

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

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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. How tall are you without your shoes on?


Write your height in the shaded blank boxes. Fill in the matching circles below each number.



HEIGHT	
FEET	INCHES
	0
	1
	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11

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

Write your weight in the shaded blank boxes. Fill in the matching circles below each number.



WEIGHT IN POUNDS		
0	0	0
1	1	1
2	2	2
3	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

5. Are you Hispanic or Latino?

- Yes
- No

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

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

7. What is your sex?

- Female
- Male

8. 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?

- No, I am not transgender
- Yes, I am transgender
- I am not sure if I am transgender
- I do not know what this question is asking

9. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Questioning/Not sure
- Other
- I do not know what this question is asking

10. 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

WORK AND LIFESTYLE QUESTIONS

11. In the past 12 months, did you work at a job for pay? Do NOT count chores, babysitting, or yard work (such as raking leaves, shoveling snow, or mowing grass).

- Yes
- No → If NO, go to Question 13

12. Where did you most recently work?
(Choose ONE. If you work in more than one place, choose the place you work the most hours.)

- Restaurant (such as fast food, pizza place, coffee shop, or ice cream shop)
- Grocery store or supermarket
- Other retail store or places where things are sold (such as a clothing store, gas station, pharmacy, or pet store)
- Health care facility (such as a nursing home, hospital, clinic, or doctor's office)
- Recreation or entertainment place (such as a golf course, camp, sports center, amusement park, or movie theater)
- Construction site
- Landscaping company
- Other (Please specify: _____)

13. On an average school day, how many hours do you play video or computer games or use a computer for something that is not schoolwork? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not schoolwork
- Less than 1 hour per day
- 1 to 2 hours per day
- 3 or more hours per day

14. On an average weekend day, how many hours do you play video or computer games or use a computer for something that is not schoolwork? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- I do not play video or computer games or use a computer for something that is not schoolwork
- Less than 1 hour per day
- 1 to 2 hours per day
- 3 or more hours per day

15. 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

16. During the past 7 days, how many 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

17. 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

18. 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

19. Yesterday, how many drinks did you have that contained caffeine?

DEFINITION:
Count coffee, tea, sodas, energy drinks such as 5-hour Energy®, Red Bull®, Monster®, or Rockstar®, or other drinks with caffeine added.

- I did not have any drinks containing caffeine yesterday
- 1 drink containing caffeine
- 2 drinks containing caffeine
- 3 or more drinks containing caffeine

20. On an average school night, how many hours of sleep do you get?

- 4 or less hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

QUESTIONS ABOUT HOW YOU FEEL

21. During the **past 12 months**, have you felt you needed to talk to **an adult** 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 23

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

	YES	NO
a. An adult family member	<input type="radio"/>	<input type="radio"/>
b. A school psychologist, school counselor, or school nurse	<input type="radio"/>	<input type="radio"/>
c. Teacher or some other adult at school not mentioned in part b	<input type="radio"/>	<input type="radio"/>
d. A psychologist, therapist, counselor, doctor, or nurse (not in school)	<input type="radio"/>	<input type="radio"/>
e. Some other adult in the community (not in school)	<input type="radio"/>	<input type="radio"/>

23. 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 times

2 or 3 times

4 or 5 times

6 or more times

24. During the **past 12 months**, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

Yes

No

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

Yes

No

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

0 times → If 0 times, go to Question 28

1 time

2 or 3 times

4 or 5 times

6 or more times

27. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

I did not attempt suicide during the past 12 months

Yes

No

PERSONAL SAFETY

28. During the **past 30 days**, how many times have you nodded off or fallen asleep, even just for a brief moment, while driving?

