

QUESTIONS BY TOPIC	CDC Core 1997	NYC 1997	CDC Core 1999	NYC 1999	CDC Core 2001	NYC 2001	CDC Core 2003	NYC 2003	CDC Core 2005	NYC 2005	CDC Core 2007	NYC 2007	CDC Core 2009	NYC 2009	CDC Core 2011	NYC 2011	CDC Core 2013	NYC 2013	CDC Core 2015	NYC 2015	CDC Core 2017	NYC 2017	CDC Core 2019	NYC 2019	CDC Core 2021	NYC 2021	CDC COMBINED PUBLIC USE DATASET 2021
	green = CDC core												purple = site specific (NYC)														
DEMOGRAPHICS, IMMIGRATION, HEIGHT/WEIGHT																											
How old are you?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
What is your sex?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
In what grade are you?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
How do you describe yourself?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																	
Are you Hispanic or Latino?											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
What is your race?											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
How long have you lived in the United States?												✓				✓					✓						
How do you describe your health in general?									✓	✓																	
What borough of New York do you live in?												✓			✓			✓			✓			✓			
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.)																						✓					
How long have you been going to this school?																✓											
Height in meters.			✓	✓																							
Weight in kilograms.			✓	✓																							
How tall are you without your shoes on?					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
How much do you weigh without your shoes on?					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, how would you describe your grades in school?					✓	✓	✓	✓												✓		✓					
How well do you speak English?																						✓				✓	
Which of the following best describes your Hispanic or Latino heritage or culture?																											✓
Which of the following best describes your Asian heritage or culture?																											✓
How often do people in your home speak a language other than English?										✓		✓		✓		✓		✓		✓		✓		✓		✓	✓
Which of the following best describes you? (sexual orientation)										✓		✓		✓		✓		✓		✓		✓		✓		✓	✓
A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender?																				✓							
What sex is on your birth certificate?																						✓					
What was your sex assigned at birth?																							✓				
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 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?																						✓		✓			
Some people are born with bodies that do not fit the medical definition of male or female. For example, a person might be born appearing to be male on the outside but might have female anatomy on the inside. This is called intersex. Are you intersex?																										✓	

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In what country was your mother or mother figure born?														✓													
In what country was your father or father figure born?														✓													

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SAFETY																											
During the past 12 months, how many times did you ride a motorcycle?	✓	✓																									
When you rode a motorcycle in the past 12 months, how often did you wear a helmet?	✓	✓	✓	✓	✓	✓																					
During the past 12 months, how many times did you ride a bicycle?	✓	✓																									
When you rode a bicycle during the past 12 months, how often did you wear a helmet?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							
How often do you wear a seatbelt when riding in a car driven by someone else?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓						✓		✓
During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓				✓		✓		✓
During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓
During the past 30 days, how many times did you drive a car or other vehicle when you had been using marijuana?																					✓						
During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?																	✓		✓	✓	✓	✓	✓		✓		✓

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VIOLENCE/BULLYING																											
During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
During the past 30 days, on how many days did you carry a gun ?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried gun only for hunting or for a sport, such as target shooting.)																					✓	✓	✓	✓	✓	✓	✓
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property ?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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 ?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?	✓	✓					✓	✓	✓	✓	✓	✓															
During the past 12 months, how many times were you in a physical fight?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓								
During the past 12 months, how many times were you in a physical fight on school property?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The last time you were in a physical fight, with whom did you fight?	✓	✓																									
During the past 12 months, have you been a member of a gang?									✓																		
During the past 12 months, how many times did you witness someone being physically hurt on purpose? (Count things such as being hit, slammed into something, or injured with an object or weapon.)																								✓		✓	
During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓											
Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?																									✓		✓
Have you ever been physically forced to have sexual intercourse when you did not want to?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	✓			✓

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During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do?																					✓		✓		✓		✓
During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose?																	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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?																	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, have you ever been bullied on school property?													✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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.)														✓	✓	✓	✓	✓	✓	✓							
During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)																					✓	✓	✓	✓	✓	✓	✓

