

INFORMATION ONLY

We are asking you to take part in this survey about issues facing students in communities in Washington. The questions in this survey ask for your opinions about yourself, your friends, your school, and your neighborhood or community. School, community, county, and state officials will use the information from this survey in planning future programs to help youth.

Your answers to these questions are *anonymous*. This means that no one will know how you answered or which answer sheet is yours. **Do not write your name anywhere on the answer sheet.** If you do not want to take this survey now, tell your teacher and you will be given an alternative activity.

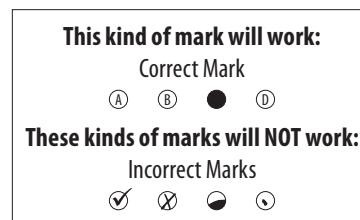
Some of the questions are personal, such as asking about your relationships and whether you get in fights or use drugs. Some students may find some of the questions uncomfortable or upsetting. You will be given a list of numbers to call if you want to talk to someone about the survey or feelings it brings up.

The survey is completely voluntary. You don't have to do this survey. You may skip any question you do not wish to answer or stop at any time. It will not affect your grades. Other students have said this survey is interesting and they enjoyed filling it out. We hope you will too. If you have any questions about this survey you may ask your teacher before beginning.

Please take a minute to read the instructions below before starting the survey.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. The questions should be answered by marking one of the answer spaces on the answer sheet. If you don't find an answer that fits exactly, use one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read by a computer. Please follow these instructions carefully.
 - Use a pencil only.
 - Make heavy mark inside the bubbles.
 - Erase cleanly any answer you wish to change.
 - Make no other markings or comments on the answer pages.



1. How old are you?
 - a. 12 or younger
 - b. 13
 - c. 14
 - d. 15
 - e. 16
 - f. 17
 - g. 18
 - h. 19 or older
2. What sex/gender were you at birth, even if you are not that gender today?
 - a. Female
 - b. Male
3. What grade are you in?
 - a. 7th
 - b. 8th
 - c. 9th
 - d. 10th
 - e. 11th
 - f. 12th
 - g. Ungraded or other
4. How do you describe yourself? (**Select one or more responses.**)
 - a. American Indian or Alaskan Native
 - b. Asian or Asian American
 - c. Black or African–American
 - d. Hispanic or Latino/Latina
 - e. Native Hawaiian or other Pacific Islander
 - f. White or Caucasian
 - g. Other
5. If you are of Asian or Pacific Islander background, which groups best describe you? **Mark all that apply.**
 - a. **Not Asian or Pacific Islander**
 - b. Asian Indian
 - c. Cambodian/Khmer
 - d. Chinese
 - e. Filipino
 - f. Japanese
 - g. Korean
 - h. Vietnamese
 - i. Other Asian
 - j. Native Hawaiian or other Pacific Islander

The next questions are about personal safety.

6. Have you ever taken formal swimming lessons?
 - a. Yes
 - b. No
 - c. Not sure

7. How good a swimmer do you think you are?
 - a. Good
 - b. So-so
 - c. Not good
 - d. Can't swim
8. During the past 30 days, how many days did you text or email 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

The next questions ask about fighting and other issues related to safety.

9. 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 – 5 days
 - c. 6 or more days
10. During the past 12 months, how many times were you in a physical fight?
 - a. 0 times
 - b. 1 time
 - c. 2 – 3 times
 - d. 4 – 5 times
 - e. 6 or more times
11. I feel safe at my school.
 - a. Definitely NOT true
 - b. Mostly not true
 - c. Mostly true
 - d. Definitely true
12. In the last 30 days, how often have you been bullied?

Bullying is when one or more students threaten, spread rumors about, hit, shove, or otherwise hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way.

 - a. I have not been bullied.
 - b. Once
 - c. 2 – 3 times
 - d. About once a week
 - e. Several times a week

13. A gang is a group of people with a leader who act together often for violent or illegal activities.

During the past 12 months, have you been a member of a gang?

