

2013 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 improve the health of young people like yourself in New York City.

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

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

- How old are you?
 - 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older
- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? (Select one or more responses.)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

- 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

- 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

- What borough of New York do you live in?
 - Bronx
 - Brooklyn
 - Manhattan
 - Queens
 - Staten Island

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

11. **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
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next 8 questions ask about violence-related behaviors.

13. 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

14. 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
15. 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
16. 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
17. 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
18. 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

19. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

20. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

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.

21. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
22. 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.

23. 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.

24. 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
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
26. 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
27. **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 getting help for a problem.

28. During the past 12 months, did you get help from a professional counselor, social worker, or therapist for an emotional or personal issue that you could not face alone?
- A. Yes
 - B. No

The next 10 questions ask about tobacco use.

29. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
30. 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
31. 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
32. 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

33. 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
34. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No
35. Have you ever tried smoking **menthol** cigarettes, even one or two puffs?
- A. Yes
 - B. 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. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

38. Have you ever tried any **flavored** tobacco products such as chocolate, candy, fruit, cinnamon, or alcohol-flavored cigarettes or cigars?
- A. Yes
 - B. No

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, alcopops, 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.

39. 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
40. 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
41. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks

42. 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
43. 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.

44. 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

45. 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 7 questions ask about other drugs.

46. 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
47. 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
48. 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
49. 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

50. 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

51. 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

52. 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.

53. Have you ever had sexual intercourse?
- A. Yes
 - B. No
54. 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

55. 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
56. 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
57. 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
58. 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
59. 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
60. The **last time** you used a condom, did it break, tear, or slip off during sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but I have never used a condom
 - C. Yes, the condom broke, tore, or slipped off
 - D. No, the condom did not break, tear, or slip off
 - E. Not sure
61. 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. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method
 - H. Not sure
62. Did you or your partner use Emergency Contraception (the "Morning-After Pill") after the last time you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
 - D. Not sure
63. The last time you used birth control, including condoms, from where did you or your partner get it?
- A. I have never used birth control
 - B. Community-based clinic or hospital
 - C. School-based health center or somewhere else at school
 - D. Pharmacy
 - E. Bodega or botanica
 - F. Someplace else
 - G. Not sure

64. 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
65. During the past 12 months, have you been pregnant or gotten someone pregnant?
- A. Yes
 - B. No
 - C. Not sure
66. 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
67. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Not sure

The next 2 questions ask about body weight.

68. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
69. 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

The next 9 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.

70. 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
71. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
72. During the past 7 days, how many times did you eat vegetables such as green salad, carrots, green beans, or other vegetables? (Do **not** count potatoes.)
- A. I did not eat vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

73. During the past 7 days, how many times did you eat french fries, fried potatoes, or potato chips?
- A. I did not eat french fries, fried potatoes, or potato chips during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
74. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
75. During the past 7 days, how many times did you drink other sugar-sweetened drinks such as sports drinks, energy drinks, fruit punch, fruit-flavored drinks, or sugar-sweetened teas? (Do **not** count diet or sugar free drinks.)
- A. I did not drink other sugar-sweetened drinks during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

76. During the past 7 days, how many glasses of milk did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day
77. 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
78. During the past 7 days, on how many days did you eat breakfast?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 12 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 take the bus or use public transportation to get to school
 - B. I do not walk or bike to a bus stop or subway station to get to school
 - C. I walk to the bus stop or subway station
 - D. 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?
- A. Several times a month
 - B. At least once a month
 - C. A few times a year
 - D. 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.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 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?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
86. On an average school day, how many hours do you watch TV?
- A. I do not watch TV 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

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. Outside of PE classes, in an average week during the school year, on how many **weekdays** do you play sports or do other physical activities **that increase your heart rate or breathing?** (Do **not** include weekends.)
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
90. Outside of school, on an average day do you **walk up** at least 3 floors of stairs?
- I am not physically able to walk up the stairs
 - Yes
 - No

The next 9 questions ask about other health-related topics.

91. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- Yes
 - No
 - Not sure
92. Has a doctor or nurse ever told you that you have asthma?
- Yes
 - No
 - Not sure
93. During the past 12 months, have you had an episode of asthma or an asthma attack?
- I have never had asthma
 - Yes
 - No
 - Not sure
94. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
95. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

96. In an average week, about how many hours do you listen to a personal music player, such as an MP3 player or iPod, with headphones?
- A. I do not listen to a personal music player with head phones
 - B. Less than one hour
 - C. 1 to 4 hours (for example, 1 hour per day for 3 days per week)
 - D. 5 to 9 hours (for example, 1 hour per day for 7 days per week)
 - E. 10 or more hours (for example, at least 2 hours per day for 5 days per week)
 - F. Not sure
97. At what volume do you normally listen to a personal music player such as an MP3 player or iPod with headphones?
- A. I do not listen to a personal music player with head phones
 - B. Lower than $\frac{1}{2}$ maximum volume
 - C. About $\frac{1}{2}$ maximum volume
 - D. About $\frac{3}{4}$ maximum volume
 - E. At the maximum volume
 - F. Not sure
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.**