I do not drive

0 times

1 to 2 times

3 or more times

29. 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 → If NO, go to Question 31

I did not play on a sports team during the past 12 months → If you did NOT play on a sports team, go to Question 31

30. If you suffered such a blow to your head during sports in the **past 12 months**, what happened?

I stopped playing sports that day, and also got checked by a doctor, nurse or health care provider

I stopped playing sports that day, but did NOT get checked by a doctor, nurse or health care provider

I continued playing sports that day

31. 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

32. During the **past 12 months**, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, texting, or online gaming)

- Yes
- No

33. Has someone you were dating or going out with done any of the following: monitored your cell phone use, called or texted you multiple times a day to monitor your whereabouts, prevented you from doing things with friends, got angry if you were talking to someone else, or prevented you from going to school?

- I have never been on a date or gone out with anyone
- Yes, this has happened to me in the past 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

34. 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 past 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

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

- Yes
- No → If NO, go to Question 37

36. 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="radio"/> | <input type="radio"/> |
| b. One or more family members | <input type="radio"/> | <input type="radio"/> |
| c. One or more friends | <input type="radio"/> | <input type="radio"/> |
| d. One or more acquaintances | <input type="radio"/> | <input type="radio"/> |
| e. One or more strangers | <input type="radio"/> | <input type="radio"/> |

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

- | | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. Bully or push someone around | <input type="radio"/> | <input type="radio"/> |
| 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="radio"/> | <input type="radio"/> |
| c. Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with | <input type="radio"/> | <input type="radio"/> |
| 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="radio"/> | <input type="radio"/> |
| e. Have sex with someone who was passed out or asleep at the time, or with someone who was too drunk or too high to stop you | <input type="radio"/> | <input type="radio"/> |

QUESTIONS ABOUT YOUR FAMILY AND PEERS

38. 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

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

- | | YES | NO |
|-----------------------------------------------|-----------------------|-----------------------|
| a. Drink alcohol | <input type="radio"/> | <input type="radio"/> |
| b. Smoke cigarettes | <input type="radio"/> | <input type="radio"/> |
| c. Smoke marijuana | <input type="radio"/> | <input type="radio"/> |
| d. Use other illegal drugs | <input type="radio"/> | <input type="radio"/> |
| e. Bully, threaten, or push around other kids | <input type="radio"/> | <input type="radio"/> |

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.

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

- I have never had a drink of alcohol other than a few sips. → If you have **NEVER** had alcohol, go to Question 46
- 1 or 2 days
 3 to 9 days
 10 to 19 days
 20 to 39 days
 40 to 99 days
 100 or more days

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

- 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

42. 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 9 days
 10 to 29 days
 All 30 days

43. 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 9 days
 10 or more days

44. 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="radio"/> | <input type="radio"/> |
| b. I buy it from a liquor store or package store | <input type="radio"/> | <input type="radio"/> |
| c. I buy it from bars or clubs or restaurants | <input type="radio"/> | <input type="radio"/> |
| d. I have someone else buy it for me | <input type="radio"/> | <input type="radio"/> |
| e. I get it through my friends | <input type="radio"/> | <input type="radio"/> |
| f. I get it at home | <input type="radio"/> | <input type="radio"/> |
| g. I get it at parties | <input type="radio"/> | <input type="radio"/> |

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

- I do not drive
 Yes
 No

46. 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 dope, grass, hashish, herb, joint, pot, weed or reefer. It includes blunts and cigars filled with marijuana.

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

- I have never tried marijuana → If **NEVER** tried marijuana, go to Question 50
- 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

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

- Yes
 No

49. In the past 30 days did you ever drive a car or other vehicle when you had been using marijuana?

- I do not drive
- Yes
- No

50. In your lifetime, have you used inhalants to get high? (Using inhalants includes sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or spray.)

- Yes
- No → If NO, go to Question 52

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

- Yes
- No

52. In your lifetime, have you used heroin (also called smack, "H", horse, brown sugar, dragon, junk, or China White)?

- Yes
- No → If NO, go to Question 54

53. During the past 30 days, have you used heroin?

- Yes
- No

54. In your lifetime, have you ever used any form of cocaine (also called blow, "C", candy, rock, powder, crack, or freebase)?

