

Massachusetts Youth Health Survey



Sponsored by:

Massachusetts Department of Public Health
and

Massachusetts Department of Elementary and
Secondary Education

Conducted by:

Center for Survey Research

University of Massachusetts Boston

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Before you begin, there are a few important things you need to know.

Your answers are completely **anonymous**. There are no markings anywhere on the questionnaire that allows you to be identified. Please do not place your name or any other personal information on the questionnaire.

Your answers will be combined with other answers for statistical analysis.

The purpose of the survey is to gather information from school students in Massachusetts about health topics such as the use of tobacco, alcohol and drugs, in and out of school activities, diet and exercise and coping with stress. This information will be used to better understand the concerns and health practices of current students.

It is important that you answer each question as honestly and accurately as you can.

If there is any question that you would prefer not to answer, please just skip that question and go on to the next question.

Your participation is, of course voluntary. If you find the survey upsetting, you may stop answering the questions.

Answer each question by filling in the circles like this: Incorrect marks: ⊗ ⊙ ⊘ Correct mark: ●

You must use a number 2 pencil.

Arrows () will direct you to answer follow-up questions or to skip over certain questions.

When you are finished with the survey, simply place it in the box located at the front of the class.

Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you.

Thank you for your time and cooperation

BACKGROUND INFORMATION

1. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade

- Other/Ungraded

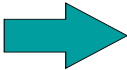
2. How old are you?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

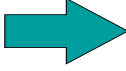
3. What is your sex?

- Female
- Male

4. How tall are you without your shoes on?

<p>Write your height in the shaded blank boxes. Fill in the matching circles below each number.</p> 	<u>HEIGHT</u>	
	FEET	INCH
		0
		1
		2
	3	3
	4	4
	5	5
	6	6
	7	7
		8
		9
	10	
	11	

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

<p>Write your weight in the shaded blank boxes. Fill in the matching circles below each number.</p> 	<u>WEIGHT IN POUNDS</u>		
	0	0	0
	1	1	1
	2	2	2
	3	3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9

6. Are you Hispanic or Latino?

- Yes
- No

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

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

8. During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure

9. Are you eligible to receive free or reduced price lunches at your school?

- Yes
- No
- Don't Know/Not sure

LIFESTYLE QUESTIONS

10. Thinking about the last 7 days, how many hours did you spend watching television? (Do **NOT** include videos, DVDs, PlayStation or Nintendo.)

	NONE	LESS THAN 2 HOURS	AT LEAST 2 BUT LESS THAN 3	AT LEAST 3 BUT LESS THAN 5	5 OR MORE HOURS
a. Last Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Last Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Last Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. On average Monday through Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 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 or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0 Days
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days
- 6 Days
- 7 Days

12. 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 increases your heart rate and makes you breathe hard some of the time.)

- 0 Days
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days
- 6 Days
- 7 Days

13. Now think about the last 5 days you were at school. On how many days did you walk, bike, rollerblade or ride a skateboard to get to school or get home from school?

- 0 Days
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days

14. Yesterday, how many times did you eat vegetables?

DEFINITION:

Count all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes.

Do **NOT** count: French fries, potato chips, or lettuce that is on a sandwich or sub.

- I did not eat vegetables yesterday
- 1 time
- 2 times
- 3 or more times

15. Yesterday, how many times did you eat fruit or drink 100% fruit juice?

- I did not eat fruit or drink 100% fruit juice yesterday
- 1 time
- 2 times
- 3 or more times

16. Yesterday, how many cans or glasses of non-diet soda did you drink?

DEFINITION:

A non-diet soda is a soda with sugar in it, such as Coke[®], Pepsi[®], Sprite[®], ginger ale, or root beer.

Count a 20-ounce bottle as 2 glasses.

- I did not drink any non-diet soda yesterday
- 1 can or glass
- 2 cans or glasses
- 3 or more cans or glasses

17. **Yesterday**, how many cans or glasses of flavored drinks did you have?

DEFINITION:

Flavored drinks include punch, sports drinks, sweetened ice tea, and other fruit-flavored drinks like Kool Aid[®] and Hawaiian Punch[®].

Do **NOT** count 100% fruit juice.

Count a 20-ounce bottle as 2 glasses.