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MENTAL HEALTH																											
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?																✓		✓		✓		✓		✓		✓	
When you feel sad, empty, hopeless, angry or anxious and want to talk with an adult, who do you choose most often?									✓																		
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?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, did you ever seriously consider attempting suicide?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, did you make a plan about how you would attempt suicide?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, how many times did you actually attempt suicide?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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?															✓												
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?																	✓		✓		✓					✓	
During the past 30 days, how often was your mental health not good?																									✓		✓
Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?																					✓				✓		
During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?																										✓	

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TOBACCO/ELECTRONIC VAPOR PRODUCTS																											
Have you ever tried cigarette smoking, even one or two puffs?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Have you ever tried smoking menthol cigarettes, even one or two puffs?																	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
How old were you when you smoked a whole cigarette for the first time?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓															
How old were you when you first tried cigarette smoking, even one or two puffs?											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
How many months ago did you try cigarette smoking for the first time?																✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, on how many days did you smoke cigarettes?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, how did you usually get your own cigarettes? [NYC Response options different from 2007 on]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Menthol cigarettes are cigarettes that taste like mint. Are the cigarettes you usually smoke menthol?																								✓	✓	✓	✓
When you bought or tried to buy cigarettes in the past 30 days, were you ever asked to show proof of age?	✓	✓	✓	✓	✓	✓								✓													
During the past 30 days, on how many days did you smoke cigarettes on school property?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Did you ever try to quit smoking cigarettes?	✓	✓																									
During the past 12 months, did you ever try to quit smoking cigarettes?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, did you ever try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?																					✓	✓	✓	✓	✓	✓	✓
Do you think you will be smoking cigarettes 5 years from now?									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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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?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								
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, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)																					✓	✓	✓					
During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)																									✓	✓	✓	
During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓													
During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Have you ever tried any flavored tobacco products such as chocolate, candy, fruit, cinnamon, or alcohol-flavored cigarettes or cigars?																	✓		✓									
Out of every 10 students in your grade at school, about how many do you think smoke cigarettes?																✓												
Would you say your friends approve or disapprove of smoking?																✓												
In an average week, how many times do you go to bodegas, delis, or drugstores?																✓	✓		✓									
Have you ever used an electronic vapor product?																			✓	✓	✓	✓	✓	✓	✓	✓	✓	
During the past 30 days, on how many days did you use an electronic vapor product?																			✓	✓	✓	✓	✓	✓	✓	✓	✓	
During the past 30 days, how did you usually get your own electronic vapor products?																			✓		✓	✓	✓	✓	✓	✓	✓	
How old were you when you tried an electronic vapor product for the first time?																							✓			✓		
Which flavor of electronic vapor products do you typically use?																							✓			✓		
How harmful is using an electronic vapor product compared to smoking regular cigarettes?																							✓					

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Which tobacco or nicotine product did you try first?																						✓					
Does anyone who lives with you right now smoke cigarettes?																✓											
If you bummed, stole, or were given cigarettes during the past 30 days how old was the person you got them from?											✓																
ALCOHOL																											
During your life, on how many days have you had at least one drink of alcohol?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓		✓						
How old were you when you had your first drink of alcohol other than a few sips?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, on how many days did you have at least one drink of alcohol?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							
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)?																					✓	✓	✓	✓	✓	✓	✓
During the past 30 days, what type of alcohol did you usually drink?																✓		✓									
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?																	✓	✓	✓	✓			✓		✓		✓
During the past 30 days, what is the largest number of alcoholic drinks you had in a row?																					✓	✓					
During the past 30 days, how did you usually get the alcohol you drank?											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, on how many days did you have at least one drink of alcohol on school property?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓												

