2021 Rhode Island High School Youth 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. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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

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

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

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

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

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

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

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

5. What is your race? (Select one or more responses.)
   A. American Indian or Alaska Native
   B. Asian
   C. Black or African American
   D. Native Hawaiian or Other Pacific Islander
   E. White

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

Example

<table>
<thead>
<tr>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feet</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>●</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>●</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

7. How much do you weigh without your shoes on?
   Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

<table>
<thead>
<tr>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pounds</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>●</td>
</tr>
<tr>
<td>②</td>
</tr>
<tr>
<td>③</td>
</tr>
<tr>
<td>④</td>
</tr>
<tr>
<td>●</td>
</tr>
<tr>
<td>⑥</td>
</tr>
<tr>
<td>⑦</td>
</tr>
<tr>
<td>⑧</td>
</tr>
<tr>
<td>⑨</td>
</tr>
</tbody>
</table>

8. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
   A. Yes
   B. No
   C. Not sure
9. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
   A. Yes
   B. No
   C. Not sure

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

11. 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

The next 6 questions ask about safety.

12. How often do you wear a seat belt when riding in a car driven by someone else?
    A. Never
    B. Rarely
    C. Sometimes
    D. Most of the time
    E. Always

13. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called pot or weed)?
    A. 0 times
    B. 1 time
    C. 2 or 3 times
    D. 4 or 5 times
    E. 6 or more times

14. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called pot or weed)?
    A. 0 times
    B. 1 time
    C. 2 or 3 times
    D. 4 or 5 times
    E. 6 or more times

15. During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana (also called pot or weed)?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 times
    C. 1 time
    D. 2 or 3 times
    E. 4 or 5 times
    F. 6 or more times

16. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days

17. During the past 30 days, on how many days did you talk on a cell phone while driving a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days
The next 6 questions ask about violence-related behaviors and experiences.

18. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
   A. 0 days
   B. 1 day
   C. 2 or 3 days
   D. 4 or 5 days
   E. 6 or more days

19. 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

20. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
   A. Yes
   B. No

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

22. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
   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

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

The next 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.

24. During the past 12 months, have you ever been bullied on school property?
   A. Yes
   B. No

25. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
   A. Yes
   B. No

The next question asks about times that you felt you were treated badly or unfairly.

26. During your life, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always
The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

27. 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

28. During the past 12 months, did you ever seriously consider attempting suicide?
   A. Yes
   B. No

29. During the past 12 months, did you make a plan about how you would attempt suicide?
   A. Yes
   B. No

30. During the past 12 months, how many times did you actually attempt suicide?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

31. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
   A. I did not attempt suicide during the past 12 months
   B. Yes
   C. No

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

33. 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

34. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   A. I did not smoke cigarettes during the past 30 days
   B. Less than 1 cigarette per day
   C. 1 cigarette per day
   D. 2 to 5 cigarettes per day
   E. 6 to 10 cigarettes per day
   F. 11 to 20 cigarettes per day
   G. More than 20 cigarettes per day

35. 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 who can legally buy cigarettes gave them to me
   G. I took them from a store or family member
   H. I got them some other way

36. Does anyone who lives with you smoke cigarettes?
   A. Yes
   B. No
The next 5 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

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

38. 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

39. During the past 30 days, did you use an electronic vapor product flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other non-tobacco flavor?
   A. Yes
   B. No

40. During the past 30 days, how did you usually get your electronic vapor products? (Select only one response.)
   A. I did not use any electronic vapor products during the past 30 days
   B. I got or bought them from a friend, family member, or someone else
   C. I bought them myself in a vape shop or tobacco shop
   D. I bought them myself in a convenience store, supermarket, discount store, or gas station
   E. I bought them myself at a mall or shopping center kiosk or stand
   F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
   G. I took them from a store or another person
   H. I got them in some other way

41. What is the main reason you have used electronic vapor products? (Select only one response.)
   A. I have never used an electronic vapor product
   B. Friend or family member used them
   C. To get a high or buzz from nicotine
   D. I was feeling anxious, stressed, or depressed
   E. I was curious about them
   F. They are less harmful than other forms of tobacco
   G. They are available in flavors, such as mint, candy, fruit, or chocolate
   H. I used them for some other reason
The next 3 questions ask about other tobacco products.

42. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)
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

43. 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

The next question asks about “heated tobacco products” such as iQOS, glo, and Eclipse. You may know them as heated cigarettes or “heat-not-burn” tobacco products. Heated tobacco products heat tobacco sticks (“heatsticks”) or capsules to produce a vapor. They are different from e-cigarettes, which heat a liquid to produce a vapor. Do not count electronic vapor products when answering this question.

