't say

## **MARIJUANA USE**

The next 6 questions ask about marijuana use. Marijuana also is called grass, pot, or weed. Marijuana can be used in forms such as dried flower, oils, wax, shatter, sprays, creams, tinctures, tablets, infused in edible/drinkable products, etc.

**78) 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

**79) During your life, how many times have you used marijuana?**

- 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

**80) During your life, how many times have you used synthetic marijuana?** It is also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks.

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

**81) 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

**82) During the past 30 days, how many times did you use marijuana on school property?**

- Not applicable. I have not been on school property in the past 30 days.
- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

**83) During the past 30 days, how did you usually get marijuana that you used?** Choose only one answer. If you got it from more than one place, choose the one where you got it most often.

- I did not use marijuana in the past 30 days
- 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 at parties
- I got it some other way

### **RISKS & PERCEPTIONS OF MARIJUANA USE**

The next 3 questions ask about the risks of marijuana and how people perceive marijuana use.

**84) How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**85) How wrong do your parents feel it would be for you to smoke marijuana?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**86) How wrong do your friends feel it would be for you to smoke marijuana?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

### **PRESCRIPTION DRUGS**

The next 2 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.

**87) During the past 30 days, on how many days did you use any prescription drugs not prescribed to you?** This means without a doctor's prescription or differently than how a doctor told you to use it.

- 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

**88) 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?** Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

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

### **RISKS & PERCEPTIONS OF PRESCRIPTION DRUG USE**

The next 3 questions ask about the risks of prescription drugs and how people perceive using prescription drugs not prescribed to them. 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.

**89) How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?**

- No risk
- Slight risk
- Moderate risk
- Great risk

**90) How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

**91) How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?**

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

### **OTHER DRUGS**

The next 8 questions ask about other drugs.

**92) 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

**93) During your life, how many times have you used heroin?** It is 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

**94) During your life, how many times have you used methamphetamines?** It is also called speed, crystal, crank, or ice.

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

**95) During your life, how many times have you used ecstasy?** It is also called MDMA or Molly.

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

**96) During your life, how many times have you taken over-the-counter medication, including cough syrup, 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

**97) During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale nitrous oxide (also called whippets), 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

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

- 0 times
- 1 time
- 2 or more times

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

- I have not been on school property in the past 12 months
- Yes
- No

### **CONSEQUENCES OF DRUG & ALCOHOL USE**

The next 2 questions ask about what has happened to you because of alcohol or drug use.

**100) Has anything bad ever happened to you as a result of using alcohol or drugs?** You can choose more than one answer option.

- I have never used drugs or alcohol
- Nothing bad has ever happened while I was drinking alcohol or using drugs
- I got sick
- Forgot where you were or what you did
- I did something you later regretted
- I had sexual intercourse with someone when you didn't want to
- I got into trouble
- I got into a car with someone who was driving while drunk or high
- I got into a physical fight with someone
- I got hurt or injured someone else
- I damaged property

**101) During the past 12 months, how many times have you talked with your parents about alcohol or other drug use?**

- Not at all
- 1 time
- 2 or 3 times
- 4 or more times

### **SEXUAL BEHAVIOR**

The next 10 questions ask about sexual behavior.

**102) Have you ever had sexual intercourse?**

- Yes
- No

**103) How old were you when you had sexual intercourse for the first time?**

- I have never had sexual intercourse
- 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

**104) During your life, with how many people have you had sexual intercourse?**

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

**105) During the past 3 months, with how many people did you have sexual intercourse?**

- I have never had 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

**106) Did you drink alcohol or use drugs before you had sexual intercourse the last time?**

- I have never had sexual intercourse
- Yes
- No

**107) The last time you had sexual intercourse, did you or your partner use a condom?**

- I have never had sexual intercourse
- Yes
- No

**108) The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? Choose only one answer.**

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal or some other method
- Not sure

**109) During your life, with whom have you had sexual contact?**

- I have never had sexual contact
- Females
- Males
- Females and males

**110) How many times have you been pregnant or gotten someone pregnant?**

- 0 times
- 1 time
- 2 or more times
- Not sure

**111) Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically?**

- Yes
- No

#### **SEX EDUCATION & COMMUNICATION**

The next 4 questions ask about communication and education on sexuality, sexual health services, and AIDS prevention.

**112) Have you ever been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts?**

- Yes
- No
- Not sure

**113) During the past 12 months, how often did you talk with your parents or other adults in your family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy?**

- Not at all during the past 12 months
- About once during the past 12 months
- About once every few months
- About once a month
- More than once a month

**114) Is there an adult in your school who can help you find sexual health services such as HIV, STD and pregnancy testing, access to birth control, or support around your sexuality?**

- Yes
- No
- Not sure

**115) If you needed help finding sexual health services, would you feel comfortable asking an adult at your school?**

- Yes
- No
- Not sure

#### **BODY WEIGHT**

The next 2 questions ask about body weight.

