

# 2013 North Dakota Youth Risk Behavior Survey High School (Grades 9-12) 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

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

**The next 8 questions ask about safety.**

9. 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
10. How often do you wear a seat belt when **driving** a car?
- A. I do not drive a car
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. 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 **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

14. During the past 30 days, on how many days did you **talk on a cell phone** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
  - B. 0 days
  - C. 1 or 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 to 29 days
  - H. All 30 days
15. During the past 12 months, have you ever had an **all terrain vehicle (ATV)** injury that had to be treated by a doctor or nurse?
- A. Yes
  - B. No
16. **When you rode a motorcycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a motorcycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet

**The next 4 questions ask about violence-related behaviors.**

17. 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
18. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times

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.)
- I did not date or go out with anyone during the past 12 months
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
20. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes
  - No

**The next 3 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.**

21. During the past 12 months, have you ever been bullied **on school property**?
- Yes
  - No
22. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- Yes
  - No
23. 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?
- Yes
  - No

**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?
- Yes
  - No
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No

26. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
  - No
27. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**The next 8 questions ask about tobacco use.**

28. Have you ever tried cigarette smoking, even one or two puffs?
- Yes
  - No
29. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
30. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
31. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- I did not smoke cigarettes during the past 30 days
  - I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - I bought them from a vending machine
  - I gave someone else money to buy them for me
  - I borrowed (or bummed) them from someone else
  - A person 18 years old or older gave them to me
  - I took them from a store or family member
  - I got them some other way

32. During the past 12 months, did you ever try **to quit** smoking cigarettes?  
 A. I did not smoke during the past 12 months  
 B. Yes  
 C. No
33. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?  
 A. 0 days  
 B. 1 or 2 days  
 C. 3 to 5 days  
 D. 6 to 9 days  
 E. 10 to 19 days  
 F. 20 to 29 days  
 G. All 30 days
34. During the past 30 days, on 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
35. During the past 30 days, on how many days did you use **dissolvable tobacco products** such as Ariva, Stonewall, Camel Orbs, Strips, or Sticks?  
 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 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. During your life, on how many days have you had at least one drink of alcohol?  
 A. 0 days  
 B. 1 or 2 days  
 C. 3 to 9 days  
 D. 10 to 19 days  
 E. 20 to 39 days  
 F. 40 to 99 days  
 G. 100 or more days

37. 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
38. 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
39. 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
40. 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
41. During the past 30 days, on how many days did you have at least one drink of alcohol **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

42. Do you disagree or agree that in your community, drinking among teenagers is acceptable?
- Disagree
  - Agree
  - Not sure
43. How much do people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage (beer, wine, or liquor) once or twice each week?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk

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

44. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older
45. During the past 30 days, how many times did you use marijuana?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

**The next 7 questions ask about other drugs.**

46. 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?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
47. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

48. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
49. During your life, how many times have you taken an **over-the-counter drug** to get high?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
50. During your life, how many times have you used synthetic drugs (also called K2, Spice, or Bath Salts)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 to 99 times
  - 100 or more times
51. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes
  - No
52. During the past 30 days, how many days did you attend school under the influence of alcohol or other drugs?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 or more days

**The next 7 questions ask about body weight.**

53. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
54. Which of the following are you trying to do about your weight?
- Lose** weight
  - Gain** weight
  - Stay** the same weight
  - I am **not trying to do anything** about my weight

55. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?  
A. Yes  
B. No
56. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?  
A. Yes  
B. No
57. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?  
A. Yes  
B. No
58. During the past 30 days, did you **take 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
59. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?  
A. Yes  
B. No

**The next 13 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.**

60. 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
61. 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

62. 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
63. 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
64. 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
65. 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
66. 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

67. During the past 7 days, how many times did you drink sugar-containing beverages? (Count soda pop, sweetened ice teas, lemonade, PowerAde or Gatorade, Kool-Aid, and fruit drinks like Hawaiian Punch that are not 100% fruit juice.)
- I did not drink any sugar-containing beverages during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
68. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- I did not drink milk during the past 7 days
  - 1 to 3 glasses during the past 7 days
  - 4 to 6 glasses during the past 7 days
  - 1 glass per day
  - 2 glasses per day
  - 3 glasses per day
  - 4 or more glasses per day
69. During the past 7 days, on how many days did you eat **breakfast**?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
70. During the past 7 days, on how many days did you eat a meal with your family?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
71. During the past 7 days, on how many days did you eat at least one meal or snack from a convenience store or a fast food restaurant such as McDonald's, Taco Bell, or KFC?
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

72. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

**The next 6 questions ask about physical activity.**

73. 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.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
74. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE
  - Less than 10 minutes
  - 10 to 20 minutes
  - 21 to 30 minutes
  - 31 to 40 minutes
  - 41 to 50 minutes
  - 51 to 60 minutes
  - More than 60 minutes
75. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
76. 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 on other social networking tools, and the Internet.)
- I do not play video or computer games or use a computer for something that is not school work
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day

77. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?
- 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 how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic 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

**The next 9 questions ask about other health-related topics.**

79. 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
  - C. More than 24 months
  - D. Never
  - E. Not sure
80. 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
81. How many cavities have you had in your permanent teeth?
- A. 0 cavities
  - B. 1 cavity
  - C. 2 or 3 cavities
  - D. 4 or 5 cavities
  - E. 6 or more cavities
  - F. Not sure

82. 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
83. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** include getting a spray-on tan.)
- 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
84. 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
85. If you have a personal problem in your life, how many adults can you trust to talk to?
- A. 0 adults
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults
86. During the past 12 months, did you receive help from a resource teacher, speech therapist, or other special education teacher at school?
- A. Yes
  - B. No
  - C. Not sure
87. Do you have any long term health problems? (Long term means 6 months or more.)
- A. Yes
  - B. No
  - C. Not sure

**The next 11 questions ask about sexual behavior.**

88. Have you ever had sexual intercourse?  
A. Yes  
B. No
89. 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
90. 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
91. 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
92. 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

93. Have you ever had oral sex?  
A. Yes  
B. No
94. Which of the following best describes you?  
A. Heterosexual (straight)  
B. Gay or lesbian  
C. Bisexual  
D. Not sure
95. Have you ever been tested for a sexually transmitted disease (STD) including HIV, the virus that causes AIDS? (**Do not** count tests done if you donated blood.)  
A. Yes  
B. No  
C. Not sure
96. 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
97. 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 sex?  
A. Yes  
B. No  
C. Not sure
98. Have you ever had sex education in school?  
A. Yes  
B. No  
C. Not sure

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