QUESTIONS BY TOPIC	CDC Core 1997	NYC 1997	CDC Core 1999	NYC 1999	CDC Core 2001	NYC 2001	CDC Core 2003	NYC 2003	CDC Core 2005	NYC 2005	CDC Core 2007	NYC 2007	CDC Core 2009	NYC 2009	CDC Core 2011	NYC 2011	CDC Core 2013	NYC 2013	CDC Core 2015	NYC 2015	CDC Core 2017	NYC 2017	CDC Core 2019	NYC 2019	CDC Core 2021	NYC 2021	CDC COMBINED PUBLIC USE DATASET 2021
DRUGS																											
During your life, how many times have you used marijuana?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓		✓		✓
How old were you when you tried marijuana for the first time?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, how many times did you use marijuana?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, how many times did you use marijuana on school property?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time?	✓	✓																									
During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓												
During your life, how many times have you used any form of cocaine, including powder, crack or freebase?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During your life, how many times have you used the crack or freebase forms of cocaine?	✓	✓																									
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?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓		✓
During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?			✓	✓	✓	✓	✓	✓																			
During your life, how many times have you used heroin (also called smack, junk, or China White)?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓
During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?	✓	✓																									
During your life, how many times have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?																									✓		✓
During your life, how many times have you used ecstasy (also called MDMA)? [note: NYC changed wording of question - added "Molly," "E," and "X" to other names]							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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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)?																			✓	✓	✓	✓	✓	✓	✓	✓	✓
During your life, how many times have you taken steroid pills or shots without a doctor's prescription?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓		✓				
During your life, how many times have you taken a prescription drug (such as Oxycontin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription?														✓	✓		✓		✓								
During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?																									✓		✓
During the past 30 days, how many times did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?																									✓		✓
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?															✓		✓		✓		✓		✓			✓	
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?															✓		✓										
During the past 12 months, how many times have you taken benzodiazepines such as Xanax, Valium, Klonopin, or Ativan, without a doctor's prescription?																			✓		✓		✓			✓	
During the past 12 months, how many times have you taken stimulants such as Adderall, Ritalin, Concerta, or Vyvanse, without a doctor's prescription?																			✓		✓		✓			✓	
During your life, how many times have you used a needle to inject any illegal drug into your body?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓		✓		✓

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SEXUAL BEHAVIOR																											
Have you ever had sexual intercourse?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During your life, with whom have you had sexual contact?										✓		✓		✓		✓		✓		✓		✓		✓		✓	✓
How old were you when you had sexual intercourse for the first time?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During your life, with how many people have you had sexual intercourse?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The last time you had sexual intercourse, how old was your partner?												✓															
The first time you had sexual intercourse, what one method of protection did you or your partner use?																				✓		✓		✓		✓	
During the past 3 months, with how many people did you have sexual intercourse?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, how many times have you had sexual intercourse?												✓			✓												
Did you drink alcohol or use drugs before you had sexual intercourse the last time?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 3 months, how often did you or your partner use a condom when you had sexual intercourse?																✓		✓		✓		✓					
The last time you had sexual intercourse, did you or your partner use a condom?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The last time you had sexual intercourse with a condom did the condom break, tear or slip off during sex?																		✓									
The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? [NOTE: CDC changed response options in '11 and '13; CDC revised wording to include opposite-sex partner in '21]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Did you or your partner use Emergency Contraception ("Morning After Pill") the last time you had sexual intercourse?																		✓		✓		✓		✓		✓	
If you used some other method the last time you had sexual intercourse, what one other birth control method did you or your partner use to prevent pregnancy? (Patch, Ring, Implanon, IUD, EC)														✓													
The last time you had sexual intercourse, what one birth control method did you or your partner use? [revised from above Q due to revision of standard Q]																✓											

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The last time you used birth control, from where did you or your partner get it? (changed response options in 13)														✓		✓											
The last time you used birth control, from where did you or your partner get it? (wording and response options changed in 13)																	✓			✓		✓			✓		✓
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?																✓		✓									
In what class were you first taught about sexual health?																			✓			✓					
In what grade were you first taught about sexual health?																				✓			✓				
Did you receive sex education in your middle school health education class?																									✓		✓
Did you receive sex education in your high school health education class?																									✓		✓
How many times have you been pregnant or gotten someone pregnant?	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓													
During the past 12 months, have you been pregnant or gotten someone pregnant?														✓		✓		✓		✓		✓		✓			
Have you ever heard of emergency contraceptive pills, sometimes called morning after pills or Plan B?										✓		✓															
Have you or your partner ever used emergency contraceptive pills, sometimes called morning after pills or Plan B?														✓													
What is the primary reason you or your partner did not use a condom the last time you had sexual intercourse?																								✓		✓	

