

Nebraska High School Map Form

Introduction

The document provides a comparison between your site YRBS questionnaire and the standard YRBS questionnaire. We use the question numbers from the standard YRBS questionnaire when reporting your data. Thus, this form is important to you as it provides a crosswalk between your question numbers and the standard YRBS question numbers.

The Map Form provides the following information about your YRBS questionnaire:

- Summary information about your questionnaire
- A two-page table that compares standard question numbers to your site's question numbers. This section contains the following columns:
 - **Standard question number** – Number of each question as it appears on the standard YRBS questionnaire
 - **Site question number** – Number of each question as it appears on your YRBS questionnaire
- A table with question text in the order of the standard questionnaire followed by site-added questions. This section includes the following columns:
 - **Question** – Question text and response options
 - **Standard Question Number** – See above
 - **Site Question Number** – See above
 - **Input data position** – Position of the variables on the data set
 - **Input data length** – Length of the variables (number of spaces) on the data set

Questionnaire Summary Information

Total Number of Questions:	96
Number of Standard Questions:	87
Number of Site-Added Questions:	9
Percentage of Standard Questions Asked:	100%
Custom Demographics:	
Age:	No
Grade:	No
Race:	No

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Nebraska High School Map Form
Without Question Text

Standard	Site	Standard	Site	Standard	Site	Standard	Site
Q1	Q1	Q23	Q23	Q45	Q45	Q67	Q67
Q2	Q2	Q24	Q24	Q46	Q46	Q68	Q68
Q3	Q3	Q25	Q25	Q47	Q47	Q69	Q69
Q4	Q4	Q26	Q26	Q48	Q48	Q70	Q70
Q5	Q6	Q27	Q27	Q49	Q49	Q71	Q71
Q6	Q7	Q28	Q28	Q50	Q50	Q72	Q72
Q7	Q5	Q29	Q29	Q51	Q51	Q73	Q73
Q8	Q8	Q30	Q30	Q52	Q52	Q74	Q74
Q9	Q9	Q31	Q31	Q53	Q53	Q75	Q75
Q10	Q10	Q32	Q32	Q54	Q54	Q76	Q76
Q11	Q11	Q33	Q33	Q55	Q55	Q77	Q77
Q12	Q12	Q34	Q34	Q56	Q56	Q78	Q78
Q13	Q13	Q35	Q35	Q57	Q57	Q79	Q79
Q14	Q14	Q36	Q36	Q58	Q58	Q80	Q84
Q15	Q15	Q37	Q37	Q59	Q59	Q81	Q85
Q16	Q16	Q38	Q38	Q60	Q60	Q82	Q86
Q17	Q17	Q39	Q39	Q61	Q61	Q83	Q87
Q18	Q18	Q40	Q40	Q62	Q62	Q84	Q90
Q19	Q19	Q41	Q41	Q63	Q63	Q85	Q91
Q20	Q20	Q42	Q42	Q64	Q64	Q86	Q92
Q21	Q21	Q43	Q43	Q65	Q65	Q87	Q93
Q22	Q22	Q44	Q44	Q66	Q66		

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Standard	Site	Standard	Site	Standard	Site	Standard	Site
Q88	Q80	Q105		Q122		Q139	
Q89	Q81	Q106		Q123		Q140	
Q90	Q82	Q107		Q124		Q141	
Q91	Q83	Q108		Q125		Q142	
Q92	Q88	Q109		Q126		Q143	
Q93	Q89	Q110		Q127		Q144	
Q94	Q94	Q111		Q128		Q145	
Q95	Q95	Q112		Q129		Q146	
Q96	Q96	Q113		Q130		Q147	
Q97		Q114		Q131		Q148	
Q98		Q115		Q132		Q149	
Q99		Q116		Q133		Q150	
Q100		Q117		Q134		Q151	
Q101		Q118		Q135		Q152	
Q102		Q119		Q136		Q153	
Q103		Q120		Q137		Q154	
Q104		Q121		Q138		Q155	

