

| QUESTIONS BY TOPIC | CDC Core 2017 | NYC 2018 |
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| | <i>green = CDC core</i> | <i>blue = site specific (NYC)</i> |
| DEMOGRAPHICS, IMMIGRATION, HEIGHT/WEIGHT | | |
| How old are you? | ✓ | ✓ |
| What is your sex? | ✓ | ✓ |
| In what grade are you? | ✓ | ✓ |
| Are you Hispanic or Latino? | ✓ | ✓ |
| What is your race? | ✓ | ✓ |
| Was either of your parents born outside of the United States? (Count Puerto Rico and the U.S. Virgin Islands as outside of the U.S.) | | ✓ |
| A transgender person is someone who does not feel the same inside as the sex they were born with. Are you transgender? | | ✓ |
| Who are you sexually attracted to? | | ✓ |
| How do you describe your weight? | ✓ | ✓ |
| Which of the following are you trying to do about your weight? | ✓ | |
| SAFETY | | |
| When you ride a bicycle, how often do you wear a helmet? | ✓ | |
| When you rollerblade or ride a skateboard, how often do you wear a helmet? | ✓ | |
| When you ride a bicycle, scooter or skateboard, how often do you wear a helmet? | | ✓ |
| How often do you wear a seat belt when riding in a car? | ✓ | ✓ |
| Have you ever ridden in a car driven by someone who had been drinking alcohol? | ✓ | |
| VIOLENCE/BULLYING | | |
| Have you ever carried a weapon, such as a gun, knife, or club? such as a gun, knife or club? | ✓ | ✓ |
| Have you ever been in a physical fight? | ✓ | ✓ |
| Did someone you were dating or going out with ever 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.) | | ✓ |
| Have you ever been bullied on school property? | ✓ | ✓ |
| Have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) | ✓ | ✓ |
| MENTAL HEALTH | | |
| During the past 30 days, have you often been bothered by feeling down, depressed, irritable, or hopeless? | | ✓ |
| Did you ever do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose? | | ✓ |
| Have you ever seriously thought about killing yourself? | ✓ | ✓ |
| Have you ever made a plan about how you would kill yourself? | ✓ | |
| Have you ever tried to kill yourself? | ✓ | ✓ |
| TOBACCO/ELECTRONIC VAPOR PRODUCTS | | |
| Have you ever tried cigarette smoking, even one or two puffs? | ✓ | ✓ |
| How old were you when you first tried cigarette smoking, even one or two puffs? | ✓ | ✓ |
| During the past 30 days, on how many days did you smoke cigarettes? | ✓ | ✓ |
| During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? | ✓ | |
| Have you ever used an electronic vapor product? | ✓ | ✓ |
| During the past 30 days, on how many days did you use an electronic vapor product? | ✓ | ✓ |

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| During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.) | ✓ | |
| During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.) | ✓ | |
| During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars? | ✓ | |
| ALCOHOL | | |
| Have you ever had a drink of alcohol, other than a few sips? | ✓ | ✓ |
| How old were you when you had your first drink of alcohol other than a few sips? | ✓ | ✓ |
| DRUGS | | |
| Have you ever used marijuana? | ✓ | ✓ |
| How old were you when you tried marijuana for the first time? | ✓ | ✓ |
| Have you ever used any form of cocaine, including powder, crack, or freebase? | ✓ | |
| Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high? | ✓ | |
| Have you ever taken steroid pills or shots without a doctor's prescription? | ✓ | |
| Have you ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) | ✓ | ✓ |
| SEXUAL BEHAVIOR | | |
| Have you ever had sexual intercourse? | ✓ | ✓ |
| How old were you when you had sexual intercourse for the first time? | ✓ | |
| During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself? | | ✓ |
| With how many people have you ever had sexual intercourse? | ✓ | |
| The last time you had sexual intercourse, did you or your partner use a condom? | ✓ | ✓ |
| NUTRITION | | |
| During the past 7 days, on how many days did you eat breakfast? | ✓ | ✓ |
| PHYSICAL ACTIVITY | | |
| 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.) | ✓ | ✓ |
| On an average school day, how many hours do you watch TV? | ✓ | ✓ |
| On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.) | ✓ | ✓ |
| In an average week when you are in school, on how many days do you go to physical education (PE) classes? | ✓ | ✓ |
| During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.) | ✓ | ✓ |
| During the past 12 months, how many times did you have a concussion from playing a sport or being physically active? | ✓ | ✓ |
| ASTHMA | | |
| Has a doctor or nurse ever told you that you have asthma? | ✓ | ✓ |

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| SLEEP | | |
| On an average school night, how many hours of sleep do you get? | ✓ | |
| What time do you usually wake up on school mornings? | | ✓ |
| What time do you usually go to sleep on school nights? | | ✓ |
| 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? | | ✓ |
| During the past 12 months, was there a time when you did not have a usual place to sleep or slept in a homeless shelter? | | ✓ |
| GRADES | | |
| During the past 12 months, how would you describe your grades in school? | ✓ | |
| DENTAL | | |
| Has a dentist, doctor, or nurse ever told you that you have a dental cavity or decayed teeth | | ✓ |
| OTHER HEALTH TOPICS | | |
| Has either of your parents ever served time in jail or prison? | | ✓ |
| Is there at least one adult in your life who you can talk to if you have a problem? (Count adult family members, adults at school, and adults at activities outside of school.) | | ✓ |
| During the past 30 days, how often did you go hungry because there was not enough food in your home? | | ✓ |
| How would you describe your swimming ability? | | ✓ |