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WEIGHT																											
How do you describe your weight?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓
Which of the following are you trying to do about your weight?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓
During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; or skipping meals?																										✓	
During the past 30 days, did you diet to lose weight or to keep from gaining weight?	✓	✓																									
During the past 30 days, did you exercise to lose weight or to keep from gaining weight?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓													
During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓														
During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?			✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓										
During the past 30 days, did you take diet pills to lose weight or to keep from gaining weight?	✓	✓																									
During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?			✓	✓	✓	✓	✓	✓	✓	✓			✓		✓		✓										
During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										

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NUTRITION																											
Yesterday, how many times did you eat fruit?	✓	✓																									
Yesterday, how many times did you drink fruit juice?	✓	✓																									
Yesterday, how many times did you eat green salad?	✓	✓																									
Yesterday, how many times did you eat cooked vegetables?	✓	✓																									
Yesterday, how many times did you eat hamburger, hot dogs, or sausage?	✓	✓																									
Yesterday, how many times did you eat french fries or potato chips?	✓	✓																									
Yesterday, how many times did you eat cookies, doughnuts, pie or cake?	✓	✓																									
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.)			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 7 days, how many times did you eat fruit?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 7 days, how many times did you eat green salad?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 7 days, how many times did you eat potatoes?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 7 days, how many times did you eat carrots?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 7 days, how many times did you eat other vegetables?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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)?											✓		✓		✓		✓		✓		✓		✓		✓		

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During the past 7 days, how many times did you eat french fries, fried potatoes, or potato chips?											✓		✓					✓		✓								
During the past 7 days, how many times did you eat processed meats, such as sausage, bacon, hot dogs, or cold cuts?																										✓		
During the past 7 days, how many times did you drink a bottle or glass of plain water?																				✓	✓	✓	✓		✓		✓	
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?											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 7 days, how many times did you drink soda such as Coke, Pepsi, 7-Up, Root Beer, Fanta, or Cherry Soda?										✓																		
During the past 7 days, how many times did you drink a can, bottle, or glass of a sports drink such as Gatorade or Powerade?																					✓		✓		✓		✓	
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)?											✓		✓		✓													
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 sugar-sweetened teas? (Do not count diet or sugar free drinks)?																		✓		✓		✓		✓		✓		
During the past 7 days, how many glasses of milk did you drink?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓		✓		✓	
[When you drink milk,] what type of milk do you usually drink?											✓		✓		✓		✓	✓	✓	✓	✓	✓						
During the past 7 days, on how many days did you eat breakfast?																	✓	✓	✓	✓	✓	✓	✓		✓		✓	
During the past 7 days, how many times did all or most of your family living in your house eat a meal together?										✓																		
Are there any foods that you have to avoid because eating the food could cause an allergic reaction, like skin rashes, swelling, itching, coughing, or trouble breathing?																					✓		✓					

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PHYSICAL ACTIVITY																											
During the last week that you were in school, on how many days did you walk or bike to school, or walk or bike to public transportation to get to school?												✓		✓													
If you regularly walk or bike to school, or walk or bike to public transportation to get to school, which do you do the most of?											✓		✓														
How long does it usually take you to walk or bike to school?											✓																
On an average school day, how many minutes do you usually spend walking, riding a bike, or skateboarding on your way to school?																				✓							
In an average week when you are in school, how do you usually get to school?															✓		✓		✓		✓						
If you usually walk or bike all the way to school, how long does it take?															✓		✓										
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?															✓		✓										
If you usually walk or bike to the bus stop or subway station to get to school, how long does it take?															✓		✓										
Altogether, how much time do you usually spend walking, riding a bike or skateboarding on your way to school? If you take public transportation, a school bus or a vehicle, include only the amount of time that you spend walking, riding a bike or skateboarding																											
In the past 12 months, how often have you ridden a bicycle in one of the five boroughs of New York City?														✓		✓		✓						✓		✓	
On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard . . . ?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																	
On how many of the past 7 days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?	✓	✓																									

