This survey is about your habits and choices that you make about your health behaviors. It has been developed so you can tell us what you do that may affect your health. The answers you provide will be used to develop better public health and education programs for young people like yourself. 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.

**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 know or do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Not all the questions or behaviors mentioned in this survey may apply to you, but please read each one carefully and respond with the answer that best fits what you really do. 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 circles completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*
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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.
   
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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.
   
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8. 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

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

The next 6 questions ask about safety.

10. 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

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?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 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?
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

13. During the past 30 days, on how many days did you talk on a cell phone while driving a car or other vehicle during the past 30 days?
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

14. 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

15. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?
A. I did not play on a sports team during the past 12 months
B. Yes
C. No
D. Not sure

The next 9 questions ask about violence-related behaviors.

16. 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
17. 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

18. 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

19. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **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. 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

21. During the past 12 months, how many times did someone you were dating or going out with ever verbally or emotionally abuse you (for example, called you names, made fun of you in front of others, made fun of your body or looks, or told you that you are no good or worthless)?

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 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 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

24. Have you ever been physically forced to have sexual intercourse when you did not want to?

A. Yes  
B. No
The next 4 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

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

26. 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

27. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?
   A. Yes
   B. No

28. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
   A. Yes
   B. No

The next question asks about hurting yourself on purpose.

29. 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 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.

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. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
   A. I do not feel sad, empty, hopeless, angry, or anxious
   B. Parent or other adult family member
   C. School nurse
   D. School counselor or teacher
   E. Other adult
   F. Friend
   G. Sibling
   H. Not sure

32. 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

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

34. 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 tobacco use.

35. 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 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.

36. 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

37. 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

38. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
   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

39. 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

40. Do you disapprove or approve of someone your age having one or two drinks of alcohol nearly every day?
   A. Strongly disapprove
   B. Somewhat disapprove
   C. Not sure
   D. Somewhat approve
   E. Strongly approve

41. How much do you think people risk harming themselves (physically or in other ways), if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?
   A. No risk
   B. Slight risk
   C. Moderate risk
   D. Great risk
The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

42. 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

43. 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

44. 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 10 questions ask about other drugs.

45. During your life, how many times have you taken over-the-counter drugs 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

46. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, codeine, Ritalin, or Xanax) without a doctor's prescription, 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

47. 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

48. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays 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

49. 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
50. 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

51. 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

52. 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

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

54. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
   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 10 questions ask about sexual behavior.

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

56. 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

57. 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

58. 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

59. 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

60. 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
61. 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

62. How many times have you been pregnant or gotten someone pregnant?
   A. 0 times
   B. 1 time
   C. 2 or more times
   D. 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. Not sure

The **next 4 questions ask about body weight.**

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

66. 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

67. During the past 30 days, did you **exercise, eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
   A. Yes
   B. No

68. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting), **vomit, or take laxatives, any diet pills, powders, or liquids** (without a doctor's advice) to lose weight or to keep from gaining weight? (Do **not** count meal replacement products such as Slim Fast.)
   A. Yes
   B. No

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.

69. 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
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| 70. During the past 7 days, how many times did you drink \textbf{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 |
| 71. During the past 7 days, how many times did you eat \textbf{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 |
| 72. During the past 7 days, how many times did you eat \textbf{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 |
| 73. During the past 7 days, how many times did you eat \textbf{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 |
| 74. During the past 7 days, how many times did you eat \textbf{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 |
| 75. During the past 7 days, how many times did you eat \textbf{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 |
| 76. During the past 7 days, how many times did you drink a \textbf{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 |
77. During the past 7 days, how many times did you drink a **can, bottle, or glass of an energy drink**, such as Red Bull or Jolt? (Do **not** count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
   A. I did not drink energy drinks 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 drink a **can, bottle, or glass of a sugar-sweetened beverage** (such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight) or **sports drink** (such as Gatorade or PowerAde)? (Do **not** count soda or pop, low-calorie sports drinks such as Propel or G2, energy drinks, or 100% fruit juice.)
   A. I did not drink sugar-sweetened or sports drinks 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, 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.

80. 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

81. 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

82. 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
The next 6 questions ask about other health-related topics.

83. During the past 12 months, have you had sexuality education in school?
   A. Yes
   B. No
   C. Not sure

84. Have you ever been taught about how Hepatitis A, B, and C viruses are spread?
   A. Yes
   B. No
   C. Not sure

85. 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

86. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)?
   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 year
   B. Between 1 to 2 years ago
   C. More than 2 years ago
   D. Never
   E. 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. Whom do you live with most of the time?
   A. 2 parents
   B. 1 parent and 1 stepparent
   C. Both parents in separate households
   D. 1 parent only
   E. Foster parent
   F. Other family member
   G. Other non-family adult

90. On a school day, how many hours do you usually spend after school without an adult present?
   A. 0 hours
   B. Less than one hour
   C. 1 hour
   D. 2 hours
   E. 3 hours
   F. 4 hours
   G. 5 or more hours

91. When you are away from home, how often do your parents or other adults in your family know where you are?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

92. 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

93. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
   A. Yes
   B. No
   C. Not sure
94. Are you receiving special education services as part of an individual education plan or IEP?
   A. Yes
   B. No
   C. Not sure

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. 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. During an average week when you are in school, how many hours do you work at a paying job outside your home?
   A. 0 hours
   B. 1 to 4 hours
   C. 5 to 8 hours
   D. 9 to 12 hours
   E. 13 to 20 hours
   F. 21 or more hours

98. During the past 30 days, how many hours did you spend helping other people without getting paid (such as helping out a hospital, daycare center, food pantry, youth program, community service agency, or doing other things) to make your community a better place for people to live?
   A. 0 hours
   B. 1 to 4 hours
   C. 5 to 8 hours
   D. 9 to 12 hours
   E. 13 to 20 hours
   F. 21 or more hours

99. During the past 12 months, how many times did you gamble for money or possessions? (Include buying lottery tickets, betting money on sports teams, or playing card games for money.)
   A. 0 times
   B. 1 to 5 times
   C. 6 to 15 times
   D. 16 to 25 times
   E. 26 or more times

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