- Yes
- No → If NO, go to Question 56

55. In the past 30 days, have you used any form of cocaine?

- Yes
- No

56. In your lifetime, have you ever taken amphetamines or methamphetamines (also called speed, uppers, dexies, bennies, meth, crystal, crank, or ice)?

- Yes
- No → If NO, go to Question 58

57. In the past 30 days, have you taken amphetamines or methamphetamines?

- Yes
- No

58. In your lifetime, have you ever used ecstasy (MDMA, also called "E", "X", XTC, Adam, lover's speed, happy pill, or Molly)?

- Yes
- No → If NO, go to Question 60

59. In the past 30 days, have you used ecstasy?

- Yes
- No

60. In your lifetime, have you ever taken over-the-counter medication (such as dextromethorphan, also called DXM, DM, drex, robo, rojo, tussin, triple C) to get high?

- Yes
- No → If NO, go to Question 62

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

- Yes
- No

62. In your lifetime, have you ever taken prescription drugs that weren't your own?

- Yes
- No → If NO, go to Question 64

63. In your lifetime, which of the following prescription drugs have you taken that weren't your own?

	YES	NO
a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>
b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="radio"/>	<input type="radio"/>
c. Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
d. Other prescription drugs	<input type="radio"/>	<input type="radio"/>

64. In the past 30 days, have you taken prescription drugs that weren't your own?

- Yes
- No → If NO, go to Question 66

65. In the past 30 days, which of the following prescription drugs have you taken that weren't your own?

	YES	NO
a. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>
b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="radio"/>	<input type="radio"/>
c. Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
d. Other prescription drugs	<input type="radio"/>	<input type="radio"/>

66. In your lifetime, how many times have you used a needle to inject any *illegal* drug into your body?

- 0 times
- 1 time
- 2 or more times

67. 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed or reefer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
a. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed or reefer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tranquilizers (such as Valium, Xanax, Klonopin, Ativan and Librium) from prescriptions that aren't their own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays) to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Heroin (also called smack, "H", horse, brown sugar, dragon, junk, or China White)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about gambling activities.

69. During the past 12 months, how many times have you done any of the following for money or anything of value?

	0 TIMES	1-5 TIMES	6-10 TIMES	MORE THAN 10 TIMES
a. Played lottery or scratch tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gambled at a casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participated in fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Engaged in one of these other activities:				
Betting on sporting events, games of personal skill (pool, bowling, dominoes or darts), dice games, horse or other animal races, video poker or other gambling machines;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing cards or bingo for money or prizes;				
Gambling on the internet.				

QUESTIONS ABOUT TOBACCO

70. How old were you when you first tried cigarette smoking, even one or two puffs?

- I have never smoked cigarettes, not even one or two puffs → If NEVER, go to Question 72
- 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

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

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 29 days
- All 30 days

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

- Yes
- No

73. 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

74. How old were you when you first tried 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?

- I have never tried chewing tobacco, snuff, dip, snus, or dissolvable tobacco products → If NEVER, go to Question 77
- 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

75. 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?

- 0 days → If 0 days, go to Question 77
- 1 or 2 days
- 3 to 9 days
- 10 to 29 days
- All 30 days

76. During the past 30 days, did the chewing tobacco, snuff, dip, snus, or dissolvable tobacco products you used contain a flavor such as cherry, citrus, peach, or sweet scotch?

NOTE:

Do not include regular tobacco or menthol, mint, or wintergreen.

- Yes
- No
- I don't know

77. How old were you when you first tried smoking cigars, cigars, cigarillos, or little cigars, even one or two puffs?

- I have never tried cigars, cigarillos, or little cigars → If NEVER, go to Question 80
- 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

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

- 0 days → If 0 days, go to Question 80
- 1 or 2 days
- 3 to 9 days
- 10 to 29 days
- All 30 days

79. During the past 30 days, did the cigar, cigarillo or little cigars you smoked contain a flavor such as cherry, vanilla, piña colada, chocolate, or tropical fusion?