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On how many of the past 7 days did you exercise or participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard . . . ?			✓	✓	✓	✓	✓	✓	✓	✓																	
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?	✓	✓	✓	✓	✓	✓	✓	✓								✓					✓				✓		✓
On how many of the past 7 days did you walk or bicycle for at least 30 minutes at a time (including walking or bicycling to or from school)?	✓	✓																									
During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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?																	✓										
On an average school day, how many hours do you watch TV?			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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?									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
In an average week when you are in school, on how many days do you go to physical education (PE) classes?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
In an average week when you are in school in person or remotely, on how many days do you participate in a physical education (PE) class?																										✓	
On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)																									✓	✓	✓
During an average physical education (PE) class, how many minutes do you spend actually exercising in a way that makes you sweat or breath hard, or playing sports that make you sweat or breathe hard?											✓			✓		✓											

QUESTIONS BY TOPIC	CDC Core 1997	NYC 1997	CDC Core 1999	NYC 1999	CDC Core 2001	NYC 2001	CDC Core 2003	NYC 2003	CDC Core 2005	NYC 2005	CDC Core 2007	NYC 2007	CDC Core 2009	NYC 2009	CDC Core 2011	NYC 2011	CDC Core 2013	NYC 2013	CDC Core 2015	NYC 2015	CDC Core 2017	NYC 2017	CDC Core 2019	NYC 2019	CDC Core 2021	NYC 2021	CDC COMBINED PUBLIC USE DATASET 2021
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?																		✓									
During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																	
During the past 12 months, on how many sports teams run by your school, did you play? (Do not include PE classes.)	✓	✓																	✓								
During the past 12 months, on how many sports teams run by organizations outside of your school, did you play?	✓	✓																									
During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓		✓		✓		✓
During the past 12 months, how many times were you injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?			✓	✓																							
Outside of school, on an average day do you walk up at least 3 floors of stairs?															✓		✓		✓								
During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?																					✓		✓		✓		✓

QUESTIONS BY TOPIC	CDC Core 1997	NYC 1997	CDC Core 1999	NYC 1999	CDC Core 2001	NYC 2001	CDC Core 2003	NYC 2003	CDC Core 2005	NYC 2005	CDC Core 2007	NYC 2007	CDC Core 2009	NYC 2009	CDC Core 2011	NYC 2011	CDC Core 2013	NYC 2013	CDC Core 2015	NYC 2015	CDC Core 2017	NYC 2017	CDC Core 2019	NYC 2019	CDC Core 2021	NYC 2021	CDC COMBINED PUBLIC USE DATASET 2021
COVID-19																											
During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)																									✓		✓
During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?																									✓		✓
During the COVID-19 pandemic, how often did you feel so sad, depressed, or hopeless that you had little interest or took little pleasure in doing things?																										✓	
During the COVID-19 pandemic, how often did a parent or other adult in your home swear at you, insult you, or put you down?																										✓	
During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?																										✓	
During the COVID-19 pandemic, how often were you able to spend time with family, friends, or other groups, such as clubs or religious groups, by using a computer, phone, or other device? (Do not count attending school online.)																										✓	
EDUCATION OF PARENTS																											
How much education does your mother have?	✓																										
How much education does your father have?	✓																										
AIDS/HIV EDUCATION																											
Have you ever been taught about AIDS or HIV infection in school?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓							✓		✓	
During your last check up, did your doctor or nurse discuss ways to prevent pregnancy, AIDS, or other Sexually Transmitted Diseases (STDs)?											✓																
Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?	✓	✓																									
Have you ever been tested for HIV, the virus that causes AIDS?													✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?																							✓	✓	✓		✓

