

# 2017 Texas Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
  
2. What is your sex?
  - A. Female
  - B. Male
  
3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. Ungraded or other grade
  
4. Are you Hispanic or Latino?
  - A. Yes
  - B. No
  
5. What is your race? (Select one or more responses.)
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White

6. How tall are you without your shoes on?  
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

7. How much do you weigh without your shoes on?  
 Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

**The next 5 questions ask about safety.**

8. How often do you wear a seat belt when **riding** in a car driven by someone else?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
9. 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**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. I did not drive a car or other vehicle during the past 30 days
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
11. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
  - B. 0 days
  - C. 1 or 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 to 29 days
  - H. All 30 days

12. During the past 30 days, on how many days did you **talk on a cell phone** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
  - B. 0 days
  - C. 1 or 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 to 29 days
  - H. All 30 days

**The next 9 questions ask about violence-related behaviors.**

13. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
14. **During the past 12 months**, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
15. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

16. During the past 12 months, how many times has someone threatened or injured you with **a weapon** such as a gun, knife, or club **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
17. During the past 12 months, how many times were you in a **physical fight**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
18. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No
19. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

20. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
21. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I did not date or go out with anyone during the past 12 months
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times

**The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

22. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
  - B. No
23. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
  - B. No

**The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

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?
- A. Yes
  - B. No
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
26. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
27. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
28. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
  - B. Yes
  - C. No

**The next 3 questions ask about cigarette smoking.**

29. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried cigarette smoking, not even one or two puffs
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
30. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
31. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day

The next 3 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

32. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
33. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
34. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
  - C. I got them on the Internet
  - D. I gave someone else money to buy them for me
  - E. I borrowed them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or another person
  - H. I got them some other way

The next 4 questions ask about other tobacco products.

35. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
36. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
37. 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?
- A. I did not use any tobacco products during the past 12 months
  - B. Yes
  - C. No

38. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I got them on the Internet
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way

**The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

39. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
40. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older

41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
42. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way

**The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students.**

43. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row (if you are **female**) or **5** or more drinks of alcohol in a row (if you are **male**)?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days

44. During the past 30 days, what is the largest number of alcoholic drinks you had in a row?
- A. I did not drink alcohol during the past 30 days
  - B. 1 or 2 drinks
  - C. 3 drinks
  - D. 4 drinks
  - E. 5 drinks
  - F. 6 or 7 drinks
  - G. 8 or 9 drinks
  - H. 10 or more drinks

**The next 3 questions ask about marijuana use. Marijuana also is called grass, pot, or weed.**

45. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
46. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
47. During the past 30 days, how many times did you use marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

**The next 10 questions ask about other drugs.**

48. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
49. 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?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
50. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
51. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times



52. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
53. During your life, how many times have you used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
54. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
55. 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? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
56. During your life, how many times have you used a needle to inject any **illegal drug** into your body?
- A. 0 times
  - B. 1 time
  - C. 2 or more times

57. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No

**The next 9 questions ask about sexual behavior.**

58. Have you ever had sexual intercourse?
- A. Yes
  - B. No
59. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
  - B. 11 years old or younger
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old
  - H. 17 years old or older
60. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
61. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
  - B. I have had sexual intercourse, but not during the past 3 months
  - C. 1 person
  - D. 2 people
  - E. 3 people
  - F. 4 people
  - G. 5 people
  - H. 6 or more people

62. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
  - Yes
  - No
63. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No
64. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- I have never had sexual intercourse
  - No method was used to prevent pregnancy
  - Birth control pills
  - Condoms
  - An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
  - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
  - Withdrawal or some other method
  - Not sure
65. During your life, with whom have you had sexual contact?
- I have never had sexual contact
  - Females
  - Males
  - Females and males
66. Which of the following best describes you?
- Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - Not sure

**The next 3 questions ask about body weight.**

67. How do **you** describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
68. Which of the following are you trying to do about your weight?
- Lose** weight
  - Gain** weight
  - Stay** the same weight
  - I am **not trying to do anything** about my weight
69. 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; smoking cigarettes; or skipping meals?
- Yes
  - No
  - Not sure

**The next 10 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

70. 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.)
- I did not drink 100% fruit juice during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

71. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
72. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
73. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
74. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
75. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
76. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
77. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
  - B. 1 to 3 glasses during the past 7 days
  - C. 4 to 6 glasses during the past 7 days
  - D. 1 glass per day
  - E. 2 glasses per day
  - F. 3 glasses per day
  - G. 4 or more glasses per day

78. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
79. During the past 7 days, on how many days did you eat dinner **at home with at least one of your parents**?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

**The next 5 questions ask about physical activity.**

80. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

81. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
82. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
84. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

85. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 or more times

**The next 14 questions ask about other health-related topics.**

86. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
  - B. No
  - C. Not sure
87. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
88. During the past 12 months, how many times have your teeth or mouth been painful or sore?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

89. During the past 12 months, how many times have you missed school because of problems with your teeth or mouth?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
90. During the past 12 months, how many times did you go to an emergency room or urgent care center for problems with your teeth or mouth?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
91. During your last check-up, did your doctor or nurse discuss ways to prevent pregnancy, AIDS, or other sexually transmitted diseases (STDs)?
- A. I have never had a check-up
  - B. Yes
  - C. No
  - D. Not sure
92. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
93. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure

94. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
  - B. 5 hours
  - C. 6 hours
  - D. 7 hours
  - E. 8 hours
  - F. 9 hours
  - G. 10 or more hours
95. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
96. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. 0 adults
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults

97. Is there a neighborhood park or other public outdoor area within walking distance of your home?
- A. Yes
  - B. No
  - C. Not sure
98. What is the **main** reason that you do not use a neighborhood park or other public outdoor area that is within walking distance of your home?
- A. I do not live within walking distance of a neighborhood park or other public outdoor area
  - B. I use a neighborhood park or other public outdoor area
  - C. It is too dangerous because of crime
  - D. It is too dangerous because of traffic
  - E. Some other reason
99. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure

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