

For distribution

**2011 New York City  
Youth Risk Behavior Survey  
(NYC YRBS)**

Contact information:

YRBS Coordinator  
NYC Department of Health and Mental Hygiene  
Bureau of Epidemiology Services  
42-09 28<sup>th</sup> Street, CN-6  
Queens, NY 11101  
[survey@health.nyc.gov](mailto:survey@health.nyc.gov)

## **2011 Youth Risk Behavior Survey High School Questionnaire**

**This survey is about health behaviors. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better 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 circles on the answer sheet completely. When you are finished, follow the instructions of the person giving you the survey.**

***Thank you very much for your help.***

**Directions**

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B ● D.
- o If you change your answer, erase your old answer completely.

How old are you?

- A. 12 years old or younger
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old
- G. 18 years old or older

2. What is your sex?

- A. Female
- B. Male

3. In what grade are you?

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. Ungraded or other grade

4. Are you Hispanic or Latino?

- A. Yes
- B. No

5. What is your race? **(Select one or more responses.)**

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or Other Pacific Islander
- E. White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

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

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

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

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

9. How long have you been going to this school?
- A. Less than 1 year
  - B. 1 year
  - C. 2 years
  - D. 3 years
  - E. 4 years
  - F. 5 or more years

10. How long have you lived in the United States?
- A. Less than 1 year
  - B. 1 to 3 years
  - C. 4 to 6 years
  - D. More than 6 years but not my whole life
  - E. I have always lived in the United States

11. How often do the people in your home speak a language other than English?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 2 questions ask about safety.**

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

13. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

**The next 8 questions ask about violence-related behaviors.**

14. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

15. During the past 30 days, on how many days did you carry **a gun**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

16. 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 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

17. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

18. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
19. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
21. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**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.**

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

**The next question asks about hurting yourself on purpose.**

24. 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.**

25. 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

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

- A. Yes
- B. No

27. 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

28. **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 question is about seeking help for a problem.**

29. During the past 12 months, did you ever try to get help from a professional counselor, social worker, or therapist for an emotional or personal issue that you could not face alone?

- A. I did not need help during the past 12 months
- B. Yes
- C. No

**The next 10 questions ask about tobacco use.**

30. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

31. How many months ago did you try cigarette smoking **for the first time**?

- A. I have never tried cigarette smoking
- B. Less than 1 month ago
- C. 1 to 3 months ago
- D. 4 to 6 months ago
- E. 7 to 12 months ago
- F. 13 or more months ago

32. 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

33. 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

34. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, or gas station
- C. I bought them on the Internet
- D. I bummed them
- E. Someone gave them to me or bought them for me
- F. I stole them
- G. I got them some other way

35. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
  - B. Yes
  - C. No
36. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
37. Does anyone who lives with you now smoke cigarettes?
- A. Yes
  - B. No
38. Out of every 10 students in your grade at school, about how many do you think smoke cigarettes?
- A. 0 students
  - B. 1 student
  - C. 2 students
  - D. 3 students
  - E. 4 students
  - F. 5 students
  - G. 6 or 7 students
  - H. 8 to 10 students
39. Would you say your friends approve or disapprove of smoking?
- A. Strongly approve
  - B. Approve
  - C. Neither approve nor disapprove
  - D. Disapprove
  - E. Strongly disapprove

**The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

40. 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
41. 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
42. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days

43. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
- A. I did not drink alcohol during the past 30 days
  - B. I do not have a usual type
  - C. Beer
  - D. Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
  - E. Wine coolers, such as Bartles & Jaymes or Seagrams
  - F. Wine
  - G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
  - H. Some other type

44. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way

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

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 8 questions ask about other drugs.**

47. 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
48. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 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
49. 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

50. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

51. During your life, how many times have you used **ecstasy** (also called MDMA)?

- 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 the past 12 months, how many times have you taken a **prescription pain medication**, such as Oxycontin, Percocet, Vicodin, Hydrocodone, or Oxycodone without a doctor's prescription?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

53. During the past 12 months, how many times have you taken **other prescription drugs**, such as Xanax, Adderall or Ritalin without a doctor's prescription?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

54. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

**The next 15 questions ask about sexual behavior.**

55. Have you ever had sexual intercourse?

- A. Yes
- B. No

56. 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

57. 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

58. 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

59. During the past 30 days, how many times have you had sexual intercourse?

- A. 0 times
- B. 1 to 3 times
- C. 4 to 7 times
- D. 8 or more times

60. 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

61. During the past 3 months, how often did you or your partner use a condom when you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 3 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

62. 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. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condoms
- E. Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD
- F. Withdrawal
- G. Some other method
- H. Not sure

**The next question asks more specifically about select methods of birth control.**

64. The **last time** you had sexual intercourse, what **one birth control method** did you or your partner use? (Select only **one** response.)

- A. I have never had sexual intercourse
- B. Depo-Provera (injectable birth control)
- C. The Ring (Nuva Ring™)
- D. The Patch (Ortho-Evra™)
- E. The IUD (intrauterine device) or Implanon™ (implantable birth control)
- F. Emergency Contraception (EC) or the Morning After Pill
- G. None of these methods
- 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. Hospital
- C. School-based health center (school clinic or somewhere else at school)
- D. Doctor's office (not in a hospital)
- E. Pharmacy or botanica or bodega
- F. Community health center or clinic
- G. Somewhere else
- H. Not sure

66. In what grade were you when a teacher first taught a class about birth control methods such as the Pill, the ring, IUDs, birth control shots, patches, or condoms?