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
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	1	1	41	1
What is your sex? A. Female B. Male	2	2	42	1
In what grade are you? A. 9th grade B. 10th grade C. 11th grade D. 12th grade E. Ungraded or other grade	3	3	43	1
How do you describe yourself? A. American Indian or Alaska Native B. Asian C. Black or African American D. Hispanic or Latino E. Native Hawaiian or Other Pacific Islander F. White	4	4	44	8
How tall are you without your shoes on?	5	6	53	3
How much do you weigh without your shoes on?	6	7	56	3

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 12 months, how would you describe your grades in school?</p> <p>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</p>	7	5	52	1
<p>When you rode a bicycle during the past 12 months, how often did you wear a helmet?</p> <p>A. I did not ride a bicycle during the past 12 months B. Never wore a helmet C. Rarely wore a helmet D. Sometimes wore a helmet E. Most of the time wore a helmet F. Always wore a helmet</p>	8	8	59	1
<p>How often do you wear a seat belt when riding in a car driven by someone else?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	9	9	60	1
<p>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?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	10	10	61	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	11	11	62	1
<p>During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>	12	12	63	1
<p>During the past 30 days, on how many days did you carry a gun?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>	13	13	64	1
<p>During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>	14	14	65	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>	15	15	66	1
<p>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?</p> <p>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</p>	16	16	67	1
<p>During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?</p> <p>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</p>	17	17	68	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 12 months, how many times were you in a physical fight?</p> <p>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</p>	18	18	69	1
<p>During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	19	19	70	1
<p>During the past 12 months, how many times were you in a physical fight on school property?</p> <p>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</p>	20	20	71	1
<p>During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?</p> <p>A. Yes B. No</p>	21	21	72	1
<p>Have you ever been physically forced to have sexual intercourse when you did not want to?</p> <p>A. Yes B. No</p>	22	22	73	1

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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	23	23	74	1
During the past 12 months, did you ever seriously consider attempting suicide? A. Yes B. No	24	24	75	1
During the past 12 months, did you make a plan about how you would attempt suicide? A. Yes B. No	25	25	76	1
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	26	26	77	1
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	27	27	78	1
Have you ever tried cigarette smoking, even one or two puffs? A. Yes B. No	28	28	79	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>How old were you when you smoked a whole cigarette for the first time?</p> <p>A. I have never smoked a whole cigarette 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</p>	29	29	80	1
<p>During the past 30 days, on how many days did you smoke cigarettes?</p> <p>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</p>	30	30	81	1
<p>During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?</p> <p>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</p>	31	31	82	1
<p>During the past 30 days, how did you usually get your own cigarettes?</p> <p>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 bought them from a vending machine 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</p>	32	32	83	1

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<p>During the past 30 days, on how many days did you smoke cigarettes on school property?</p> <p>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</p>	33	33	84	1
<p>Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?</p> <p>A. Yes B. No</p>	34	34	85	1
<p>During the past 12 months, did you ever try to quit smoking cigarettes?</p> <p>A. I did not smoke during the past 12 months B. Yes C. No</p>	35	35	86	1
<p>During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?</p> <p>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</p>	36	36	87	1