NOTE:

Do not include regular tobacco or menthol, mint, or wintergreen.

- Yes
- No
- I don't know

The next 3 questions ask about electronic vapor products, such as Blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

80. How old were you when you first tried an electronic vapor product, even one or two puffs?

- I have never tried an electronic vapor product → If NEVER, go to Question 83
- 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

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

- 0 days → If 0 days, go to Question 83
- 1 or 2 days
- 3 to 9 days
- 10 to 29 days
- All 30 days

82. During the past 30 days, did the electronic vapor product you used contain a flavor such as cherry, vanilla, piña colada, bubble gum, blue mist, or fizzy pop?

NOTE:

Do not include regular tobacco or menthol, mint, or wintergreen.

- Yes
- No
- I don't know

83. During the past 30 days, how did you get your tobacco products (this includes cigarettes, cigars, smokeless, and electronic vapor products)? (CHOOSE ALL THAT APPLY)

- I did not use any tobacco products 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 vape shop or vapor store
- 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

SEXUAL BEHAVIOR

84. During your life, with whom have you had sexual contact?

- I have never had sexual contact → If NEVER, go to Question 88
- Females
- Males
- Females and Males

85. Who did you have sexual contact with the last time you had sexual contact?

- I have never had sexual contact → If NEVER, go to Question 88
- Female
- Male

86. The last time you had sexual contact, did you or the other person use any kind of condom?

- I have never had sexual contact → If NEVER, go to Question 88
- Yes
- No

87. The **last time** you had sexual intercourse, what **method(s)** did you or the other person use to prevent pregnancy? (Select **ALL** that apply)

- I have never had sexual intercourse
- Birth control pills
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Condoms (Male or female)
- Emergency contraception (such as Plan B or ella)
- An IUD (such as Mirena, Skyla, or ParaGard) or implant (such as Implanon or Nexplanon)
- Withdrawal (pulling out)
- Some other method
- Not sure what method
- No method was used to prevent pregnancy

QUESTION ABOUT ADVERTISING

88. 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

OTHER HEALTH-RELATED QUESTIONS

89. 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?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

90. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

91. Do you have any physical disabilities or long-term health problems?

DEFINITION:

"Long-term" refers to difficulties that have lasted or are expected to last **6 months or more**.

- Yes
- No
- Not sure

92. Do you have any long-term emotional problems or learning disabilities?

- Yes
- No
- Not sure

93. Have you ever been told by a doctor, nurse or other health care professional that you have diabetes?

- Yes
- No
- Not sure

94. How would you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

95. During the **past 30 days**, have you done any of the following things **at least once** to lose or maintain your weight?

	YES	NO
a. Increase your intake of fruits and vegetables	<input type="radio"/>	<input type="radio"/>
b. Reduce the number of calories you eat	<input type="radio"/>	<input type="radio"/>
c. Cut out between meal snacking	<input type="radio"/>	<input type="radio"/>
d. Decrease your fat intake	<input type="radio"/>	<input type="radio"/>
e. Exercise	<input type="radio"/>	<input type="radio"/>
f. Fast (that is going 24 hours or more without eating)	<input type="radio"/>	<input type="radio"/>
g. Vomit or throw up on purpose after eating	<input type="radio"/>	<input type="radio"/>
h. Take diet pills without a doctor's permission	<input type="radio"/>	<input type="radio"/>
i. Take laxatives	<input type="radio"/>	<input type="radio"/>

96. In the **past 12 months**, have you been examined by a dentist or dental hygienist?

- Yes
- No

97. In the **past 12 months**, have you had a cavity in any tooth?

- Yes
- No
- Not sure

98. In the **past 12 months**, have you received dental care from a dental hygienist or dentist while at school (in the school building)?

- Yes
- No

THANKS FOR YOUR HELP.

Please put this completed survey in the box located at the front of the class.

Please use this box to write in any comments you may have about this survey.

Handwriting practice area consisting of 25 horizontal lines.

FOR OFFICE USE ONLY

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9