

2015 Youth Risk Behavior Survey High School Questionnaire

This survey is about health behaviors. 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 the health of young people like yourself in New York City.

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 circles on the answer sheet 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. What borough of New York do you **live** in?
 - A. Bronx
 - B. Brooklyn
 - C. Manhattan
 - D. Queens
 - E. Staten Island

9. How long have you lived in the United States?
- I have always lived in the United States
 - Less than 1 year
 - 1 to 3 years
 - 4 to 6 years
 - More than 6 years but not my whole life
10. How often do the people in your home speak a language other than English?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
11. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure
12. A transgender person is someone whose biological sex at birth **does not match** the way they think or feel about themselves. Are you **transgender**?
- No, I am not transgender
 - Yes, I am transgender and I think of myself as really a boy or man
 - Yes, I am transgender and I think of myself as really a girl or woman
 - Yes, I am transgender and I think of myself in some other way
 - I do not know if I am transgender
 - I do not know what this question is asking

The next 3 questions ask about safety.

13. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- I did not ride a bicycle during the past 12 months
 - Never wore a helmet
 - Rarely wore a helmet
 - Sometimes wore a helmet
 - Most of the time wore a helmet
 - Always wore a helmet

14. 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 or other vehicle during the past 30 days
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
15. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days
 - 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

The next 8 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?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
17. During the past 30 days, on how many days did you carry **a gun**?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
18. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days

19. 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
20. 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
21. 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
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

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.

24. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
25. During the past 12 months, have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
- A. Yes
 - B. No

The next question asks about hurting yourself on purpose.

26. 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.

27. 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
28. During the past 12 months, did you ever **seriously** consider attempting suicide?
A. Yes
B. No
29. 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
30. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
A. **I did not attempt suicide** during the past 12 months
B. Yes
C. No
31. During the past 12 months, did you get help from a professional counselor, social worker, or therapist for an emotional or personal issue that you could not face alone?
A. Yes
B. No

The next 9 questions ask about tobacco use.

32. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No
33. How many months ago did you try cigarette smoking **for the first time**?
A. I have never tried cigarette smoking
B. Less than 1 month ago
C. 1 to 3 months ago
D. 4 to 6 months ago
E. 7 to 12 months ago
F. 13 or more months ago

34. 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
35. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
A. I did not smoke cigarettes during the past 30 days
B. Less than 1 cigarette per day
C. 1 cigarette per day
D. 2 to 5 cigarettes per day
E. 6 to 10 cigarettes per day
F. 11 to 20 cigarettes per day
G. More than 20 cigarettes per day
36. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
A. I did not smoke cigarettes during the past 30 days
B. I bought them in a store such as a convenience store, supermarket, or gas station
C. I bought them on the Internet
D. I bummed them
E. Someone gave them to me or bought them for me
F. I stole them
G. I got them some other way
37. Have you ever tried smoking **menthol** cigarettes, even one or two puffs?
A. Yes
B. No
38. 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

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. Have you ever tried any **flavored** tobacco products such as chocolate, candy, fruit, cinnamon, or alcohol-flavored cigarettes or cigars?
- A. Yes
 - B. No

The next question asks about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, vape pipes, vaping pens, e-hookahs, and hookah pens.

41. 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 5 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 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

45. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks

46. 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

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

47. 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
48. 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 8 questions ask about other drugs.

49. 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
50. 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
51. During your life, how many times have you used **ecstasy** (also called MDMA, "Molly," "E," or "X")?
- 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 **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
- 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 the past 12 months, how many times have you taken a **prescription pain medication**, such as Oxycontin, Percocet, Vicodin, Hydrocodone, or Oxycodone without a doctor's prescription?
- 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
54. During the past 12 months, how many times have you taken benzodiazepines such as Xanax, Valium, Klonopin, or Ativan, without a doctor's prescription?
- 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
55. During the past 12 months, how many times have you taken stimulants such as Adderall, Ritalin, Concerta, or Vyvanse, without a doctor's prescription?
- 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

56. 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

The next 13 questions ask about sexual behavior.

57. Have you ever had sexual intercourse?
- A. Yes
 - B. No
58. 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
59. 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
60. 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

61. During the past 3 months, how often did you or your partner use a condom when you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. Never
 - D. Rarely
 - E. Sometimes
 - F. Most of the time
 - G. Always
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 **first 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. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- I have never had sexual intercourse
 - No method was used to prevent pregnancy
 - Birth control pills
 - Condoms
 - An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - Withdrawal or some other method
 - Not sure
66. Did you or your partner use Emergency Contraception (the "Morning-After Pill") after the last time you had sexual intercourse?
- I have never had sexual intercourse
 - Yes
 - No
 - Not sure
67. The **last time** you used birth control, including condoms, from where did you or your partner get it?
- I have never used birth control
 - Community-based clinic or hospital
 - School-based health center or somewhere else at school
 - Pharmacy
 - Bodega or deli
 - Someplace else
 - Not sure
68. During the past 12 months, have you been pregnant or gotten someone pregnant?
- Yes
 - No
 - Not sure
69. During your life, with whom have you had sexual contact?
- I have never had sexual contact
 - Females
 - Males
 - Females and males

The next 10 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.