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<p>During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?</p> <p>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</p>	37	37	88	1
<p>During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?</p> <p>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</p>	38	38	89	1
<p>During your life, on how many days have you had at least one drink of alcohol?</p> <p>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</p>	39	39	90	1
<p>How old were you when you had your first drink of alcohol other than a few sips?</p> <p>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</p>	40	40	91	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, on how many days did you have at least one drink of alcohol?</p> <p>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</p>	41	41	92	1
<p>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?</p> <p>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</p>	42	42	93	1
<p>During the past 30 days, on how many days did you have at least one drink of alcohol on school property?</p> <p>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</p>	43	43	94	1
<p>During your life, how many times have you used marijuana?</p> <p>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</p>	44	44	95	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>How old were you when you tried marijuana for the first time?</p> <p>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</p>	45	45	96	1
<p>During the past 30 days, how many times did you use marijuana?</p> <p>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</p>	46	46	97	1
<p>During the past 30 days, how many times did you use marijuana on school property?</p> <p>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</p>	47	47	98	1
<p>During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?</p> <p>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</p>	48	48	99	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?</p> <p>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</p>	49	49	100	1
<p>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?</p> <p>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</p>	50	50	101	1
<p>During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?</p> <p>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</p>	51	51	102	1
<p>During your life, how many times have you used heroin (also called smack, junk, or China White)?</p> <p>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</p>	52	52	103	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?</p> <p>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</p>	53	53	104	1
<p>During your life, how many times have you used ecstasy (also called MDMA)?</p> <p>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</p>	54	54	105	1
<p>During your life, how many times have you taken steroid pills or shots without a doctor's prescription?</p> <p>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</p>	55	55	106	1
<p>During your life, how many times have you used a needle to inject any illegal drug into your body?</p> <p>A. 0 times B. 1 time C. 2 or more times</p>	56	56	107	1
<p>During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?</p> <p>A. Yes B. No</p>	57	57	108	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
Have you ever had sexual intercourse? A. Yes B. No	58	58	109	1
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	59	59	110	1
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	60	60	111	1
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	61	61	112	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>Did you drink alcohol or use drugs before you had sexual intercourse the last time?</p> <p>A. I have never had sexual intercourse B. Yes C. No</p>	62	62	113	1
<p>The last time you had sexual intercourse, did you or your partner use a condom?</p> <p>A. I have never had sexual intercourse B. Yes C. No</p>	63	63	114	1
<p>The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?</p> <p>A. I have never had sexual intercourse B. No method was used to prevent pregnancy C. Birth control pills D. Condoms E. Depo-Provera (injectable birth control) F. Withdrawal G. Some other method H. Not sure</p>	64	64	115	1
<p>How many times have you been pregnant or gotten someone pregnant?</p> <p>A. 0 times B. 1 time C. 2 or more times D. Not sure</p>	65	65	116	1
<p>How do you describe your weight?</p> <p>A. Very underweight B. Slightly underweight C. About the right weight D. Slightly overweight E. Very overweight</p>	66	66	117	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
Which of the following are you trying to do about your weight? A. Lose weight B. Gain weight C. Stay the same weight D. I am not trying to do anything about my weight	67	67	118	1
During the past 30 days, did you exercise to lose weight or to keep from gaining weight? A. Yes B. No	68	68	119	1
During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight? A. Yes B. No	69	69	120	1
During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? A. Yes B. No	70	70	121	1
During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? A. Yes B. No	71	71	122	1
During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? A. Yes B. No	72	72	123	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?</p> <p>A. I did not drink 100% fruit juice during the past 7 days</p> <p>B. 1 to 3 times during the past 7 days</p> <p>C. 4 to 6 times during the past 7 days</p> <p>D. 1 time per day</p> <p>E. 2 times per day</p> <p>F. 3 times per day</p> <p>G. 4 or more times per day</p>	73	73	124	1
<p>During the past 7 days, how many times did you eat fruit?</p> <p>A. I did not eat fruit during the past 7 days</p> <p>B. 1 to 3 times during the past 7 days</p> <p>C. 4 to 6 times during the past 7 days</p> <p>D. 1 time per day</p> <p>E. 2 times per day</p> <p>F. 3 times per day</p> <p>G. 4 or more times per day</p>	74	74	125	1
<p>During the past 7 days, how many times did you eat green salad?</p> <p>A. I did not eat green salad during the past 7 days</p> <p>B. 1 to 3 times during the past 7 days</p> <p>C. 4 to 6 times during the past 7 days</p> <p>D. 1 time per day</p> <p>E. 2 times per day</p> <p>F. 3 times per day</p> <p>G. 4 or more times per day</p>	75	75	126	1
<p>During the past 7 days, how many times did you eat potatoes?</p> <p>A. I did not eat potatoes during the past 7 days</p> <p>B. 1 to 3 times during the past 7 days</p> <p>C. 4 to 6 times during the past 7 days</p> <p>D. 1 time per day</p> <p>E. 2 times per day</p> <p>F. 3 times per day</p> <p>G. 4 or more times per day</p>	76	76	127	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 7 days, how many times did you eat carrots?</p> <p>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</p>	77	77	128	1
<p>During the past 7 days, how many times did you eat other vegetables?</p> <p>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</p>	78	78	129	1
<p>During the past 7 days, how many glasses of milk did you drink?</p> <p>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</p>	79	79	130	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>	80	84	135	1
<p>On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>	81	85	136	1
<p>On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>	82	86	137	1

