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.

1. 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**
   
<table>
<thead>
<tr>
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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**
   
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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 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. Was either of your parents born outside of the United States? (Count Puerto Rico and the U.S. Virgin Islands as outside of the U.S.)
    A. Yes
    B. No
    C. Not sure

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

12. What sex is on your birth certificate?
    A. Female
    B. Male
    C. Not sure

13. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
    A. No, I am not transgender
    B. Yes, I am transgender
    C. I am not sure if I am transgender
    D. I do not know what this question is asking

14. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?
    A. Very feminine
    B. Mostly feminine
    C. Somewhat feminine
    D. Equally feminine and masculine
    E. Somewhat masculine
    F. Mostly masculine
    G. Very masculine

15. Which of the following best describes you?
    A. Heterosexual (straight)
    B. Gay or lesbian
    C. Bisexual
    D. Not sure
    E. I do not describe myself in any of these ways
    F. I do not know what these answer options mean

The next question asks about driving behavior.

16. During the past 30 days, on how many days did you text or e-mail 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 8 questions ask about violence-related behaviors.

17. 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

18. 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

19. 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
20. During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
   A. 0 days  
   B. 1 day  
   C. 2 or 3 days  
   D. 4 or 5 days  
   E. 6 or more days

21. 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

22. 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

23. 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

24. 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

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.

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

26. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
   A. Yes  
   B. No

The next question asks about hurting yourself on purpose.

27. 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 5 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.

28. 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

29. During the past 12 months, did you ever seriously consider attempting suicide?  
A. Yes  
B. No

30. 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

31. 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

32. During the past 12 months, did you get help from a counselor, social worker or therapist at school for an emotional or personal issue that you could not face alone?  
A. Yes  
B. No  
C. Not sure

The next 6 questions ask about cigarette smoking.

33. Have you ever tried cigarette smoking, even one or two puffs?  
A. Yes  
B. No

34. Have you ever tried smoking menthol cigarettes, even one or two puffs?  
A. Yes  
B. No

35. 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

36. 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

37. 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

38. 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
The next question asks about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

39. During the past 30 days, on how many days did you use an electronic vapor product?
   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

The next 3 questions ask about other tobacco products.

40. Which tobacco or nicotine product did you try first? (Select only one response.)
    A. I have never tried any tobacco or nicotine product
    B. Cigarettes
    C. Cigars, cigarillos, or little cigars
    D. Electronic cigarettes or e-cigarettes
    E. Chewing tobacco, snuff, dip, or snus
    F. Hookah or shisha tobacco
    G. Some other tobacco or nicotine product
    H. Not sure

41. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)
   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 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

The next 3 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.

43. 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

44. 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
45. 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 how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students.

46. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?
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

47. During the past 30 days, what is the largest number of alcoholic drinks you had in a row?
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

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

48. 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

49. 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.

50. 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

51. 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

52. During your life, how many times have you used ecstasy (also called MDMA, "Molly," "E," or "X")?
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
53. During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
   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

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

55. During the past 12 months, how many times have you taken a prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
   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

56. During the past 12 months, how many times have you taken a prescription benzodiazepine without a doctor’s prescription or differently than how a doctor told you to use it? (Count drugs such as Xanax, Valium, Klonopin, or Ativan.)
   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

57. During the past 12 months, how many times have you taken a prescription stimulant without a doctor’s prescription or differently than how a doctor told you to use it? (Count drugs such as Adderall, Ritalin, Concerta, or Vyvanse.)
   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

58. Have you ever had sexual intercourse?
   A. Yes
   B. No

59. 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

60. The first 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

61. 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

62. 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
63. 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

64. 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

65. 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

66. 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

67. 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

68. The last time you used birth control, not including condoms, from where did you or your partner get it?
   A. I have never used birth control
   B. Community or hospital based clinic
   C. School based health center, school nurse or school doctor
   D. Pharmacy
   E. Someplace else
   F. Not sure

69. 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

70. During the past 12 months, have you been pregnant or gotten someone pregnant?
   A. Yes
   B. No
   C. Not sure

The next 2 questions ask about sexual health education. Sexual health education includes lessons about sexually transmitted diseases (STDs), HIV, and birth control methods, such as the Pill, the ring, IUDs, birth control shots, patches, or condoms.

71. In what grade were you first taught about sexual health in school?
   A. I have never been taught about sexual health in school
   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

72. In what class were you first taught about sexual health in school?
   A. I have never been taught about sexual health in school
   B. Health Education
   C. Science
   D. Living Environment
   E. Physical Education
   F. Advisory
   G. Some other class
   H. Not sure
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.

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 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 bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
   - A. I did not drink water 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 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

78. 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

79. 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
80. What kind of milk do you usually drink? (Select only one response.)
   A. I do not drink milk
   B. Plain whole milk
   C. Plain 2% milk or reduced fat milk
   D. Plain 1% milk or low-fat milk
   E. Plain skim milk or non-fat milk
   F. Chocolate milk
   G. Other milk (such as soy, almond, or rice milk)
   H. Not sure

81. 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 5 questions ask about physical activity.

82. 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

83. 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

84. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
   A. I do not play video or computer 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

85. 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
   G. 6 days
   H. 7 days

The next 13 questions ask about other health-related topics.

87. 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

88. Have you ever received the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?
   A. Yes
   B. No
   C. Not sure
89. The last time you saw a doctor or nurse, did they ask you about your sexual history, such as if you have had sex, the number of sex partners you have had, or the gender of your sex partners?
   A. Yes
   B. No
   C. Not sure

90. Has a doctor or nurse ever told you that you have asthma?
   A. Yes
   B. No
   C. Not sure

91. 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

92. On an average school night, how many hours of sleep do you get?
   A. 4 or less hours
   B. 5 hours
   C. 6 hours
   D. 7 hours
   E. 8 hours
   F. 9 hours
   G. 10 or more hours

93. During the past 30 days, where did you usually sleep?
   A. In my parent's or guardian's home
   B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian could not afford housing
   C. In a foster or group home
   D. In a shelter or emergency housing
   E. In a motel or hotel
   F. In a car, park, campground, or other public place
   G. I did not have a usual place to sleep
   H. Somewhere else

94. During the past 12 months, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
   A. Yes
   B. No

95. Has your mother ever served time in jail or prison?
   A. Yes
   B. No
   C. Not sure

96. Has your father ever served time in jail or prison?
   A. Yes
   B. No
   C. Not sure

97. Have you ever gone to the nurse or clinic at this school?
   A. Yes
   B. No

98. 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

99. How would you describe your swimming ability?
   A. I do not know how to swim
   B. I can swim a little and can float in shallow water
   C. I can swim somewhat well but cannot swim the entire length of a pool
   D. I can swim the entire length of a pool

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