**116) How would you describe your weight?**

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

**117) Which of the following are you trying to do about your weight?**

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

**NUTRITION**

The next 5 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.

**118) During the past 7 days, how many times did you eat fruit? DO NOT count fruit juice.**

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**119) During the past 7 days, how many times did you eat vegetables? DO NOT count potatoes.**

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**120) 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.**

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**121) During the past 7 days, how many times did you drink a can, bottle, or glass of an energy or sports drink, such as Red Bull, Monster Energy, Gatorade, or Powerade?.**

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**122) 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
- 7 days

### **PHYSICAL ACTIVITY**

The next 4 questions ask about your physical activity.

**123) 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.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**124) On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")?** Do not count time spent doing 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

**125) In an average week when you are in school, on how many days do you go to physical education (PE) classes?**

- Not applicable. I have not been in school this year.
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**126) During the past 12 months, on how many sports teams did you play?** Count any teams run by your school or community groups.

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

### **CONCUSSIONS**

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.

**127) During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?**

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

### **ORGANIZED ACTIVITIES**

The next question asks about your participation in organized activities.

**128) In a typical week, how many days are you involved in organized activities such as sports, school clubs, community groups, music/art/dance lessons, drama, church, or other supervised activities?**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

### **CORONAVIRUS (COVID-19) PANDEMIC**

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. The next 5 questions ask about your experiences during this time.

**129) During the COVID-19 pandemic, how often was your mental health not good?** Poor mental health includes stress, anxiety, and depression.

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

**130) During the past 12 months, did any of these things happen to you?** You can choose more than one answer.

- My family had a serious financial problem (for example, a parent or adult in your home lost their job even for a short amount of time)
- I was hungry because there was not enough money to buy food for my home
- My family moved because of financial problems
- I was left alone at home for significant periods of time when I was not in school
- A family member had a serious illness
- A family member or close friend died

The coronavirus pandemic has had a major effect on our lives. Many of us are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Public health actions, such as social distancing, are necessary to reduce the spread of coronavirus, but they can make us feel isolated and lonely and can increase stress and anxiety.

**131) Do you agree or disagree that you feel close to people at your school?**

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

**132) During this school year (since September), did you do any of these things?** You can choose more than one answer.

- Participate in academic groups, clubs, or student government
- Participate in music, band, choir, arts, theatre, or dance
- Participate in community service, in or out of school
- Participate in school organized or interscholastic sports (such as junior varsity, varsity, 9th grade, or clubs)
- Participate in community organized youth sports

**133) During the coronavirus pandemic, have you experienced any of the following?** You can choose more than one answer.

- Feelings of fear, anger, sadness, worry, numbness, or frustration
- Changes in appetite, energy, desires, and interests
- Difficulty concentrating and making decisions
- Difficulty sleeping or nightmares
- Physical reactions, such as headaches, body pains, stomach problems, and skin rashes
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of tobacco, alcohol, and other substances

## **OTHER HEALTH-RELATED TOPICS**

The next 13 questions ask about other health-related topics.

**134) A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?**

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

**135) During the past 12 months, how would you describe your grades in school?**

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

**136) 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?**

- Definitely will not
- Probably will not
- Probably will
- Definitely will
- Not sure

**137) Do you have any long-term learning disabilities? Long-term means 6 months or more.**

- Yes
- No
- Not sure

**138) Do you have any physical disabilities or long-term health problems? Long-term means 6 months or more.**

- Yes
- No
- Not sure

**139) During your life, 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

**140) Have you ever personally seen or heard racially discriminatory actions or language from school students, teachers, or staff?** Include all forms of text or social media. You can choose more than one answer.

- I have not seen or heard any discriminatory actions based on race/ethnicity
- I have seen or heard an individual being called names, insulted, or verbally assaulted because of their race/ethnic origin
- I have seen or heard an individual being excluded from a social event or activities because of their race/ethnic origin
- I have seen or heard an individual being subjected to hostile stares because of their race/ethnic origin
- I have seen or heard an individual being threatened or attacked because of their race/ethnic origin
- I have seen or heard an individual being targeted because of a foreign accent or for speaking a language other than English
- I have seen or heard racist jokes, cartoons, graffiti, or flyers

**141) During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation?**

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

**142) Has a doctor or nurse ever told you that you have asthma?**

- Yes
- No
- Not sure

**143) 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

**144) Are you taking medicine or receiving treatment from a doctor or other health professional for any type of behavioral health, mental health condition or emotional problem?**

- Yes
- No
- Don't know/Not sure

**145) 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

**146) Are either of your parents or other adults in your family serving on active duty in the military?**

Yes

No

**This is the end of the survey. If you do not want to change any of your answers, click "Submit". Thank you for your time and input today.**