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Nebraska High School Map Form
With Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>On an average school day, how many hours do you watch TV?</p> <p>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</p>	83	87	138	1
<p>In an average week when you are in school, on how many days do you go to physical education (PE) classes?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days</p>	84	90	141	1
<p>During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?</p> <p>A. I do not take PE B. Less than 10 minutes C. 10 to 20 minutes D. 21 to 30 minutes E. 31 to 40 minutes F. 41 to 50 minutes G. 51 to 60 minutes H. More than 60 minutes</p>	85	91	142	1
<p>During the past 12 months, on how many sports teams did you play?</p> <p>A. 0 teams B. 1 team C. 2 teams D. 3 or more teams</p>	86	92	143	1

2003 YOUTH RISK BEHAVIOR SURVEY

Nebraska High School Map Form
With Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>Have you ever been taught about AIDS or HIV infection in school?</p> <p>A. Yes B. No C. Not sure</p>	87	93	144	1
<p>During the past 7 days, when you drank milk or had milk on cereal, how often was it 1% fat or less, nonfat, fat free, or skim milk?</p> <p>A. I did not drink milk during the past 7 days B. Always C. Often D. Sometimes E. Never F. I don't know the percent fat in the milk I usually drink</p>	88	80	131	1
<p>During the past 7 days, how many times did you drink soda or pop?</p> <p>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</p>	89	81	132	1
<p>During the past 7 days, what was the average amount of soda or pop you drank each time you drank soda or pop?</p> <p>A. I did not drink soda or pop during the past 7 days B. Less than 12 ounces (less than 1 can or medium glass) C. 12 ounces (1 can or medium glass) D. 20 ounces (1 bottle or large glass) E. 32 ounces (1 liter or extra-large glass) F. More than 32 ounces (more than 1 liter or extra-large glass)</p>	90	82	133	1

2003 YOUTH RISK BEHAVIOR SURVEY

Nebraska High School Map Form
With Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 7 days, on the days you drank soda or pop, how often was it diet?</p> <p>A. I did not drink soda or pop during the past 7 days B. Always C. Often D. Sometimes E. Never</p>	91	83	134	1
<p>On an average school day how many hours do you spend playing video games?</p> <p>A. I do not play video games 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</p>	92	88	139	1
<p>On an average school day, not counting school work, how many hours do you use the computer?</p> <p>A. I do not use the computer for something that is not school work 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</p>	93	89	140	1
<p>Have you ever talked about AIDS or HIV with your parents or other adults in your family?</p> <p>A. Yes B. No C. Not sure</p>	94	94	145	1
<p>Has a doctor or nurse ever told you that you have asthma?</p> <p>A. Yes B. No C. Not sure</p>	95	95	146	1

2003 YOUTH RISK BEHAVIOR SURVEY

Nebraska High School Map Form
With Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>During the past 12 months have you had an episode of asthma or an asthma attack?</p> <p>A. I do not have asthma</p> <p>B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months</p> <p>C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months</p> <p>D. Not sure</p>	96	96	147	1