This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. Your answers are important and we want to hear from you. Your answers will be combined with responses from students around the state to help give an accurate picture of all Connecticut students and to improve health education for young people like yourself.

DO NOT write your name on this survey 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. Use the pencil provided. 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.
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>①</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>①</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>①</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>①</td>
</tr>
<tr>
<td>①</td>
</tr>
</tbody>
</table>
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. 0 times
    C. 1 time
    D. 2 or 3 times
    E. 4 or 5 times
    F. 6 or more times

11. 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 day
    D. 2 or 3 days
    E. 4 or 5 days
    F. 6 or more days

12. During the past 30 days, 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

The next 8 questions ask about violence-related behaviors.

13. 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 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, 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

15. 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
16. 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

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

18. 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

19. 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

20. During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
   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. During the past 12 months, have you ever been bullied on school property?
   A. Yes
   B. No

22. 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

23. 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?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times
The next 4 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.

24. 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

25. 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

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

27. 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 2 questions ask about cigarette smoking.

28. How old were you when you first tried cigarette smoking, even one or two puffs?
   A. I have never tried cigarette smoking, not even one or two puffs
   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

The next 6 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

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

31. 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
32. During the past 30 days, on the days you used an electronic vapor product, how many times did you vape per day?
   A. I did not use any electronic vapor products during the past 30 days
   B. 1 or 2 times per day
   C. 3 to 5 times per day
   D. 6 to 9 times per day
   E. 10 or more times per day

33. 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

34. 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 who can legally buy these products gave them to me
   G. I took them from a store or another person
   H. I got them some other way

35. What is the main reason you have used electronic vapor products? (Select only one response.)
   A. I have never tried an electronic vapor product
   B. Friend or family member used them
   C. To try to quit using other tobacco products
   D. They cost less than other tobacco products
   E. They are easier to get than other tobacco products
   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

36. 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

37. During the past 30 days, on how many days did you smoke tobacco from a pipe that was not 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 4 questions ask about other tobacco products.

38. 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

39. 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

40. When you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, in a store during the past 30 days, were you asked to show proof of age?
   A. I did not try to buy any tobacco products 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

41. During the past 7 days, on how many days did you breathe the smoke or aerosol from someone who was smoking or vaping tobacco products indoors or outdoors?
   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 of wine for religious purposes.

42. 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

43. 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
44. 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 question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.

45. 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

The next 3 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

46. 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

47. 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 question asks about prescription pain medicine use. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

48. During your life, how many times have you used 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 2 questions ask 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.

49. 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
50. The last time you took **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it, how did you get the prescription pain medicine? (Select only one response.)
   A. I have never taken prescription pain medicine without a doctor's prescription or differently than how a doctor told me to use it
   B. It was my prescription
   C. I bought it from someone without having a prescription
   D. I gave someone money to buy it for me without having a prescription
   E. Someone gave it to me
   F. I took it without permission from someone in my home
   G. I took it without permission from someone else's home
   H. I got it some other way

The next 7 questions ask about other drugs.

51. 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

52. 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

53. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
   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

54. 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

55. 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

56. During your life, how many times have you taken an **over-the-counter** drug to get high?
   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 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.

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

59. 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

60. 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

61. 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

62. 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

63. 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

64. 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

65. 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

66. Which of the following best describes you?
   A. Heterosexual (straight)
   B. Gay or lesbian
   C. Bisexual
   D. Not sure
67. 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 9 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 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

69. 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

70. 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

71. 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

72. 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

73. 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
74. 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  

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 7 days, on how many days did you eat at least one meal with your family?  
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 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 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  

79. 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)  
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
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.

80. 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 8 questions ask about other health-related topics.

81. 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

82. 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

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

84. During the past 30 days, on how many days was your mental health not good? (Mental health includes stress, depression, and problems with emotions.)
   A. 0 days
   B. 1 or 2 days
   C. 3 to 6 days
   D. 7 to 13 days
   E. 14 to 29 days
   F. All 30 days

85. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
   A. During the past 12 months
   B. Between 12 and 24 months ago
   C. More than 24 months ago
   D. Never
   E. Not sure

86. 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

87. Have you ever had the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?
   A. Yes
   B. No
   C. Not sure

88. 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
The next 11 questions are about interaction with your family and school or after-school activities.

89. 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

90. 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

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 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

94. 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

95. Are you receiving special education services as part of an individual education plan or IEP?
A. Yes
B. No
C. Not sure

96. On how many of the past 7 days did you take part in 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. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days
97. 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

98. 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

99. 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

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