- I did not drink any flavored drinks yesterday
- 1 can or glass
- 2 cans or glasses
- 3 or more cans or glasses

QUESTIONS ABOUT HOW YOU FEEL

18. **During the past 12 months**, have you felt you needed to talk to someone other than your family about how you were feeling, how things were going in your life, or problems you might have had?

- Yes
- No → If NO, go to Question 20

19. **During the past 12 months**, did you talk to any of the following people about things like that?

	Yes	No
a. School psychologist or school counselor	<input type="checkbox"/>	<input type="checkbox"/>
b. School nurse	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychologist, therapist, or counselor (not in school)	<input type="checkbox"/>	<input type="checkbox"/>
d. Caseworker or case manager	<input type="checkbox"/>	<input type="checkbox"/>
e. Youth worker	<input type="checkbox"/>	<input type="checkbox"/>
f. Priest, minister, rabbi, or other religious leader	<input type="checkbox"/>	<input type="checkbox"/>

20. **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?

- Yes
- No

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

- Yes
- No

22. **During the past 12 months**, how many times did you actually attempt suicide?

- 0 times → If 0 times, Go to Question 24
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 or more times

23. **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?

- Yes
- No
- I did not attempt suicide

24. **During the past 12 months**, how many times did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose.)

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 or more times

PERSONAL SAFETY

25. **During the past 12 months**, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?

- Yes
- No
- I did not play on a sports team during the past 12 months

26. Do you ever send text messages when you are driving a car?

- Yes
- No
- I do not drive a car

27. During the past 12 months, how many times have you been bullied at school? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students.)

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

28. 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.)

- Yes
- No

29. Have you ever been hurt physically by a date or someone you were going out with? (Include being hurt by being shoved, slapped, hit, kicked, or forced into sexual activity.)

- I have never been on a date or gone out with anyone
- Yes, this has happened to me in the last 12 months
- Yes, this has happened to me, but longer ago than the past 12 months
- Yes, this has happened to me in the past 12 months and longer ago than that
- No, this has not happened to me

30. Has anyone ever had sexual contact with you against your will?

- Yes
- No → If NO, go to Question 32

31. Who has had sexual contact with you against your will?

	YES	NO
a. One or more dating partners or people I was going out with	<input type="checkbox"/>	<input type="checkbox"/>
b. One or more family members	<input type="checkbox"/>	<input type="checkbox"/>
c. One or more friends	<input type="checkbox"/>	<input type="checkbox"/>
d. One or more acquaintances	<input type="checkbox"/>	<input type="checkbox"/>
e. One or more strangers	<input type="checkbox"/>	<input type="checkbox"/>

32. Did you do any of the following in the past 12 months?

	YES	NO
a. Bully or push someone around	<input type="checkbox"/>	<input type="checkbox"/>
b. Use texting, e-mail, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation	<input type="checkbox"/>	<input type="checkbox"/>
c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with	<input type="checkbox"/>	<input type="checkbox"/>
d. Have sexual contact with someone who told you "No," objected in some other way, was trying to talk you out of it, or was physically trying to get away from you or avoid your touch	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT YOUR FAMILY AND PEERS

33. How would your parent(s) react if they found out you regularly drank alcohol. Would they be:

- Extremely Upset
- Fairly Upset
- A Little Upset
- Not Upset at All

34. Do you think most people your age do the following?

	Yes	No
a. Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
c. Smoke marijuana	<input type="checkbox"/>	<input type="checkbox"/>
d. Use other illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
e. Bully, threaten, or push around other kids	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT ALCOHOL

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, 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.

35. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

36. How old were you when you had your first drink of alcohol other than a few sips?

- I have never had a drink of alcohol other than a few sips → If you have NEVER had alcohol, go to Question 41
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

37. During the past 30 days, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

38. 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?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

39. There are many different ways to get beer, wine coolers, wine, or liquor. Which of the following are how you get alcohol?

