

1. In what grade are you?
- 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade

2. How old are you?
- 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older

3. Are you Hispanic or Latino/Latina?
- Yes
 - No

4. What is your race? (Select one or more responses)
- American Indian/Native American
 - Alaska Native
 - Asian Indian
 - Chinese
 - Japanese
 - Korean
 - Vietnamese
 - Filipino
 - Native Hawaiian
 - Other Pacific Islander
 - Black or African American
 - White
 - Other (Specify) _____

5. If you selected more than one race, what one race **best** describes you?
- Only one race selected in previous question
 - American Indian/Native American
 - Alaska Native
 - Asian Indian
 - Chinese
 - Japanese
 - Korean
 - Vietnamese
 - Filipino
 - Native Hawaiian
 - Other Pacific Islander
 - Black or African American
 - White
 - Other

6. What is the language you use most often at home?
- English
 - Spanish
 - Another language (Specify) _____

7. How tall are you without your shoes on?
- Directions:** Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Height		Height	
Feet	Inches	Feet	Inches
4	11		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input checked="" type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input checked="" type="radio"/> 11		<input type="radio"/> 11

8. How much do you weigh without your shoes on?
- Directions:** Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Weight			Weight		
Pounds			Pounds		
0	9	5			
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

9. Please tell us your zip code.
- Directions:** Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

Zip Code				
9	7			
		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses)**

- Yes – during school hours
- Yes – during the summer
- Yes – on the weekend or before/after school
- No
- Don't know

24. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not sure

For these statements, mark how true you feel each is for you.

	Very much true	A little true	Not at all true
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- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 25. I can do most things if I try. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. There is at least one teacher or other adult in my school that really cares about me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I volunteer to help others in my community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I can work out my problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions ask about grades and school.

29. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

	None	1-2 days	3-5 days	6-10 days	11-15 days	16 or more days
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- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 30. During the past 12 months, how many days of school did you miss for any reason? | <input type="checkbox"/> |
| 31. During the past 12 months, how many days of school did you miss because of physical health reasons? | <input type="checkbox"/> |
| 32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons? | <input type="checkbox"/> |
| 33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)? | <input type="checkbox"/> |

The next questions ask about health or learning conditions you may have.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 34. Are you deaf or do you have serious difficulty hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Are you blind or do you have serious difficulty seeing, even when wearing glasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Do you have serious difficulty walking or climbing stairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Do you have difficulty dressing or bathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping? | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions ask about asthma.

40. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
41. Do you still have asthma?
- I have never had asthma
 - Yes
 - No
 - Not sure

The next questions ask about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

42. Does your school have a School-Based Health Center?
- Yes
 - No
 - Don't know
43. How many times have you used the School-Based Health Center at your school in the past 12 months?
- Never
 - I've used it, but not in the last 12 months
 - Once
 - Twice
 - 3-5 times
 - 6-10 times
 - More than 10 times

The next question is about the food you ate during the past 12 months.

44. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
- Yes
 - No

56. 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

57. 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

58. 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, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or 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

The next questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...

	0 times in past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
59. Soda or pop , such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Fruit-flavored beverages such as Kool-Aid, Sunny Delight, or Snapple? (Do not include 100% fruit juice.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Energy drinks such as Red Bull, Rockstar, or Monster? (Do not include diet or sugar-free energy drinks.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Sports drinks such as Gatorade or Powerade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Flavored milk such as Chocolate or Strawberry milk? (Do not include plain milk.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Plain milk? (Include milk that you added to cereal.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Sweetened coffee or tea beverages such as Starbucks Frappuccino or an Arizona Iced Tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Plain water? (Include tap and bottled water.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about the ways you get to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

	0 days	1 day	2 days	3 days	4 days	5 days
67. Walk.	<input type="radio"/>					
68. Ride a bike.	<input type="radio"/>					
69. Ride a skateboard, skates, or scooter.	<input type="radio"/>					
70. Ride a school bus.	<input type="radio"/>					
71. Ride public transportation, including a city bus or light rail.	<input type="radio"/>					
72. Ride in or drive a car or other private vehicle (with only members of your family.)	<input type="radio"/>					
73. Ride in a carpool (with people other than your family.)	<input type="radio"/>					

74. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?
- I did not visit a convenience store during the past 7 days
 - 1 time during the past 7 days
 - 2 or 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 7 or more times during the past 7 days

The next 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.

