

2023 Connecticut School Health Survey

~~Youth Behavior Component~~

Student Questionnaire

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

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

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

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

The next 6 questions ask about safety.

8. 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
9. 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**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. I drove a car or other vehicle, but not when I had been drinking alcohol
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called cannabis, pot, or weed)?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. I drove a car or other vehicle, but not when I had been using marijuana
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

12. 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 cannabis, pot, or weed)?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 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?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. I drove a car or other vehicle, but did not text or e-mail while driving
 - 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 8 questions ask about violence-related behaviors and experiences.

14. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. 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

16. 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
17. During the past 12 months, how many times were you in a **physical fight**?
- 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. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
19. 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

20. 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
21. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
- A. Yes
 - B. No

The next 5 questions ask about experiences with parents or other adults in your home.

22. During your life, how often has a parent or other adult in your home insulted you or put you down?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
23. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
24. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

25. Do you agree or disagree that your family loves you and gives you help and support when you need it?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
26. How often do your parents or other adults in your family ask where you are going or with whom you will be?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

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

27. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

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.

28. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
29. 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 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.

30. 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
31. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
32. 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

The next question asks about cigarette smoking.

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

The next 8 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape 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. During the past 30 days, on how many days did you use an electronic vapor product **on school property**?
- 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
37. 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
38. During the past 30 days, on how many days did you use an electronic vapor product to vape marijuana (also called cannabis, 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
39. 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
40. During the past 30 days, what flavor of electronic vapor product did you use most often? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I used electronic vapor products during the past 30 days, but they were not flavored
 - C. Alcoholic drinks (such as wine, margarita, or other cocktails)
 - D. Chocolate, candy, desserts, or other sweets
 - E. Fruit
 - F. Menthol or mint
 - G. Tobacco
 - H. Some other flavor

41. During the past 30 days, which type of electronic vapor product did you use most often? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. A disposable product, such as Puff Bar, Cloud, or Posh
 - C. A product that uses replaceable prefilled cartridges or pods, such as JUUL
 - D. A product with a tank you refill with liquids or a mod system
 - E. Another type of electronic vapor product

The next 2 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, Camel Snus, or Velo Nicotine Lozenges? (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**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
- 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 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.

44. 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 2 questions ask about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.

45. During the past 12 months, did you ever try **to quit** using **all** tobacco products?
- A. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
 - B. Yes
 - C. No
46. During the past 7 days, did you breathe the smoke, vapor, or aerosol from someone who was smoking or vaping a tobacco or marijuana product?
- A. Yes
 - B. No

The next 3 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.

47. 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
48. 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
49. 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

The next 5 questions ask about marijuana use. Marijuana also is called cannabis, 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.

50. 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
51. 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
52. 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
53. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)
- A. I did not use marijuana during the past 30 days
 - B. I smoked it in a joint, bong, pipe, or blunt
 - C. I ate it in food such as brownies, cakes, cookies, or candy
 - D. I drank it in tea, cola, alcohol, or other drinks
 - E. I vaporized it
 - F. I dabbled it using waxes or concentrates
 - G. I used it some other way

54. How much do you think someone your age risks harming themselves (physically or in other ways), if they use marijuana regularly?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk

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.

55. 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.

56. 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
57. 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

58. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

The next 8 questions ask about sexual behavior.

59. Have you ever had sexual intercourse?
- A. Yes
 - B. No
60. 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
61. 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
62. 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
63. 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

64. 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
65. 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
66. 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

The next 2 questions ask about sexual and gender identity.

67. 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

68. 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 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 got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

69. 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
70. 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

71. 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
72. 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
73. 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
74. 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

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

The next 2 questions ask about physical activity.

76. 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
77. 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.

78. 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 question asks about social media, such as Instagram, TikTok, Snapchat, and Twitter.

79. How often do you use social media?
- A. I do not use social media
 - B. A few times a month
 - C. About once a week
 - D. A few times a week
 - E. About once a day
 - F. Several times a day
 - G. About once an hour
 - H. More than once an hour

The next 8 questions ask about other health-related topics.

80. 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
81. 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

82. How do you describe your health in general?
- A. Excellent
 - B. Very good
 - C. Good
 - D. Fair
 - E. Poor
83. 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
84. 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
85. 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
86. 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

87. 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

The next 5 questions ask about other experiences you may have had during your life.

88. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
- A. Yes
 - B. No
89. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?
- A. Yes
 - B. No
90. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- A. Yes
 - B. No
91. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

92. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?
- 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 are about school and after-school activities.

93. 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
94. During the past 30 days, on how many days did you miss school? (Count days you missed with or without permission, days you were sick, or days missed due to a school suspension.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 or more days

95. Has a teacher or other adult in your school ever given you a gift, a ride home, or special privileges that were not given to other students in your school?
- A. Yes
 - B. No
96. Has a teacher or other adult in your school ever made sexual comments or gestures to you, sent you sexual or romantic messages or pictures, or touched you in a sexual or inappropriate way?
- A. Yes
 - B. No
97. During the past 12 months, did you participate in any organized after school, evening, or weekend activities (such as school clubs; sports; community center groups; music, art, or dance lessons; drama; church; or other supervised activities)?
- A. Yes
 - B. No
98. Which of the following are you most likely to do after you complete high school? (Select only **one** response.)
- A. Attend a 4-year college
 - B. Attend community college
 - C. Attend a technical school
 - D. Join the military
 - E. Work a full-time job only
 - F. Something else
 - G. Not sure
99. Do you agree or disagree that you feel close to people at your school?
- 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.**