	Yes	No
a. I buy it from a supermarket or a convenience store	<input type="checkbox"/>	<input type="checkbox"/>
b. I buy it from a liquor store or package store	<input type="checkbox"/>	<input type="checkbox"/>
c. I buy it from bars or clubs or restaurants	<input type="checkbox"/>	<input type="checkbox"/>
d. I have someone else buy it for me	<input type="checkbox"/>	<input type="checkbox"/>
e. I get it through my friends	<input type="checkbox"/>	<input type="checkbox"/>
f. I get it at home	<input type="checkbox"/>	<input type="checkbox"/>
g. I get it at parties	<input type="checkbox"/>	<input type="checkbox"/>

40. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- I do not drive
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

41. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks in a row?

- No risk
- Slight risk
- Moderate risk
- Great risk

DRUG QUESTIONS

The next 3 questions ask about marijuana use. Marijuana also is called grass, pot, weed or reefer. It includes blunts and cigars filled with marijuana.

42. How old were you when you tried marijuana for the first time?

- I have never tried marijuana → If NEVER tried marijuana, go to Question 45
- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

43. In the past 30 days, have you used marijuana?

- Yes
- No

44. In the past 12 months did you ever drive a car or other vehicle when you had been smoking marijuana?

- I do not drive
- Yes
- No

45. *The next 2 questions ask about using inhalants. This includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.*

How old were you when you first used inhalants?

- I have never used inhalants → If NEVER used inhalants, go to Question 47
- 9 or younger
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older

46. In the past 30 days, have you used inhalants?

- Yes
- No

47. In your lifetime, have you used heroin (also called smack, junk, or China White)?

- Yes
- No → If NO, go to Question 49

48. During the past 30 days, have you used heroin (also called smack, junk, or China White)?

- Yes
- No

49. During your life, have you used cocaine?

- Yes
- No → If NO, go to Question 51

50. In the past 30 days, have you used cocaine?

- Yes
- No

51. In your lifetime, have you ever used crack?

- Yes
- No → If NO, go to Question 53

52. In the past 30 days, have you used crack?

- Yes
- No

53. In your lifetime, have you ever taken amphetamines or methamphetamines (such as speed, uppers, dexies, bennies, crystal, crank, or ice)?

Yes
 No → If NO, go to Question 55

54. In the past 30 days, have you taken amphetamines or methamphetamines (such as speed, uppers, dexies, bennies, crystal, crank, or ice)?

Yes
 No

55. In your lifetime, have you ever used ecstasy (MDMA, also called "E" or "X")?

Yes
 No → If NO, go to Question 57

56. In the past 30 days, have you used ecstasy (MDMA, also called "E" or "X")?

Yes
 No

57. In your lifetime, have you ever taken over-the-counter medication to get high?

Yes
 No → If NO, go to Question 59 at the top of the column to the right

58. In the past 30 days, have you taken over-the-counter medication to get high?

Yes → If YES, go to Question 59 at the top of the column to the right
 No → If NO, go to Question 59 at the top of the column to the right

59. In your lifetime, have you ever taken drugs from prescriptions that weren't your own?

Yes
 No → If NO, go to Question 61

60. In the past 30 days, have you taken drugs from prescriptions that weren't your own?

Yes
 No

61. In your lifetime, have you ever taken any of the following without a prescription?

	YES	NO
a. Narcotics (such as methadone, opium, morphine, and codeine)	<input type="checkbox"/>	<input type="checkbox"/>
b. Ritalin	<input type="checkbox"/>	<input type="checkbox"/>
c. OxyContin	<input type="checkbox"/>	<input type="checkbox"/>
d. Steroids (body building hormones)	<input type="checkbox"/>	<input type="checkbox"/>

62. In the past 30 days, have you ever taken any of the following without a prescription?

	YES	NO
a. Narcotics (such as methadone, opium, morphine, and codeine)	<input type="checkbox"/>	<input type="checkbox"/>
b. Ritalin	<input type="checkbox"/>	<input type="checkbox"/>
c. OxyContin	<input type="checkbox"/>	<input type="checkbox"/>
d. Steroids (body building hormones)	<input type="checkbox"/>	<input type="checkbox"/>

63. How easy or difficult would it be for you to get each of the following?

	VERY EASY	FAIRLY EASY	FAIRLY DIFFICULT	VERY DIFFICULT	IMPOSSIBLE	DON'T KNOW
a. Beer, wine, or other alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. How much do you think people risk harming themselves if they occasionally use:

