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

Winter 2017

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.
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
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?

   a. An adult family member
      - YES
      - NO

   b. A school psychologist, school counselor, or school nurse
      - YES
      - NO

   c. Teacher or some other adult at school not mentioned in part b
      - YES
      - NO

   d. A psychologist, therapist, counselor, doctor, or nurse (not in school)
      - YES
      - NO

   e. Some other adult in the community (not in school)
      - YES
      - NO

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 time
   - 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

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]

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?

- One or more dating partners or people I was going out with
- One or more family members
- One or more friends
- One or more acquaintances
- One or more strangers

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

- Bully or push someone around
- 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
- Threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with
- 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
- 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

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?

- Drink alcohol
- Smoke cigarettes
- Smoke marijuana
- Use other illegal drugs
- Bully, threaten, or push around other kids
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?

- a. I buy it from a supermarket or a convenience store
- b. I buy it from a liquor store or package store
- c. I buy it from bars or clubs or restaurants
- d. I have someone else buy it for me
- e. I get it through my friends
- f. I get it at home
- g. I get it at parties

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 methamphetamine?
   ○ 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)

   b. Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)

   c. Steroids (body building hormones in form of pills or shots)

   d. Other prescription drugs

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?

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

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?

<table>
<thead>
<tr>
<th></th>
<th>VERY EASY</th>
<th>FAIRLY EASY</th>
<th>FAIRLY DIFFICULT</th>
<th>VERY DIFFICULT</th>
<th>IMPOSSIBLE</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Beer, wine, or other alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed or reefer)</td>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>NO RISK</th>
<th>SLIGHT RISK</th>
<th>MODERATE RISK</th>
<th>GREAT RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Marijuana (also called dope, grass, hashish, herb, joint, pot, weed or reefer)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin) from prescriptions that aren't their own</td>
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<td></td>
<td></td>
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<tr>
<td>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</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>d. Tranquilizers (such as Valium, Xanax, Klonopin, Ativan and Librium) from prescriptions that aren't their own</td>
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<tr>
<td>e. Inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays) to get high</td>
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<td></td>
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<tr>
<td>f. Heroin (also called smack, &quot;H&quot;, horse, brown sugar, dragon, junk, or China White)</td>
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</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 TIMES</th>
<th>1–5 TIMES</th>
<th>6–10 TIMES</th>
<th>MORE THAN 10 TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played lottery or scratch tickets</td>
<td></td>
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<td></td>
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<tr>
<td>b. Gambled at a casino</td>
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<tr>
<td>c. Participated in fantasy sports</td>
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<td></td>
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<tr>
<td>d. Engaged in one of these other activities:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- 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;</td>
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<td></td>
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<tr>
<td>- Playing cards or bingo for money or prizes;</td>
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</tr>
<tr>
<td>- Gambling on the internet</td>
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</tbody>
</table>

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?
   - Yes
   - No
   - I don’t know

NOTE:
Do not include regular tobacco or menthol, mint, or wintergreen.
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?
   ○ Yes
   ○ No
   ○ I don't know

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?
   ○ 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 86
   ○ 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 86
   ○ Female
   ○ Male

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

88. 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Increase your intake of fruits and vegetables</td>
<td></td>
</tr>
<tr>
<td>b. Reduce the number of calories you eat</td>
<td></td>
</tr>
<tr>
<td>c. Cut out between meal snacking</td>
<td></td>
</tr>
<tr>
<td>d. Decrease your fat intake</td>
<td></td>
</tr>
<tr>
<td>e. Exercise</td>
<td></td>
</tr>
<tr>
<td>f. Fast (that is going 24 hours or more without eating)</td>
<td></td>
</tr>
<tr>
<td>g. Vomit or throw up on purpose after eating</td>
<td></td>
</tr>
<tr>
<td>h. Take diet pills without a doctor’s permission</td>
<td></td>
</tr>
<tr>
<td>i. Take laxatives</td>
<td></td>
</tr>
</tbody>
</table>

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.