QUESTIONS BY TOPIC	CDC Core 1997	NYC 1997	CDC Core 1999	NYC 1999	CDC Core 2001	NYC 2001	CDC Core 2003	NYC 2003	CDC Core 2005	NYC 2005	CDC Core 2007	NYC 2007	CDC Core 2009	NYC 2009	CDC Core 2011	NYC 2011	CDC Core 2013	NYC 2013	CDC Core 2015	NYC 2015	CDC Core 2017	NYC 2017	CDC Core 2019	NYC 2019	CDC Core 2021	NYC 2021	CDC COMBINED PUBLIC USE DATASET 2021
ASTHMA																											
Has a doctor or nurse ever told you that you have asthma?									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Do you still have asthma?											✓		✓		✓												
During the past 12 months, have you had an episode of asthma or an asthma attack?									✓	✓		✓		✓		✓		✓		✓			✓			✓	
HEALTH CARE ACCESS																											
When was the last time you had a check up (preventive health examination or complete physical) at a clinic or doctor's office?												✓															
When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?																			✓	✓	✓	✓	✓	✓	✓	✓	✓
Has a dentist, doctor, or nurse ever told you that you have a dental cavity or decayed teeth?																								✓			
During the past 12 months, did you have a toothache that made you change what you ate or drank, kept you from sleeping, made you go to the dentist, or made you miss school?																										✓	
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?																				✓		✓					
The last time you needed to see a doctor or get advice (counseling) on a sexual, physical or mental health problem where did you go?														✓													
Have you ever used the school-based health center (school clinic) at your school?														✓		✓		✓		✓							
Have you ever gone to the nurse or clinic at this school?																						✓					
In the past 12 months, how many times have you gone to the emergency room for medical care?														✓													
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)?																						✓					
During the past two years, have you had your eyes examined by an eye doctor?																								✓			
When was the last time you saw an eye doctor (such as an optometrist or ophthalmologist) for an eye exam?																										✓	

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SLEEP/HOMELESSNESS																												
On an average school night, how many hours of sleep do you get?																				✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 30 days, where did you usually sleep?																				✓	✓	✓	✓	✓	✓	✓	✓	✓
During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?																				✓	✓	✓	✓	✓	✓	✓	✓	✓
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?																								✓	✓	✓	✓	✓
SOCIAL DETERMINANTS																												
Has your mother ever served time in jail?																						✓	✓	✓	✓	✓	✓	✓
Has your father ever served time in jail?																						✓	✓	✓	✓	✓	✓	✓
Has either of your parents spent time in jail or prison?																								✓	✓	✓	✓	✓
Have you ever been arrested?																								✓	✓	✓	✓	✓
SCHOOL CONNECTEDNESS																												
Do you agree or disagree that the teachers of this school treat students fairly?									✓																			
Do you agree or disagree that you feel like you are part of this school?									✓																			
Do you agree or disagree that you feel connected to at least one teacher or other adult in this school you can talk to if you have a problem?										✓		✓																
Is there at least one teacher or other adult in your school that you can talk to if you have a problem?																								✓	✓	✓	✓	✓
Do you agree or disagree that you feel close to people at your school?																								✓	✓	✓	✓	✓

QUESTIONS BY TOPIC	CDC Core 1997	NYC 1997	CDC Core 1999	NYC 1999	CDC Core 2001	NYC 2001	CDC Core 2003	NYC 2003	CDC Core 2005	NYC 2005	CDC Core 2007	NYC 2007	CDC Core 2009	NYC 2009	CDC Core 2011	NYC 2011	CDC Core 2013	NYC 2013	CDC Core 2015	NYC 2015	CDC Core 2017	NYC 2017	CDC Core 2019	NYC 2019	CDC Core 2021	NYC 2021	CDC COMBINED PUBLIC USE DATASET 2021
ENVIRONMENT																											
During the past 30 days, on how many days have you seen any cockroaches inside your home?																✓											
During the past 30 days, on how many days have you seen any mice inside your home?																✓											
During the past 30 days, in how many rooms in your home have you seen damp spots or mold on the walls or ceilings?																✓											
During the past 12 months, how many times have you had a sunburn?																					✓				✓		✓
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?																	✓										
During the past 12 months, how many times did you use a tanning device such as a sunlamp or tanning booth?																	✓				✓						
During the past 12 months, how many times did you go tanning in a commercial store such as a tanning salon, nail salon, or health club?																			✓								
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?																	✓										
How loudly do you normally listen to a personal music player?																	✓										
How would you describe your swimming ability?																						✓					
During the past 12 months, how often did you worry that food at home would run out before your family got money to buy more?																								✓			
During the past 12 months, how often did the food that your family bought run out and there was no money to buy more?																								✓			
How often do your parents or other adults in your family know where you are going or with whom you will be?																									✓		✓
GEOGRAPHIES																											
Borough (of school)							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neighborhood Action Center (of school)									✓		✓		✓		✓		✓		✓		✓		✓				✓