- a. No
- b. Yes

14. Are there gangs at your school?

- a. No
- b. Yes
- c. Don't know

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.

15. 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

16. During the past 12 months, did you ever **seriously** consider attempting suicide?

- a. Yes
- b. No

17. During the past 12 months, did you make a plan about how you would attempt suicide?

- a. Yes
- b. No

18. During the past 12 months, how many times did you actually attempt suicide?

- a. 0 times
- b. 1 time
- c. 2 – 3 times
- d. 4 – 5 times
- e. 6 or more times

19. When you feel sad or hopeless, are there adults that you can turn to for help?

- a. I never feel sad or hopeless.
- b. Yes
- c. No
- d. Not sure

The next questions ask about tobacco use.

20. During the past 30 days, on how many days did you:

- A. Smoke cigarettes?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 5 days
- d. 6 – 9 days
- e. 10 – 29 days
- f. All 30 days

- B. Use chewing tobacco, snuff, or dip?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 5 days
- d. 6 – 9 days
- e. 10 – 29 days
- f. All 30 days

- C. Smoke cigars, cigarillos, or little cigars?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 9 days
- d. 10 – 29 days
- e. All 30 days

- D. Use an electronic cigarette, also called e-cigs, or vape pens?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 5 days
- d. 6 – 9 days
- e. 10 – 19 days
- f. 20 – 29 days
- g. All 30 days

- E. Smoke tobacco or flavored tobacco in a hookah, even just a puff?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 9 days
- d. 10 – 29 days
- e. All 30 days

- F. Smoke tobacco in a pipe?

- a. 0 days
- b. 1 – 2 days
- c. 3 – 9 days
- d. 10 – 29 days
- e. All 30 days

21. Are the cigarettes that you usually smoke menthol cigarettes?

- a. I do not smoke cigarettes
- b. Yes
- c. No

The next section asks about your experience with alcohol and other drugs. Remember no one but you will know how you answered.

22. During the past 30 days, on how many days did you:
- Drink a glass, can, or bottle of alcohol (beer, wine, wine coolers, hard liquor)?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
 - Use marijuana or hashish (weed, hash, pot)?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 – 19 days
 - 20 – 29 days
 - All 30 days
 - Use brexidox?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
 - Use a pain killer TO GET HIGH, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)?
 - 0 days
 - 1 – 2 days
 - 3 – 5 days
 - 6 – 9 days
 - 10 or more days
23. How old were you the first time you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older

24. Think back over the last 2 weeks. How many times have you had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)
- 0 times
 - 1 time
 - 2 times
 - 3 – 5 times
 - 6 – 9 times
 - 10 times or more
25. How old were you the first time you used marijuana?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older

The next questions ask about body height and weight.

26. How tall are you without your shoes on?

Directions: Write your height in the blank boxes and fill in the matching circle below each number on your answer sheet.

Example
Height

Feet	Inches
5	7
③	①
④	②
●	③
⑥	④
⑦	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

27. How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes and fill in the matching circle below each number on your answer sheet.

Example

Weight

Pounds		
1	3	7
①	①	①
●	①	①
②	②	②
③	③	③
	④	④
	⑤	⑤
	⑥	⑥
	⑦	●
	⑧	⑧
	⑨	⑨

The next questions are about your eating habits.

Now, think about food you ate or drank during the past 7 days. Include 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.

