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.

This kind of mark will work:
Correct Mark
☑ ☣ ☉ ☍

These kinds of marks will NOT work:
Incorrect Marks
✔ ✗ ☐ ☔
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

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

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:
   A. Drink a glass, can, or bottle of alcohol (beer, wine, wine coolers, hard liquor)?
      a. 0 days
      b. 1 – 2 days
      c. 3 – 5 days
      d. 6 – 9 days
      e. 10 or more days
   B. Use marijuana or hashish (weed, hash, pot)?
      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
   C. Use brezidox?
      a. 0 days
      b. 1 – 2 days
      c. 3 – 5 days
      d. 6 – 9 days
      e. 10 or more days
   D. Use a pain killer TO GET HIGH, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)?
      a. 0 days
      b. 1 – 2 days
      c. 3 – 5 days
      d. 6 – 9 days
      e. 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)?
   a. Never have
   b. 10 or younger
   c. 11
   d. 12
   e. 13
   f. 14
   g. 15
   h. 16
   i. 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.)
   a. 0 times
   b. 1 time
   c. 2 times
   d. 3 – 5 times
   e. 6 – 9 times
   f. 10 times or more

25. How old were you the first time you used marijuana?
   a. Never have
   b. 10 or younger
   c. 11
   d. 12
   e. 13
   f. 14
   g. 15
   h. 16
   i. 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

<table>
<thead>
<tr>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feet</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

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)?
   a. Never have
   b. 10 or younger
   c. 11
   d. 12
   e. 13
   f. 14
   g. 15
   h. 16
   i. 17 or older
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

<table>
<thead>
<tr>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

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
   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

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. 7 – 9 times
   e. 10 times or more

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.)
   a. I did not drink sodas, sports drinks, or other flavored drinks at school.
   b. I brought them from home.
   c. I got them from friends.
   d. I bought them at school.
   e. 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.
   a. 0 times
   b. 1 – 3 times
   c. 4 – 6 times
   d. 7 – 9 times
   e. 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)
   a. I did not eat potato chips or similar snack foods at school.
   b. I brought them from home
   c. I got them from friends
   d. I bought them at school
   e. Other

34. How often do you eat dinner with your family?
   a. Never
   b. Rarely
   c. Sometimes
   d. Most of the time
   e. Always

35. Did you eat breakfast today?
   a. Yes
   b. No

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.)
   a. 0 days
   b. 1 day
   c. 2 days
   d. 3 days
   e. 4 days
   f. 5 days
   g. 6 days
   h. 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?
   a. 0 days
   b. 1 day
   c. 2 days
   d. 3 days
   e. 4 days
   f. 5 days
   g. 6 days
   h. 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)?
   a. I do not watch TV or movies 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

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).
   a. I do not play video 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

The next questions ask about physical activity.
40. 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

41. During an average PE class, how many minutes do you spend actually exercising or playing sports?
   a. I do not take PE.
   b. Less than 10 minutes
   c. 10 – 20 minutes
   d. 21 – 30 minutes
   e. 31 – 40 minutes
   f. 41 – 50 minutes
   g. 51 – 60 minutes
   h. More than 60 minutes

42. On average, how many days a week do you walk to or from school?
   a. Never
   b. 1 – 2
   c. 3 – 4
   d. I walk every day.

43. On average, how many days a week do you ride a bicycle to or from school?
   a. Never
   b. 1 – 2
   c. 3 – 4
   d. I bike every day.