44. Have you ever used a heated tobacco product, even one or two times?
A. Yes
B. No

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

45. 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

46. 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

47. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?
A. 0 days
B. 1 day
C. 2 days
D. 3 to 5 days
E. 6 to 9 days
F. 10 to 19 days
G. 20 or more days
48. During the past 30 days, how did you **usually** get the alcohol you drank?
   A. I did not drink alcohol during the past 30 days
   B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
   C. I bought it at a restaurant, bar, or club
   D. I bought it at a public event such as a concert or sporting event
   E. I gave someone else money to buy it for me
   F. Someone gave it to me
   G. I took it from a store or family member
   H. I got it some other way

The next 4 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

49. 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

50. 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

51. 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

52. During the past 30 days, on how many days did you use an electronic vapor product to **vape marijuana** (also called pot or weed), including THC, THC concentrates, hash oil, or waxes?
   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 synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

53. During your life, how many times have you used synthetic 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 question asks about the use of prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

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

The next 3 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 ecstasy (also called MDMA or Molly)?
   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 7 questions ask about sexual behavior.

58. Have you ever had sexual intercourse?
   A. Yes
   B. No

59. 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

60. 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

61. 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
62. The last time you had sexual intercourse with an opposite-sex partner, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
   A. I have never had sexual intercourse with an opposite-sex partner
   B. No method was used to prevent pregnancy
   C. Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
   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

63. During your life, with whom have you had sexual contact?
   A. I have never had sexual contact
   B. Females
   C. Males
   D. Females and males

64. Which of the following best describes you?
   A. Heterosexual (straight)
   B. Gay or lesbian
   C. Bisexual
   D. I describe my sexual identity some other way
   E. I am not sure about my sexual identity (questioning)
   F. I do not know what this question is asking

65. Which of the following are you trying to do about your weight?
   A. Lose weight
   B. Gain weight
   C. Stay the same weight
   D. I am not trying to do anything about my weight

66. 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

67. 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

The next question asks about body weight.

The next 11 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.
68. 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

69. 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

70. 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

71. 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

72. 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

73. During the past 7 days, how many times did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.)
A. I did not drink water 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

74. What type of plain or unflavored water do you drink most often? (Select only one response.)
A. I do not drink plain or unflavored water
B. Bottled water purchased from a store
C. Carbonated water (unflavored seltzer, sparkling water, club soda, or SodaStream) in either a bottle, can, or glass
D. Tap water or water directly from a faucet or bubbler without a filter on it
E. Water from a faucet, refrigerator, or pitcher with a filter on it
F. Some other type of water
75. During the past 7 days, on how many days did you eat **breakfast**?
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days

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

The next 2 questions ask about physical activity.

77. 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

78. 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.)
A. Less than 1 hour per day
B. 1 hour per day
C. 2 hours per day
D. 3 hours per day
E. 4 hours per day
F. 5 or more hours per day

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.

79. 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 3 questions ask about your teeth and mouth.

80. 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
81. During the past 12 months, how many times have your teeth or mouth been painful or sore?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

82. During the past 12 months, how often were you self-conscious or embarrassed because of your teeth or mouth?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

The next 14 questions ask about other health-related topics.

83. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
   A. Yes
   B. No
   C. Not sure

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

85. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes
   B. No
   C. Not sure

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

87. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

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

89. During an average week when you are in school, how many total hours do you participate in school activities such as sports, band, drama, or clubs?
   A. 0 hours
   B. 1 to 4 hours
   C. 5 to 9 hours
   D. 10 to 19 hours
   E. 20 or more hours

90. On an average school night, how many hours of sleep do you get?
   A. 4 or less hours
   B. 5 hours
   C. 6 hours
   D. 7 hours
   E. 8 hours
   F. 9 hours
   G. 10 or more hours
91. During the past 30 days, where did you usually sleep?
   A. In my parent's or guardian's home
   B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
   C. In a shelter or emergency housing
   D. In a motel or hotel
   E. In a car, park, campground, or other public place
   F. I do not have a usual place to sleep
   G. Somewhere else

92. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
   A. Yes
   B. No

93. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

94. How often do you feel safe and secure in your neighborhood?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

95. How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?
   A. Definitely will not
   B. Probably will not
   C. Probably will
   D. Definitely will
   E. Not sure

96. During the past 12 months, how would you describe your grades in school?
   A. Mostly A's
   B. Mostly B's
   C. Mostly C's
   D. Mostly D's
   E. Mostly F's
   F. None of these grades
   G. Not sure

The next 2 questions ask about other experiences you may have had during your life.

97. Have you ever lived with someone who was having a problem with alcohol or drug use?
   A. Yes
   B. No

98. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
   A. Yes
   B. No

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