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

- A. Drink **100% fruit juice** such as orange juice, apple juice or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, and other fruit-flavored drinks.)
 - a. I did not drink juice during the past 7 days.
 - b. 1 – 3 times
 - c. 4 – 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
- B. Eat **fruit**? (Do **not** count fruit juice.)
 - a. I did not eat fruit during the past 7 days.
 - b. 1 – 3 times during the past 7 days
 - c. 4 – 6 times
 - d. 1 time per day
 - e. 2 times per day
 - f. 3 times per day
 - g. 4 or more times per day
- C. Eat **green salad**?
 - a. I did not eat green salad during the past 7 days.
 - b. 1 – 3 times during the past 7 days
 - c. 4 – 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

- D. 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 – 3 times during the past 7 days
 - c. 4 – 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

- E. Eat **carrots**?
 - a. I did not eat carrots during the past 7 days.
 - b. 1 – 3 times during the past 7 days
 - c. 4 – 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

- F. Eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
 - a. I did not eat vegetables during the past 7 days.
 - b. 1 – 3 times during the past 7 days
 - c. 4 – 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

29. During the past 7 days, how many times did you drink regular soda, sports drinks (such as Gatorade) and other flavored sweetened drinks (such as Snapple or SoBe)? Do not include diet drinks.
- a. 0 times
 - b. 1 – 3 times
 - c. 4 – 6 times
 - d. 1 time per day
 - e. 2 times per day
 - f. 3 times per day
 - g. 4 or more times per day

30. During the past 7 days, how many times did you drink regular soda, sports drinks (such as Gatorade) and other flavored sweetened drinks (such as Snapple or SoBe) **at school** (including any after-school and weekend activities)? Do not include diet drinks.
- a. 0 times
 - b. 1 – 3 times
 - c. 4 – 6 times
 - d. 7 – 9 times
 - e. 10 times or more

31. During the past 7 days, where did you **usually** get the soda or other sweetened drinks that you drank at school? (Choose only one answer.)
- I did not drink sodas, sports drinks, or other flavored drinks at school.
 - I brought them from home.
 - I got them from friends.
 - I bought them at school.
 - Other
32. During the past 7 days, how many times did you eat any potato chips or similar snack foods such as corn chips or cheese puffs **at school** (including any after-school and weekend activities)? Do not include reduced fat or fat-free items.
- 0 times
 - 1 – 3 times
 - 4 – 6 times
 - 7 – 9 times
 - 10 times or more
33. During the past 7 days, where did you **usually** get the chips and similar snack items you ate **at school**? (Choose only one answer)
- I did not eat potato chips or similar snack foods at school
 - I brought them from home
 - I got them from friends
 - I bought them at school
 - Other
34. How often do you eat dinner with your family?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
35. Did you eat breakfast today?
- Yes
 - No

The next questions ask about physical activity.

36. In 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 increases your heart rate or makes you breathe hard some of the time.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
37. 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?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
38. On an average school day, how many hours do you watch TV shows or movies or stream videos (such as YouTube, Netflix, Hulu) on any electronic device (Computer, TV set, tablets or smartphone)?
- I do not watch TV or movies 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
39. 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, tablet or smartphone, social media).
- I do not play video 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

40. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
41. During an average PE class, how many minutes do you spend actually exercising or playing sports?
- I do not take PE.
 - Less than 10 minutes
 - 10 – 20 minutes
 - 21 – 30 minutes
 - 31 – 40 minutes
 - 41 – 50 minutes
 - 51 – 60 minutes
 - More than 60 minutes
42. On average, how many days a week do you walk to or from school?
- Never
 - 1 – 2
 - 3 – 4
 - I walk every day.
43. On average, how many days a week do you ride a bicycle to or from school?
- Never
 - 1 – 2
 - 3 – 4
 - I bike every day.

The next questions ask about your health and health care.

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

46. When was the last time you saw a doctor or health care provider for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not sure
47. When was the last time you saw a dentist 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
48. During the past 12 months, how many days did you miss some school because of toothache? (Do not include toothache due to braces or injury.)
- 0 days
 - 1 – 4 days
 - 5 days or more
 - Not sure
49. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
50. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Yes
 - No
 - Not sure
51. Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
- Yes
 - No
 - Not sure
52. Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?
- Yes
 - No
 - Not sure

The next questions ask about things that others may say or do to you.

