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. 10 years old or younger
   B. 11 years old
   C. 12 years old
   D. 13 years old
   E. 14 years old
   F. 15 years old
   G. 16 years old or older

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

3. In what grade are you?
   A. 6th grade
   B. 7th grade
   C. 8th grade
   D. 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. 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 3 questions ask about safety.

7. When you rollerblade or ride a skateboard, how often do you wear a helmet?
   A. I do not rollerblade or ride a skateboard
   B. Never wear a helmet
   C. Rarely wear a helmet
   D. Sometimes wear a helmet
   E. Most of the time wear a helmet
   F. Always wear a helmet

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

9. Have you ever ridden in a car driven by someone who had been drinking alcohol?
   A. Yes
   B. No
   C. Not sure

The next question asks about violence-related behaviors.

10. During the past 12 months, were you in a physical fight on school property?
    A. Yes
    B. No

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.

11. Have you ever been bullied on school property?
    A. Yes
    B. No

12. Have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
    A. Yes
    B. No
The next 4 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

13. 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

14. Have you ever seriously thought about killing yourself?
   A. Yes
   B. No

15. Have you ever made a plan about how you would kill yourself?
   A. Yes
   B. No

16. Have you ever tried to kill yourself?
   A. Yes
   B. No

The next 3 questions ask about cigarette smoking.

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

18. How old were you when you first tried cigarette smoking, even one or two puffs?
   A. 1 have never tried cigarette smoking, not even one or two puffs
   B. 8 years old or younger
   C. 9 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

19. 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 2 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigs, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

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

21. 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

The next 2 questions ask about other tobacco products.

22. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (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

23. 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 4 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.

24. Have you ever had a drink of alcohol, other than a few sips?
   A. Yes
   B. No

25. 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 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

26. 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

27. Have you ever had 5 or more drinks of alcohol in a row, that is, within a couple of hours?
   A. Yes
   B. No

The next 2 questions ask about marijuana use.
Marijuana also is called grass, pot, or weed.

28. 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 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

29. 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 2 questions ask about other drugs.

30. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
   A. Yes
   B. No

31. Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
   A. Yes
   B. No

The next 2 questions ask about body weight.

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

33. 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
The next 4 questions ask about food you ate or drank. 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.

34. 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

35. During the past 7 days, how many times did you eat vegetables? (Do not count french fries, fried potatoes, or potato chips.)
   A. I did not eat 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

36. 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

37. 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 4 questions ask about physical activity.

38. 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

39. 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

40. 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 iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
   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

41. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do not count your physical education teacher.)
   A. Yes
   B. No
The next 6 questions ask about other health-related topics.

42. Have you ever been taught about preventing sexually transmitted diseases (STDs) and pregnancy?
   A. Yes
   B. No
   C. Not sure

43. 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

44. During the past 7 days, on how many days did you brush your teeth?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

45. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

46. During the past 12 months, how many times have you had a sunburn? (Count the number of times even a small part of your skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device.)
   A. 0 times
   B. 1 time
   C. 2 times
   D. 3 times
   E. 4 times
   F. 5 or more times

47. Do you have any long-term health problems such as asthma, epilepsy, or life threatening allergies? (Long-term means 6 months or more.)
   A. Yes
   B. No
   C. Not sure

The next 3 questions ask about support and interaction with family and other adults.

48. 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

49. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to risky behaviors such as drinking alcohol, using drugs, or having sex?
   A. Yes
   B. No
   C. Not sure

50. 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. Teacher or other adult in this school
   D. Other adult
   E. Friend
   F. Sibling
   G. Not sure

The next 3 questions ask about school experience and support.

51. 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
52. 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

53. How often do you feel safe and secure at school?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

The next 4 questions ask about sexual behavior.

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

55. 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

56. Have you ever had oral sex?
   A. Yes
   B. No

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

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