75. 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
76. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
 - No
77. 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 questions ask about sexual orientation and behavior.

90. Do you think of yourself as...
- Lesbian or gay
 - Straight, that is, not lesbian or gay
 - Bisexual
 - Something else (Specify) _____
 - Don't know/Not sure
91. Have you ever had sexual intercourse?
- Yes
 - No
92. How old were you when you had sexual intercourse for the **first time**?
- I have never had sexual intercourse
 - 11 years old or younger
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
93. During your life, with how many people have you had sexual intercourse?
- I have never had sexual intercourse
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
94. During the past 3 months, with how many people did you have sexual intercourse?
- I have never had sexual intercourse
 - I have had sexual intercourse, but not during the past 3 months
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
95. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
 - Yes
 - No
96. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
 - Yes
 - No

97. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**?
(Select one or more responses)
- I have never had sexual intercourse
 - IUD (intrauterine device such as Mirena or Paragard)
 - Contraceptive implant (Implanon or Nexplanon)
 - Depo-Provera (injectable birth control)
 - Birth control pills
 - Contraceptive patch
 - Contraceptive ring
 - Condoms
 - Withdrawal
 - Emergency contraception (morning after pill)
 - Some other method
 - No method was used to prevent pregnancy
 - Not sure
98. During your life, with whom have you had sexual contact?
- I have never had sexual contact
 - Females
 - Males
 - Females and males

The next questions ask about violence-related behaviors.

99. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes
 - No
100. Have you ever given in to sexual activity when you didn't want to because of pressure?
- Yes
 - No
101. During your life, has any adult ever had sexual contact with you?
- Yes
 - No
102. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Yes
 - No
103. During your life, has any adult ever intentionally hit or physically hurt you?
- Yes
 - No

122. Do you agree or disagree with the following statement:
Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.
- Strongly agree
 - Somewhat agree
 - Don't know/Not sure
 - Somewhat disagree
 - Strongly disagree

123. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?
- Very honest
 - Somewhat honest
 - Don't know/Not sure
 - Somewhat dishonest
 - Very dishonest

The next 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.

124. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

125. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 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

126. 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?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days

127. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response)
- I did not drink alcohol during the past 30 days
 - I do not have a usual type
 - Beer
 - Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
 - Wine coolers, such as Bartles & Jaymes or Seagrams
 - Wine
 - Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 - Flavored alcoholic beverages, such as lemon vodka, coconut rum, etc.
 - Some other type

128. During the past 30 days, from which of the following sources did you get the alcohol you drank? (**Select one or more responses**)
- I did not drink alcohol during the past 30 days
 - At a party
 - Friends 21 or older
 - Friends under 21
 - Family member (not parents)
 - At home with my parents' permission
 - A store, gas station, or liquor store
 - Bar, night club or restaurant
 - From home without my parents' permission
 - I gave money to someone to get it for me
 - I got it some other way

129. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- I did not drive a car in the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

The next questions ask about marijuana (also called grass or pot), and other drugs.

130. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older

The next questions ask about family and friends.

How wrong do your parents feel it would be for you to ...

	Very wrong	A little bit wrong	Wrong	Not wrong at all
155. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Use e-cigarettes or other vaping products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do your friends feel it would be for you to ...

	Very wrong	A little bit wrong	Wrong	Not wrong at all
160. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Use an e-cigarette or other vaping product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Use prescription drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finally, please tell us how truthful you were.

165. How honest were you in filling out this survey?
- I was very honest
 - I was honest most of the time
 - I was honest some of the time
 - I was honest once in a while
 - I was not honest at all

THANK YOU FOR YOUR PARTICIPATION