

2021 New York City Youth Risk Behavior Survey

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. Middle Eastern or North African
E. Native Hawaiian or Other Pacific Islander
F. White
G. Other race not listed

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. Which of the following best describes your Hispanic or Latino heritage or culture?
A. I am not Hispanic or Latino
B. Colombian
C. Cuban
D. Dominican
E. Ecuadorian
F. Mexican
G. Puerto Rican
H. Other Hispanic or Latino

9. Which of the following best describes your Asian heritage or culture?
- I am not Asian
 - Asian Indian
 - Bangladeshi
 - Chinese
 - Filipino
 - Korean
 - Vietnamese
 - Other Asian
10. How often do the people in your home speak a language other than English?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
11. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- No, I am not transgender
 - Yes, I am transgender
 - I am not sure if I am transgender
 - I do not know what this question is asking
12. Some people are born with bodies that do not fit the medical definition of male or female. For example, a person might be born appearing to be male on the outside but might have female anatomy on the inside. This is called intersex. Are you intersex?
- Yes, I am intersex
 - No, I am not intersex
 - I do not know if I am intersex
 - I do not know what this question is asking
13. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - I describe my sexual identity some other way
 - I am not sure about my sexual identity (questioning)
 - I do not know what this question is asking

The next 9 questions ask about violence-related behaviors and experiences.

14. 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
15. 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?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
16. 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**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times
17. During the past 12 months, how many times were you in a **physical fight**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times
18. During the past 12 months, how many times were you in a **physical fight on school property**?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or 7 times
 - 8 or 9 times
 - 10 or 11 times
 - 12 or more times

19. During the past 12 months, how many times did you **witness someone** being physically hurt on purpose? (Count things such as being hit, slammed into something, or injured with an object or weapon.)
- A. 0 times
 - B. 1 time
 - C. 2 or more times
20. During the past 12 months, how many times did **anyone** 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. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
21. 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
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

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.

23. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next question asks about times that you felt you were treated badly or unfairly.

25. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

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 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.

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

The next 5 questions ask about cigarette smoking.

31. Have you ever tried cigarette smoking, even one or two puffs?
 A. Yes
 B. No
32. How old were you when you first tried cigarette smoking, even one or two puffs?
 A. I have never tried cigarette smoking, not even one or two puffs
 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
33. 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

34. 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
35. Menthol cigarettes are cigarettes that taste like mint. Are the cigarettes you usually smoke menthol?
 A. I do not smoke cigarettes
 B. Yes
 C. No

The next 4 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

36. How old were you when you tried an electronic vapor product for the first time?
 A. I have never tried an electronic vapor product
 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 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

38. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I got or bought them from a friend, family member, or someone else
 - C. I bought them myself in a vape shop or tobacco shop
 - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
 - E. I bought them myself at a mall or shopping center kiosk or stand
 - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
 - G. I took them from a store or another person
 - H. I got them in some other way

39. Which flavor of electronic vapor products do you typically use?
- A. I do not use electronic vapor products
 - B. Tobacco or no flavor
 - C. Mint or menthol
 - D. Chocolate, candy, fruit, or cinnamon
 - E. Alcohol or other flavor

The next 2 questions ask about other tobacco products.

40. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (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

41. 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 3 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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 **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- 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

The next 2 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

45. 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
46. 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 question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

47. During your life, how many times have you used synthetic 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 question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

48. During the past 12 months, how many times have you taken a **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- 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 7 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 **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- 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 **ecstasy** (also called MDMA or Molly)?
- 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 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

54. During the past 12 months, how many times have you taken a **prescription benzodiazepine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Xanax, Valium, Klonopin, or Ativan.)
- 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
55. During the past 12 months, how many times have you taken a **prescription stimulant** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Adderall, Ritalin, Concerta, or Vyvanse.)
- 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 12 questions ask about sexual behavior.