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
a. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Steroids (body building hormones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ritalin (from a prescription that is not your own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. OxyContin (from a prescription that is not your own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Any other prescription drugs (from a prescription that is not your own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT TOBACCO

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

- Yes
- No

66. About how many cigarettes have you smoked in your entire life?

- None → If NONE, Go to Question 69
- 1 or more puffs but never a whole cigarette
- 1 cigarette
- 2 to 5 cigarettes
- 6 to 15 cigarettes (about ½ pack total)
- 16 to 25 cigarettes (about 1 pack total)
- 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- 100 or more cigarettes (5 or more packs)

67. During the past 30 days, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

68. During the past 30 days, how did you usually get your own cigarettes? (CHOOSE ONLY ONE ANSWER)

- I did not smoke cigarettes during the past 30 days
- I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- I bought them from a vending machine
- I gave someone else money to buy them for me
- I borrowed (or bummed) them from someone else
- A person 18 years old or older gave them to me
- I took them from a store or family member
- I got them some other way

69. Do you think that smoking cigarettes makes young people look cool or fit in?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

70. Do you think that young people who smoke cigarettes have more friends?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

71. Does anyone who lives with you now smoke cigarettes?

- Yes
- No

72. During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip or cigars?

- Yes
- No

73. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

74. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- 7 days

75. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits or Copenhagen?

- Yes
- No → If No, go to Question 77

76. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

77. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

- Yes
- No → If No, go to Question 79

78. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

79. Have you ever tried any of the following products, even just one time? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- Roll-your-own cigarettes
- Flavored cigarettes, such as Camel Crush
- Clove cigars
- Tipped cigars, such as Black and Milds
- Flavored little cigars
- Smoking tobacco from a hookah or a water pipe
- Snus, such as Camel or Marlboro Snus
- Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel Sticks, or Camel strips
- Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY
- Some other new tobacco products not listed here
- I have never tried any of the products listed above or any new tobacco product

80. In the past 30 days, which of the following products have you used on at least one day? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- Roll-your-own cigarettes
- Flavored cigarettes, such as Camel Crush
- Clove cigars
- Tipped cigars, such as Black and Milds
- Flavored little cigars
- Smoking tobacco from a hookah or a water pipe
- Snus, such as Camel or Marlboro Snus
- Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel Sticks, or Camel strips
- Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY
- Some other new tobacco products not listed here
- I have never tried any of the products listed above or any new tobacco product

SEXUAL BEHAVIOR

81. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - Not sure
82. During your life, with whom have you had sexual intercourse?
- I have never had sexual intercourse
 - Females
 - Males
 - Females and Males
83. During your life, with whom have you had sexual contact that was not intercourse?
- I have never had sexual contact with anyone
 - Females
 - Males
 - Females and Males
84. How easy or difficult would it be for you to get condoms?
- Very easy
 - Fairly easy
 - Fairly difficult
 - Very difficult
 - Impossible
 - Don't know

QUESTIONS ABOUT ADVERTISING

85. In the past 30 days, have you seen or heard any ads or promotions for alcohol on TV, the Internet, the radio, or in newspapers or magazines?
- Yes
 - No
86. In the past 30 days, have you seen or heard any anti-alcohol and/or anti-drug messages on TV, the Internet, the radio, or in newspapers or magazines?
- Yes
 - No

HEALTH QUESTIONS

87. Would you say that in general your health is:
- Excellent
 - Very good
 - Good
 - Fair
 - Poor

DEFINITION: "LONG-TERM" REFERS TO DIFFICULTIES THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

88. Do you have any physical disabilities or long-term health problems?
- No
 - Yes
 - Not Sure
89. Do you have any long-term emotional problems or learning disabilities?
- No
 - Yes
 - Not Sure
90. Have you ever been told by a doctor, nurse or other health care professional that you have asthma?
- Yes
 - No → If NO, Go to Question 92
 - Not sure → If NOT SURE, Go to Question 92
91. During the past 12 months, how many days did you stay out of school because of your asthma?
- None
 - 1 or 2 days
 - 3 or 4 days
 - 5 to 10 days
 - More than 10 days
 - Not sure
92. Have you ever been told by a doctor, nurse or other health care professional that you have diabetes?
- Yes
 - No → If NO, Go to Question 94
 - Not sure → If NOT SURE, Go to Question 94