70. 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.)
- I did not drink 100% fruit juice 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
71. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit 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
72. During the past 7 days, how many times did you eat vegetables such as green salad, carrots, green beans, or other vegetables? (Do **not** count potatoes.)
- I did not eat vegetables 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
73. During the past 7 days, how many times did you eat french fries, fried potatoes, or potato chips?
- I did not eat french fries, fried potatoes, or potato chips 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

74. During the past 7 days, how many times did you drink **a bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
- A. I did not drink water 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 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
76. During the past 7 days, how many times did you drink other sugar-sweetened drinks such as sports drinks, energy drinks, fruit punch, fruit-flavored drinks, or sugar-sweetened teas? (Do **not** count diet or sugar free drinks.)
- A. I did not drink other sugar-sweetened 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
77. 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.)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day

78. What kind of milk do you **usually** drink? (Select only **one** response.)
- A. I do not drink milk
 - B. Whole milk
 - C. 2% milk or reduced fat milk
 - D. 1% milk or low-fat milk
 - E. Skim milk or non-fat milk
 - F. Soy milk
 - G. Other milk alternative (such as almond or rice milk)
 - H. Not sure
79. 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

The next 7 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
83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
84. In an average week when you are in school, how do you **usually** get to school? (Select only **one** response.)
- A. I walk all the way to school
 - B. I ride a bike all the way to school
 - C. I use public transportation, such as a subway or city bus
 - D. I ride a school bus
 - E. I drive or ride in a car or other private vehicle
85. On an average school day, how many minutes do you **usually** spend walking, riding a bike or skateboarding on your way to school? (Do **not** count time spent on public transportation, a school bus or a vehicle.)
- A. I do not walk, bike or skateboard as part of my travel to school
 - B. Less than 10 minutes
 - C. 10 to 20 minutes
 - D. 21 to 29 minutes
 - E. 30 or more minutes

86. Outside of school, on an average day do you **walk up** at least 3 floors of stairs?
- A. I am not physically able to walk up the stairs
 - B. Yes
 - C. No

The next 2 questions ask about sexual health education. Sexual health education includes lessons about sexually transmitted diseases (STDs), HIV, and birth control methods, such as the Pill, the ring, IUDs, birth control shots, patches, or condoms.

87. In what grade were you **first** taught about sexual health?
- A. I have never been taught about sexual health in school
 - B. 6th grade or earlier
 - C. 7th grade
 - D. 8th grade
 - E. 9th grade
 - F. 10th grade
 - G. 11th or 12th grade
 - H. Not sure
88. In what class were you **first** taught about sexual health?
- A. I have never been taught about sexual health in school
 - B. Health Education
 - C. Science
 - D. Living Environment
 - E. Physical Education
 - F. Advisory
 - G. Some other class
 - H. Not sure

The next 11 questions ask about other health-related topics.

89. 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

90. The last time you saw a doctor or nurse, did they ask you about your sexual history, such as if you have had sex, the number of sex partners you have had, or the gender of your sex partners?
 A. Yes
 B. No
 C. Not sure
91. 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
92. Has a doctor or nurse ever told you that you have asthma?
 A. Yes
 B. No
 C. Not sure
93. During the past 12 months, have you had an episode of asthma or an asthma attack?
 A. I have never had asthma
 B. Yes
 C. No
 D. Not sure
94. 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
95. During the past 30 days, where did you **usually** sleep?
 A. In my parent's or guardian's home
 B. With friends, family, or other people because my parents or I lost our home or cannot afford housing
 C. In a motel or hotel
 D. In a shelter or emergency housing
 E. In a car, park, campground, or other public place
 F. I moved from place to place
 G. Somewhere else
96. During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?
 A. Yes
 B. No
97. During the past 12 months, how many times did you go tanning in a tanning salon, nail salon, or health club? (Do **not** count 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
98. Have you ever used the school-based health center (school clinic) at your school?
 A. My school does not have a school-based health center
 B. Yes
 C. No
99. In an average week, how many times do you go to bodegas, delis, or drugstores? (Do **not** count supermarkets or department stores.)
 A. 0 times
 B. 1 time per week
 C. 2 times per week
 D. 3 times per week
 E. 4 times per week
 F. 5 times per week
 G. 6 times per week
 H. 7 or more times per week

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