44. Has a doctor or nurse ever told you that you have asthma?
   a. Yes
   b. No
   c. Not sure

45. Do you still have asthma?
   a. I have never had asthma.
   b. Yes
   c. No
   d. 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?
   a. During the past 12 months
   b. Between 12 and 24 months ago
   c. More than 24 months ago
   d. Never
   e. Not sure

47. 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

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.)
   a. 0 days
   b. 1 – 4 days
   c. 5 days or more
   d. Not sure

49. Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
   a. Yes
   b. No
   c. Not sure

50. Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
   a. Yes
   b. No
   c. Not sure

51. Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
   a. Yes
   b. No
   c. 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?
   a. Yes
   b. No
   c. 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 or more

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.
   a. 0 days  
   b. 1 or 2 days  
   c. 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)?  
   a. No  
   b. Yes  
   c. Not sure  

65. How far did your mother get in school?  
   a. Did not finish high school  
   b. Graduated from high school or GED  
   c. Had some college or technical training after high school  
   d. Graduated from a 4-year college  
   e. Earned an advanced graduate degree  
   f. Don’t know  
   g. Does not apply  

66. Putting them all together, what were your grades like last year?  
   a. Mostly As  
   b. Mostly Bs  
   c. Mostly Cs  
   d. Mostly Ds  
   e. Mostly Fs  

67. Think back over the past year in school. How often did you enjoy being in school?  
   a. Never  
   b. Seldom  
   c. Sometimes  
   d. Often  
   e. 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?  
   a. 0 days  
   b. 1 day  
   c. 2 or 3 days  
   d. 4 or 5 days  
   e. 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.  
   a. 0 days  
   b. 1–2 days  
   c. 3 or more days  

70. On an average school night how many hours do you sleep?  
   a. 5 hours or less  
   b. About 6 hours  
   c. About 7 hours  
   d. About 8 hours  
   e. 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.  
   a. 0 not at all true  
   b. 1  
   c. 2  
   d. 3  
   e. 4  
   f. 5  
   g. 6  
   h. 7  
   i. 8  
   j. 9  
   k. 10 completely true  

72. I can think of many ways to get the things in life that are most important to me.  
   a. None of the time  
   b. A little of the time  
   c. Some of the time  
   d. A lot of the time  
   e. Most of the time  
   f. All of the time  

73. I am doing just as well as other kids my age.  
   a. None of the time  
   b. A little of the time  
   c. Some of the time  
   d. A lot of the time  
   e. Most of the time  
   f. All of the time
74. When I have a problem, I can come up with lots of ways to solve it.
   a. None of the time
   b. A little of the time
   c. Some of the time
   d. A lot of the time
   e. Most of the time
   f. All of the time

75. I think the things I have done in the past will help me in the future.
   a. None of the time
   b. A little of the time
   c. Some of the time
   d. A lot of the time
   e. Most of the time
   f. 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?
   a. 0 days
   b. 1 – 2 days
   c. 3 – 4 days
   d. 5 – 6 days
   e. 7 days

77. If one of your best friends offered you a cigarette, would you smoke it?
   a. Definitely no
   b. Probably no
   c. Probably yes
   d. Definitely yes

78. Do you think that you will smoke a cigarette anytime in the next year?
   a. Definitely no
   b. Probably no
   c. Probably yes
   d. Definitely yes

80. Do you want to stop using tobacco right now?
   a. I do not use tobacco now
   b. Yes
   c. No

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)?
   a. Never have
   b. 10 or younger
   c. 11
   d. 12
   e. 13
   f. 14
   g. 15
   h. 16
   i. 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.
   a. I did not use an electronic cigarette.
   b. Liquid with nicotine in it
   c. Liquid with THC (marijuana) in it
   d. Liquid with flavor only (no nicotine or THC)
   e. Don’t know
86. During the past 30 days, how did you usually get your own electronic vapor products? (Choose only one answer.)
   a. I did not use electronic vapor products during the past 30 days.
   b. I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
   c. I got them on the Internet.
   d. I gave someone else money to buy them for me.
   e. I borrowed (or bummed) them from someone else.
   f. A person 18 years old or older gave them to me.
   g. I took them from a store or family member.
   h. 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)?
   a. No risk
   b. Slight risk
   c. Moderate risk
   d. Great risk
   e. Not sure

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.)
   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

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?
   a. No
   b. 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?
   a. No
   b. Yes