53. In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school:
- A. Because of your race, ethnicity, or national origin or what someone thought it was?
 - a. 0 times
 - b. 1 time
 - c. 2 – 3 times
 - d. About once a week
 - e. Several times a week or more
 - B. Because someone thought you were gay, lesbian, or bisexual (whether you are or are not)?
 - a. 0 times
 - b. 1 time
 - c. 2 – 3 times
 - d. About once a week
 - e. Several times a week or more
54. In the past 30 days, how often have you been bullied by someone using social media, a phone, or video games?
- a. I have not been bullied
 - b. Once
 - c. 2 – 3 times
 - d. About once a week
 - e. Several times a week
55. During the past 30 days, have you received sexually suggestive or revealing messages, images, photos or videos via text, app, or social media?
- a. Yes
 - b. No
56. When a student is being bullied at school, how often do teachers or other adults at school try to put a stop to it?
- a. Almost always
 - b. Often
 - c. Sometimes
 - d. Once in a while
 - e. Almost never
57. If you see bullying or have been bullied at school, do you know how to report it?
- a. Yes
 - b. No
 - c. Not sure

The next questions ask about school, your home, and your community.

58. What language is usually spoken at home?
- a. English
 - b. Spanish
 - c. Russian
 - d. Ukrainian
 - e. Vietnamese
 - f. Chinese
 - g. Korean
 - h. Japanese
 - i. Other
59. Who did you live with **most** of the time in the **last 30 days**?
- a. Parent(s), step-parent(s), or legal guardian
 - b. Relatives – like a grandparent, an aunt, an older brother – but NOT your parents
 - c. Foster care parent(s)
 - d. Adults who are NOT your parents or relatives
 - e. Friends of yours with no adults present
 - f. On your own
 - g. Other
60. Where did you live **most** of the time in the **last 30 days**?
- a. In my own house or apartment that my family rents or owns
 - b. In a house or apartment that a relative rents or owns
 - c. In a house or apartment with someone who is not a relative
 - d. In a shelter
 - e. In a car or RV, park, or campground
 - f. In a motel/hotel
 - g. On the street
 - h. Moved from place to place
 - i. Other
61. Are your current living arrangements the result of losing your home because your family cannot afford housing?
- a. No
 - b. Yes
 - c. Not sure
62. Do you receive free or reduced price lunches at school?
- a. No
 - b. Yes
 - c. Not sure

63. During the past 30 days, on how many days have you been absent from school **for any reason**? Include any days that you missed at least half of the school day.
- 0 days
 - 1 or 2 days
 - 3 or more days
64. Has your parent or guardian served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, or Reserves)?
- No
 - Yes
 - Not sure
65. How far did your mother get in school?
- Did not finish high school
 - Graduated from high school or GED
 - Had some college or technical training after high school
 - Graduated from a 4-year college
 - Earned an advanced graduate degree
 - Don't know
 - Does not apply
66. Putting them all together, what were your grades like last year?
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
67. Think back over the past year in school. How often did you enjoy being in school?
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost always
68. 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 and from school?
- 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days

69. During the average week, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, or club activities.
- 0 days
 - 1 – 2 days
 - 3 or more days
70. On an average school night how many hours do you sleep?
- 5 hours or less
 - About 6 hours
 - About 7 hours
 - About 8 hours
 - 9 hours or more

The following are statements you might make about yourself.

With 0 being “not at all true,” and 10 being “completely true,” please fill in the number on the scale that best describes how closely the statement applies to you.

71. I look forward to the future.
- 0 not at all true
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 completely true
72. I can think of many ways to get the things in life that are most important to me.
- None of the time
 - A little of the time
 - Some of the time
 - A lot of the time
 - Most of the time
 - All of the time
73. I am doing just as well as other kids my age.
- None of the time
 - A little of the time
 - Some of the time
 - A lot of the time
 - Most of the time
 - All of the time

74. When I have a problem, I can come up with lots of ways to solve it.
- None of the time
 - A little of the time
 - Some of the time
 - A lot of the time
 - Most of the time
 - All of the time
75. I think the things I have done in the past will help me in the future.
- None of the time
 - A little of the time
 - Some of the time
 - A lot of the time
 - Most of the time
 - All of the time

The next questions ask about tobacco.

76. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- 0 days
 - 1 – 2 days
 - 3 – 4 days
 - 5 – 6 days
 - 7 days
77. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
78. Do you think that you will smoke a cigarette anytime in the next year?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes
79. Does anyone who lives with you now smoke cigarettes?
- No
 - Yes
80. Do you want to stop using tobacco right now?
- I do not use tobacco now
 - Yes
 - No

81. During the past 12 months, have you ever tried to quit using tobacco (cigarettes, cigars, chew/dip)?
- I did not use tobacco during the past 12 months.
 - Yes
 - No
82. During the past 30 days, how did you **usually** get your own tobacco? (Choose only one answer.)
- I did not use tobacco during the past 30 days.
 - I bought it in a store such as a convenience store, supermarket, discount store or gas station.
 - I bought it 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 a family member.
 - I got them some other way.
83. During the past 30 days, which of the following did you use **on school property**? Select all that apply.
- I didn't use any of these on school property
 - Tobacco (cigarettes, cigars, or chew/dip)
 - Electronic cigarette, also called e-cigs, or vape pens
 - Marijuana
 - Alcohol (at least one drink)

The next questions ask about electronic cigarettes or vaping.

84. How old were you the first time you: Used an electronic cigarette (for example e-cigs or vape pens)?
- Never have
 - 10 or younger
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or older
85. During the past 30 days, what type of substances did you use in an electronic cigarette, also called e-cigs, or vape pens? Select all that apply.
- I did not use an electronic cigarette.
 - Liquid with nicotine in it
 - Liquid with THC (marijuana) in it
 - Liquid with flavor only (no nicotine or THC)
 - Don't know

86. During the past 30 days, how did you **usually** get your own electronic vapor products? (Choose only one answer.)
- I did not use electronic vapor products during the past 30 days.
 - I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
 - I got them on the Internet.
 - 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.
87. How much do you think people risk harming themselves if they use electronic cigarettes, also called e-cigs or vape pens regularly (almost daily)?
- No risk
 - Slight risk
 - Moderate risk
 - Great risk
 - Not sure

The next question asks about meals.

88. How often in the past 12 months did you or your family have to cut meal size or skip meals because there wasn't enough money for food?
- Almost every month
 - Some months but not every month
 - Only 1 – 2 months
 - Did not have to skip or cut the size of meals

The next questions ask about things others may say or do to you.

89. During the past 12 months, did someone you were dating or going out with ever limit your activities, threaten you, or make you feel unsafe in any other way?
- I did not date or go out with anyone during the past 12 months.
 - No
 - Yes

90. In 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
91. Not counting TV, movies, video games, and sporting events, have you seen an adult hit, slap, punch, shove, kick, or otherwise physically hurt another adult more than one time?
- No
 - Yes
92. Has an adult ever physically hurt you on purpose (like pushed, slapped, hit, kicked or punched you), leaving a mark, bruise or injury?
- No
 - Yes
93. How often does a parent or adult **in your home** swear at you, insult you, put you down or humiliate you?
- Never or almost never
 - Sometimes
 - Often
 - Very often

The next questions ask about your school.

94. **Last year**, did you hear or see information **at your school** about the warning signs of suicide and how to get help for yourself or a friend?
- Yes
 - No
 - Not sure
95. In the last year, did you have any contact with a counselor?
- Yes
 - No
96. There are people in this school who will help me if I need it?
- Yes
 - No
 - Not sure

97. Last year in school, were you taught about abstinence (not having sex) to prevent sexually transmitted diseases (STDs) and pregnancy?
- Yes
 - No
 - Not sure
98. Last year in school, were you taught about ways other than abstinence to prevent sexually transmitted diseases (STDs) and pregnancy?
- Yes
 - No
 - Not sure

These questions ask about things you would say about yourself.