56. Have you ever had sexual intercourse?
- A. Yes
 - B. No
57. 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

58. 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 (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
 - 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
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. 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
62. 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

63. What is the primary reason you or your partner **did not** use a condom the **last time** you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. My partner or I used a condom the last time I had sexual intercourse
 - C. We did not need a condom because we used another method to prevent pregnancy (such as birth control pills, a shot, patch, or birth control ring, or an IUD or implant)
 - D. My partner did not want to use a condom
 - E. I do not like the way a condom feels
 - F. I did not expect to have sex at that time
 - G. Some other reason

64. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse with an opposite-sex partner
 - B. No method was used to prevent pregnancy
 - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
 - 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 used birth control, from where did you or your partner get it?
- A. I have never used birth control
 - B. Community or hospital-based clinic
 - C. School-based health center or condom availability program
 - D. School nurse or school doctor
 - E. Pharmacy
 - F. Somewhere else
 - G. Not sure

66. Did you or your partner use Emergency Contraception (The "Morning-After Pill") after the **last time** you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
 - D. Not sure
67. 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

The next question asks about sexual health education, also called sex education. Sex education can include, but is not limited to, lessons about healthy relationships, sexual orientation and gender identity, preventing sexual violence, sexually transmitted infections, and birth control methods (such as birth control pills, condoms, IUDs, and birth control rings, shots, or patches).

68. Did you receive sex education in your **high school** health education class?
- A. I did not have a health education class in high school
 - B. Yes
 - C. No
 - D. Not sure
69. Did you receive sex education in your **middle school** health education class?
- A. I did not have a health education class in middle school
 - B. Yes
 - C. No
 - D. Not sure

The next question asks about body weight.

70. During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; or skipping meals?
- A. Yes
 - B. No
 - C. Not sure

The next 5 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.

71. 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
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.)
- 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
73. During the past 7 days, how many times did you eat processed meats, such as sausage, bacon, hot dogs, or cold cuts?
- A. I did not eat processed meats 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 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

75. 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

The next 4 questions ask about physical activity.

76. 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
77. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- A. Less than 1 hour per day
 - B. 1 hour per day
 - C. 2 hours per day
 - D. 3 hours per day
 - E. 4 hours per day
 - F. 5 or more hours per day

78. In an average week when you are in school in person or remotely, on how many days do you participate in a physical education (PE) class?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
79. During the past 12 months, how **often** have you ridden a bicycle in one of the five boroughs of New York City?
- A. Several times a month
 - B. At least once a month
 - C. A few times a year
 - D. Never

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 4 questions ask about your experiences during this time, whether in the past or continuing now.

80. During the COVID-19 pandemic, how often did you feel so sad, depressed, or hopeless that you had little interest or took little pleasure in doing things?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
81. During the COVID-19 pandemic, how often did a parent or other adult in your home swear at you, insult you, or put you down?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

82. During the COVID-19 pandemic, 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
83. During the COVID-19 pandemic, how often were you able to spend time with family, friends, or other groups, such as clubs or religious groups, by using a computer, phone, or other device? (Do **not** count attending school online.)
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 15 questions ask about other health-related topics.

84. Have you ever been taught about AIDS or HIV infection in school?
- 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. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
- 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 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure

88. During the past 12 months, did you have a toothache that made you change what you ate or drank, kept you from sleeping, made you go to the dentist, or made you miss school?
 A. Yes
 B. No
89. Has a doctor or nurse ever told you that you have asthma?
 A. Yes
 B. No
 C. Not sure
90. 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
91. 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
92. During the past 30 days, where did you usually sleep?
 A. In my parent's or guardian's home
 B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
 C. In a shelter or emergency housing
 D. In a motel or hotel
 E. In a car, park, campground, or other public place
 F. I do not have a usual place to sleep
 G. Somewhere else
93. During the past 12 months, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
 A. Yes
 B. No

94. 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
 C. Not sure
95. Has either of your parents ever spent time in jail or prison?
 A. Yes, my mother
 B. Yes, my father
 C. Yes, both parents
 D. No, neither of my parents
 E. Not sure
96. Have you ever been arrested?
 A. Yes
 B. No
97. Do you agree or disagree that you feel close to people at your school?
 A. Strongly agree
 B. Agree
 C. Not sure
 D. Disagree
 E. Strongly disagree
98. 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

The next question asks about eye examinations. An examination is more than a screening. It is conducted by an eye doctor (such as an optometrist or ophthalmologist) and can take 30 minutes or more.

99. When was the last time you saw an eye doctor (such as an optometrist or ophthalmologist) for an eye exam?
 A. During the past 12 months
 B. Between 1 and 2 years ago
 C. More than 2 years ago
 D. Never
 E. Not sure

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