93. How often does a parent or adult in your home swear at you, insult you, put you down or humiliate you?
   a. Never or almost never
   b. Sometimes
   c. Often
   d. Very often

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?
   a. Almost every month
   b. Some months but not every month
   c. Only 1 – 2 months
   d. 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?
   a. I did not date or go out with anyone during the past 12 months.
   b. No
   c. Yes

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?
   a. Yes
   b. No
   c. Not sure

95. In the last year, did you have any contact with a counselor?
   a. Yes
   b. No

96. There are people in this school who will help me if I need it?
   a. Yes
   b. No
   c. Not sure
97. Last year in school, were you taught about abstinence (not having sex) to prevent sexually transmitted diseases (STDs) and pregnancy?
   a. Yes
   b. No
   c. Not sure

98. Last year in school, were you taught about ways other than abstinence to prevent sexually transmitted diseases (STDs) and pregnancy?
   a. Yes
   b. No
   c. Not sure

**These questions ask about things you would say about yourself.**

99. How often over the last 2 weeks were you bothered by:
   A. Feeling nervous, anxious or on edge?
      a. Not at all
      b. Several days
      c. More than half the days
      d. Nearly every day
   B. Not being able to stop or control worrying?
      a. Not at all
      b. Several days
      c. More than half the days
      d. Nearly every day

100. How honest were you in filling out this survey?
    a. I was very honest.
    b. I was honest pretty much of the time.
    c. I was honest some of the time.
    d. I was honest once in a while.
    e. 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?
   a. I have never had sex.
   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

102. With how many people have you ever had sex?
   a. I have never had sex.
   b. 1 person
   c. 2 people
   d. 3 people
   e. 4 people
   f. 5 people
   g. 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.
   a. I have never had sex
   b. No method was used
   c. Birth control pills
   d. Condoms
   e. An IUD or implant (such as Mirena or ParaGard; Implanon or Nexplanon)
   f. A shot (such as Depo-Provera)
   g. Patch or birth control ring (such as Xulane; NuvaRing)
   h. Withdrawal or some other method
   i. Not sure

104. Which of the following best describes you?
   a. Heterosexual (straight)
   b. Gay or lesbian
   c. Bisexual
   d. Questioning/not sure
   e. Something else fits better
   f. I do not know what this question is asking

105. How do you currently identify yourself? Select all that apply.
   a. Male
   b. Female
   c. Transgender
   d. Questioning/not sure of my gender identity
   e. Something else fits better
   f. I do not know what this question is asking

106. During your life, with whom have you had sexual contact? Select all that apply.
   a. I have never had sexual contact
   b. Females
   c. Males
   d. 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?
   a. Yes
   b. 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?
   a. Yes
   b. No
46. ABCDE
47. ABCDE
48. ABC
49. ABC
50. ABC
51. ABC
52. ABC

53. A. ABCDE
   B. ABCDE
54. ABCDE
55. A B
56. ABCDE
57. ABC
58. ABCDEF
59. ABCDG
60. ABCDEFGHI
61. ABC
62. ABC

63. ABC
64. ABC
65. ABCDEF
66. ABC
67. ABC
68. ABC

69. ABC
70. ABCDE
71. ABCDEFGHIJK
72. ABCDE
73. ABCDE

74. ABCDE
75. ABCDE
76. ABCDE
77. ABC
78. ABC
79. A B
80. A B C
81. A B C
82. ABCDEFG
83. ABCDE
84. ABCDEFGHI
85. ABCDE

86. ABCDEFG
87. ABCDE
88. ABCD
89. ABC
90. ABCDE
91. A B
92. A B

93. ABCD
94. ABC
95. A B
96. ABC
97. A B C
98. ABC
99. A B C D
100. A B C D
101. ABCDEFGHI
102. ABCDEFG
103. ABCDEFGHI
104. ABCDEFG
105. ABCDEFG
106. ABCD
107. A B
108. A B