- A. I have never been taught a class by a teacher about birth control methods
- B. 6th grade or earlier
- C. 7th grade
- D. 8th grade
- E. 9th grade
- F. 10th grade
- G. 11th or 12th grade
- H. Not sure

67. During the past 12 months, have you been pregnant or gotten someone pregnant?
- A. Yes
  - B. No
  - C. Not sure
68. 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
69. Which of the following best describes you?
- A. Heterosexual (straight)
  - B. Gay or lesbian
  - C. Bisexual
  - D. Not sure

**The next 3 questions ask about body weight.**

70. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
71. Which of the following are you trying to do about your weight?
- A. **Lose** weight
  - B. **Gain** weight
  - C. **Stay** the same weight
  - D. I am **not trying to do anything** about my weight
72. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No

**The next 6 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.**

73. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice 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 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
75. 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

76. 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
77. During the past 7 days, how many times did you drink other sweetened drinks such as sports drinks, fruit punch, other fruit-flavored drinks, or chocolate or other flavored milk? (Do **not** count diet or sugar free drinks.)
- A. I did not drink other 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
78. What kind of milk do you **usually** drink? (Select only **one** response.)
- A. I do not drink milk
  - B. Whole milk
  - C. 2% milk or reduced fat milk
  - D. 1% milk or low-fat milk
  - E. Skim milk or non-fat milk
  - F. Soy milk
  - G. Not sure

**The next 13 questions ask about physical activity.**

79. In an average week when you are in school, how do you **usually** get to school? (Select only **one** response.)
- A. I walk all the way to school
  - B. I ride a bike all the way to school
  - C. I use public transportation, such as a subway or city bus
  - D. I ride a school bus
  - E. I drive or ride in a car or other private vehicle
80. If you **usually** walk or bike **all** the way to school, how long does it take? (Include only the amount of time you spend walking or biking.)
- A. I do not walk or bike **all** the way to school
  - B. Less than 10 minutes
  - C. 10 to 20 minutes
  - D. 21 to 29 minutes
  - E. 30 or more minutes
81. If you **usually** take a school bus or use public transportation to get to school, do you walk or bike to get to the bus stop or subway station?
- A. I do not walk or bike to a bus stop or subway station to get to school
  - B. I walk to the bus stop or subway station
  - C. I ride a bike to the bus stop or subway station
82. If you usually walk or bike to the bus stop or subway station to get to school, how long does it take? (Include only the amount of time you spend walking or biking, **not** the time on the bus or subway.)
- A. I do not walk or bike to a bus stop or subway station to get to school
  - B. Less than 10 minutes
  - C. 10 to 20 minutes
  - D. 21 to 29 minutes
  - E. 30 or more minutes

83. During the past 12 months, how **often** have you ridden a bicycle in one of the five boroughs of New York City?
- Several times a month
  - At least once a month
  - A few times a year
  - Never
84. 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.)
- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
85. 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
86. On an average school day, how many hours do you watch TV?
- I do not watch TV 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
87. 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? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
- I do not play video or computer 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
88. 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
89. During an average physical education (PE) class, how many minutes do you spend actually exercising in a way that makes you sweat or breathe hard, or playing sports that make you sweat or breathe hard?
- I do not take PE
  - Less than 10 minutes
  - 10 to 20 minutes
  - 21 to 30 minutes
  - 31 to 40 minutes
  - 41 to 50 minutes
  - 51 to 60 minutes
  - More than 60 minutes
90. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- 0 teams
  - 1 team
  - 2 teams
  - 3 or more teams

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

**The next 8 questions ask about other health-related topics.**

92. 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
93. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
94. 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
95. During the past 30 days, on how many days have you seen any **cockroaches** inside your home?
- A. 0 days
  - B. 1 day
  - C. 2 to 5 days
  - D. 6 to 10 days
  - E. 11 to 15 days
  - F. 16 to 29 days
  - G. All 30 days

96. During the past 30 days, on how many days have you seen any **mice** inside your home?
- A. 0 days
  - B. 1 day
  - C. 2 to 5 days
  - D. 6 to 10 days
  - E. 11 to 15 days
  - F. 16 to 29 days
  - G. All 30 days

97. During the past 30 days, in how many rooms in your home have you seen **damp spots or mold on the walls or ceilings**?
- A. 0 rooms
  - B. 1 room
  - C. 2 or more rooms

98. Have you ever used the school-based health center (school clinic) at your school?
- A. My school does not have a school-based health center
  - B. Yes
  - C. No

99. In an average week, how many times do you go to bodegas, delis, or drugstores? (Do **not** count supermarkets or department stores.)
- A. 0 times
  - B. 1 time per week
  - C. 2 times per week
  - D. 3 times per week
  - E. 4 times per week
  - F. 5 times per week
  - G. 6 times per week
  - H. 7 or more times per week

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