99. How often over the last 2 weeks were you bothered by:
- Feeling nervous, anxious or on edge?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Not being able to stop or control worrying?
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
100. How honest were you in filling out this survey?
- I was very honest.
 - I was honest pretty much of the time.
 - I was honest some of the time.
 - I was honest once in a while.
 - I was not honest at all.

The next questions ask about sexual behavior. Sex includes oral, vaginal, and/or anal sex.

101. How old were you when you had sex for the first time?
- I have never had sex.
 - 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
102. With how many people have you ever had sex?
- I have never had sex.
 - 1 person
 - 2 people
 - 3 people
 - 4 people
 - 5 people
 - 6 or more people
103. The last time you had sex, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted infections? Select all that you used.
- I have never had sex
 - No method was used
 - Birth control pills
 - Condoms
 - An IUD or implant (such as Mirena or ParaGard; Implanon or Nexplanon)
 - A shot (such as Depo-Provera)
 - Patch or birth control ring (such as Xulane; NuvaRing)
 - Withdrawal or some other method
 - Not sure
104. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Questioning/not sure
 - Something else fits better
 - I do not know what this question is asking
105. How do you currently identify yourself? Select all that apply.
- Male
 - Female
 - Transgender
 - Questioning/not sure of my gender identity
 - Something else fits better
 - I do not know what this question is asking
106. During your life, with whom have you had sexual contact? Select all that apply.
- I have never had sexual contact
 - Females
 - Males
 - Other
107. Have you **ever** seen someone about your age pressure someone else to kiss, touch, or have sex when they did not want to?
- Yes
 - No
108. Have you **ever** been in a situation where someone made you engage in kissing, sexual touch or intercourse when you did not want to?
- Yes
 - No



PAGE 1

1. (A) (B) (C) (D) (E) (F) (G) (H)
2. (A) (B)
3. (A) (B) (C) (D) (E) (F) (G)
4. (A) (B) (C) (D) (E) (F) (G)
5. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)
6. (A) (B) (C)
7. (A) (B) (C) (D)
8. (A) (B) (C) (D) (E) (F) (G) (H)
9. (A) (B) (C)
10. (A) (B) (C) (D) (E)
11. (A) (B) (C) (D)
12. (A) (B) (C) (D) (E)

PAGE 2

- F. (A) (B) (C) (D) (E)
21. (A) (B) (C)

PAGE 3

22. A. (A) (B) (C) (D) (E)
- B. (A) (B) (C) (D) (E) (F) (G)

INFORMATION ONLY

PAGE 4

28. A. (A) (B) (C) (D) (E) (F) (G)
- B. (A) (B) (C) (D) (E) (F) (G)
- C. (A) (B) (C) (D) (E) (F) (G)
- D. (A) (B) (C) (D) (E) (F) (G)
- E. (A) (B) (C) (D) (E) (F) (G)
- (A) (B) (C) (D) (E) (F) (G)
- (A) (B) (C) (D) (E) (F) (G)
30. (A) (B) (C) (D) (E)

PAGE 5

31. (A) (B) (C) (D) (E)
32. (A) (B) (C) (D) (E)
33. (A) (B) (C) (D) (E)
34. (A) (B) (C) (D) (E)
35. (A) (B)
36. (A) (B) (C) (D) (E) (F) (G) (H)
37. (A) (B) (C) (D) (E) (F) (G) (H)
38. (A) (B) (C) (D) (E) (F) (G)
39. (A) (B) (C) (D) (E) (F) (G)

PAGE 2

13. (A) (B)
14. (A) (B) (C)
15. (A) (B)
16. (A) (B)
17. (A) (B)
18. (A) (B) (C) (D) (E)
19. (A) (B) (C) (D)
20. A. (A) (B) (C) (D) (E) (F)
- B. (A) (B) (C) (D) (E) (F)
- C. (A) (B) (C) (D) (E)
- D. (A) (B) (C) (D) (E) (F) (G)
- E. (A) (B) (C) (D) (E)

PAGE 4

27.

