

# High School

Fall 2016

MARYLAND

## Youth Tobacco and Risk Behavior Survey

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

**DO NOT WRITE YOUR NAME ON THIS SURVEY BOOKLET OR ANSWER SHEET.** The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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

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

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

***Thank you very much for your help.***

**Directions**

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

- How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 9<sup>th</sup> grade
  - 10<sup>th</sup> grade
  - 11<sup>th</sup> grade
  - 12<sup>th</sup> grade
  - Ungraded or other grade
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (**Select one or more responses.**)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

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

Example

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

- How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the marking oval below each number.

Example

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

8. Do your parents or guardians own or rent the home or place where you are living now?
- They own the home or place where I live
  - They rent the home or place where I live
  - They have some other arrangement
  - Not sure
9. During the past 30 days, on how many days did you miss school for any reason, **with or without** permission?
- 0 days
  - 1 day
  - 2 to 5 days
  - 6 to 10 days
  - 11 or more days
10. During the past 30 days, on how many days did you miss school for any reason, **without** permission?
- 0 days
  - 1 day
  - 2 to 5 days
  - 6 to 10 days
  - 11 or more days

**The next 4 questions ask about safety.**

11. 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
12. 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

13. During the past 30 days, on how many days did you **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
14. 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

**The next 8 questions ask about violence-related behaviors.**

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**?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
16. **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 sport, such as target shooting.)
- 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**?
- 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
18. During the past 12 months, how many times were you in a **physical fight on school property**?
- 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
19. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No
20. 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

21. 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
22. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times

**The next 2 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.**

23. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
  - B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- A. Yes
  - B. No

**The next 3 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.**

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

**The next 5 questions ask about cigarette smoking.**

28. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
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

30. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I got them on the Internet
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way

31. **When you bought or tried to buy cigarettes** at a store during the past 30 days, were you ever asked to show proof of age?

- A. I did not try to buy cigarettes in a store during the past 30 days
- B. Yes, I was asked to show proof of age
- C. No, I was not asked to show proof of age

32. During the past 30 days, did anyone refuse to sell you cigarettes because of your age?

- A. I did not try to buy cigarettes during the past 30 days
- B. Yes
- C. No

**The next question is about smoking tobacco in a hookah or narghile, which are types of waterpipes. Shisha is tobacco that is smoked in a hookah, narghile, or other type of waterpipe.**

33. During the past 30 days, on how many days did you smoke tobacco in a hookah, narghile, or other type of waterpipe?
- 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 5 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.**

34. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
35. 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

36. What kind of flavoring do you **usually** use with an electronic vapor product?
- A. I have never used an electronic vapor product
  - B. Tobacco flavor
  - C. Fruit flavor, such as grape, peach, or apple
  - D. Candy flavor, such as chocolate
  - E. Spice flavor, such as vanilla or cinnamon
  - F. Alcoholic beverage flavor
  - G. Menthol, mint, or wintergreen flavor
  - H. Some other flavor
37. 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 18 years old or older gave them to me
  - G. I took them from a store or another person
  - H. I got them some other way
38. Have you ever used an electronic vapor product to smoke marijuana, THC or hash oil, or THC wax?
- A. I have never used an electronic vapor product
  - B. Yes
  - C. No
  - D. Not sure

**The next 4 questions ask about other tobacco products.**

39. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs?
- 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
40. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 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
41. Do you think you will smoke a cigarette, cigar, cigarillo, or little cigar in the next year?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
42. During the past 30 days, which flavored tobacco products (such as fruit-, candy-, or alcohol-flavored tobacco products) did you use? (Do **not** count menthol cigarettes.)
- A. I did not use any flavored tobacco products during the past 30 days
  - B. Only flavored cigars, cigarillos, or little cigars
  - C. Only flavored smokeless tobacco products
  - D. Both flavored cigar products and flavored smokeless tobacco products

**The next 2 questions ask about any tobacco use. This could include cigarettes, waterpipes, electronic vapor products, smokeless tobacco, cigars, or any other product that includes tobacco.**

43. During the past 12 months, did you try or use tobacco products for the first time?
- A. Yes
  - B. No
44. During the past 12 months, did you completely quit using all tobacco products?
- A. I did not use any tobacco products during the past 12 months
  - B. Yes, I completely quit using all tobacco products during the past 12 months
  - C. No, I did not completely quit using all tobacco products during the past 12 months

**The next 3 questions ask about secondhand smoke.**

45. Does anyone who lives with you now smoke cigarettes or cigars?
- A. Yes
  - B. No
46. Which statement best describes the rules about smoking inside your home? (Do **not** count decks, garages, or porches.)
- A. Smoking is not allowed anywhere inside my home
  - B. Smoking is allowed in some places or at sometimes inside my home
  - C. Smoking is allowed anywhere inside my home
  - D. There are no rules about smoking inside my home

47. During the past 7 days, on how many days were you in the same room with someone who was smoking?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

**The next 3 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 for religious purposes.**

48. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
49. 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
50. 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

**The next question asks about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For this question, the number of drinks you need to think about is different for female students and male students.**

51. 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**)?
- 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

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

52. During your life, how many times have you used 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 to 99 times
  - G. 100 or more times
53. 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
54. 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

**The next 8 questions ask about other drugs.**

55. 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
56. 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
57. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
58. 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
59. 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)?
- 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
60. 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 such drugs as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
- 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
61. 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
62. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No

**The next 10 questions ask about sexual behavior.**

63. Have you ever had sexual intercourse?  
A. Yes  
B. No
64. 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
65. 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
66. 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
67. 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
68. 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
69. 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
70. Which of the following best describes you?  
A. Heterosexual (straight)  
B. Gay or lesbian  
C. Bisexual  
D. Not sure
71. 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?  
A. Very feminine  
B. Mostly feminine  
C. Somewhat feminine  
D. Equally feminine and masculine  
E. Somewhat masculine  
F. Mostly masculine  
G. Very masculine

72. 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

**The next question asks about body weight.**

73. How do you describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight

**The next 7 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 get up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

74. 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

75. 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

76. 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

77. 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

78. 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

79. 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
80. 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

**The next 4 questions ask about physical activity.**

81. 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

82. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
83. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
84. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days

**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.**

85. 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 5 questions ask about other health-related topics.**

86. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
  - B. No
  - C. Not sure
87. 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
88. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure

89. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)
- 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
90. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?
- A. Yes
  - B. No

**The next 3 questions ask about your attitudes and beliefs about tobacco use**

91. During the last school year, were you taught in any of your classes about the dangers of tobacco use?
- A. Yes
  - B. No
  - C. Not sure
92. Do you think young people who smoke have more friends?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
93. Do you think smoking makes young people look cool or fit in?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

**The next 2 questions ask about your attitudes and beliefs about drinking alcohol**

94. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?
- A. Strongly approve
  - B. Somewhat approve
  - C. Neither approve nor disapprove
  - D. Somewhat disapprove
  - E. Strongly disapprove
95. How much do people risk harming themselves (physically and in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 4 questions ask about whether adults are available to talk to you when you need to.**

96. Outside of school, is there an adult you can talk to about things that are important to you?
- A. Yes
  - B. No

97. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. 0 adults
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults
98. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?
- A. Yes
  - B. No
99. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

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