Pounds		
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(0)	(0)	(0)
(1)	(1)	(1)
(2)	(2)	(2)
(3)	(3)	(3)
	(4)	(4)
	(5)	(5)
	(6)	(6)
	(7)	(7)
	(8)	(8)
	(9)	(9)

PAGE 6

40. (A) (B) (C) (D) (E) (F)
41. (A) (B) (C) (D) (E) (F) (G) (H)
42. (A) (B) (C) (D)
43. (A) (B) (C) (D)
44. (A) (B) (C)
45. (A) (B) (C) (D)



PAGE 6

- 46. (A) (B) (C) (D) (E)
- 47. (A) (B) (C) (D) (E)
- 48. (A) (B) (C) (D)
- 49. (A) (B) (C)
- 50. (A) (B) (C)
- 51. (A) (B) (C)
- 52. (A) (B) (C)

PAGE 8

- 69. (A) (B) (C)
- 70. (A) (B) (C) (D) (E)
- 71. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
- 72. (A) (B) (C) (D) (E) (F)
- 73. (A) (B) (C) (D) (E) (F)

PAGE 10

- 93. (A) (B) (C) (D)
- 94. (A) (B) (C)
- 95. (A) (B)
- 96. (A) (B) (C)

INFORMATION ONLY

PAGE 9

- 74. (A) (B) (C) (D) (E) (F)
- 75. (A) (B) (C) (D) (E) (F)
- 76. (A) (B) (C) (D) (E)
- 77. (A) (B) (C) (D)
- 78. (A) (B) (C) (D)
- 79. (A) (B)
- 80. (A) (B) (C)
- 81. (A) (B) (C)
- 82. (A) (B) (C) (D) (E) (F) (G) (H)
- 83. (A) (B) (C) (D) (E)
- 84. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 85. (A) (B) (C) (D) (E)

PAGE 11

- 97. (A) (B) (C)
- 98. (A) (B) (C)
- 99. A. (A) (B) (C) (D)
B. (A) (B) (C) (D)
- 100. (A) (B) (C) (D) (E)

PAGE 7

- 53. A. (A) (B) (C) (D) (E)
B. (A) (B) (C) (D) (E)
- 54. (A) (B) (C) (D) (E)
- 55. (A) (B)
- 56. (A) (B) (C) (D) (E)
- 57. (A) (B) (C)
- 58. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 59. (A) (B) (C) (D) (E) (F) (G)
- 60. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 61. (A) (B) (C)
- 62. (A) (B) (C)

PAGE 12

- 101. (A) (B) (C) (D) (E) (F) (G) (H)
- 102. (A) (B) (C) (D) (E) (F) (G)
- 103. (A) (B) (C) (D) (E) (F) (G) (H) (I)
- 104. (A) (B) (C) (D) (E) (F)
- 105. (A) (B) (C) (D) (E) (F)
- 106. (A) (B) (C) (D)
- 107. (A) (B)
- 108. (A) (B)

PAGE 8

- 63. (A) (B) (C)
- 64. (A) (B) (C)
- 65. (A) (B) (C) (D) (E) (F) (G)
- 66. (A) (B) (C) (D) (E)
- 67. (A) (B) (C) (D) (E)
- 68. (A) (B) (C) (D) (E)

PAGE 10

- 86. (A) (B) (C) (D) (E) (F) (G) (H)
- 87. (A) (B) (C) (D) (E)
- 88. (A) (B) (C) (D)
- 89. (A) (B) (C)
- 90. (A) (B) (C) (D) (E) (F)
- 91. (A) (B)
- 92. (A) (B)



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Tear here

Tear here