

Nebraska High School Map Form

Introduction

The document provides a comparison between your 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:	97
Number of Core Questions:	87
Number of Site-Added Questions:	10
Percentage of Core Questions Asked:	100.0%
Custom Demographics:	
Age:	No
Grade:	No
Race:	No

2005 YOUTH RISK BEHAVIOR SURVEY

**Nebraska High School Map Form
Without Question Text**

Standard	Site	Standard	Site	Standard	Site	Standard	Site
Q1	Q1	Q23	Q23	Q45	Q48	Q67	Q70
Q2	Q2	Q24	Q24	Q46	Q49	Q68	Q71
Q3	Q3	Q25	Q25	Q47	Q50	Q69	Q72
Q4	Q4	Q26	Q26	Q48	Q51	Q70	Q73
Q5	Q6	Q27	Q27	Q49	Q52	Q71	Q74
Q6	Q7	Q28	Q28	Q50	Q53	Q72	Q75
Q7	Q5	Q29	Q29	Q51	Q54	Q73	Q76
Q8	Q8	Q30	Q30	Q52	Q55	Q74	Q77
Q9	Q9	Q31	Q31	Q53	Q56	Q75	Q78
Q10	Q10	Q32	Q32	Q54	Q57	Q76	Q79
Q11	Q11	Q33	Q33	Q55	Q58	Q77	Q80
Q12	Q12	Q34	Q34	Q56	Q59	Q78	Q85
Q13	Q13	Q35	Q35	Q57	Q60	Q79	Q86
Q14	Q14	Q36	Q36	Q58	Q61	Q80	Q87
Q15	Q15	Q37	Q37	Q59	Q62	Q81	Q88
Q16	Q16	Q38	Q38	Q60	Q63	Q82	Q91
Q17	Q17	Q39	Q39	Q61	Q64	Q83	Q92
Q18	Q18	Q40	Q40	Q62	Q65	Q84	Q93
Q19	Q19	Q41	Q41	Q63	Q66	Q85	Q94
Q20	Q20	Q42	Q42	Q64	Q67	Q86	Q96
Q21	Q21	Q43	Q43	Q65	Q68	Q87	Q97
Q22	Q22	Q44	Q47	Q66	Q69		

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Without Question Text**

Standard	Site	Standard	Site	Standard	Site	Standard	Site
Q88	Q44	Q108		Q128		Q148	
Q89	Q45	Q109		Q129		Q149	
Q90	Q46	Q110		Q130		Q150	
Q91	Q81	Q111		Q131		Q151	
Q92	Q82	Q112		Q132		Q152	
Q93	Q83	Q113		Q133		Q153	
Q94	Q84	Q114		Q134		Q154	
Q95	Q89	Q115		Q135		Q155	
Q96	Q90	Q116		Q136		Q156	
Q97	Q95	Q117		Q137		Q157	
Q98		Q118		Q138		Q158	
Q99		Q119		Q139		Q159	
Q100		Q120		Q140		Q160	
Q101		Q121		Q141		Q161	
Q102		Q122		Q142		Q162	
Q103		Q123		Q143		Q163	
Q104		Q124		Q144		Q164	
Q105		Q125		Q145		Q165	
Q106		Q126		Q146		Q166	
Q107		Q127		Q147		Q167	

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With Question Text

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
How do you describe your health in general? A. Excellent B. Very good C. Good D. Fair E. Poor	7	5	52	1

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With Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<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</p> <p>B. Never wore a helmet</p> <p>C. Rarely wore a helmet</p> <p>D. Sometimes wore a helmet</p> <p>E. Most of the time wore a helmet</p> <p>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</p> <p>B. Rarely</p> <p>C. Sometimes</p> <p>D. Most of the time</p> <p>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</p> <p>B. 1 time</p> <p>C. 2 or 3 times</p> <p>D. 4 or 5 times</p> <p>E. 6 or more times</p>	10	10	61	1
<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</p> <p>B. 1 time</p> <p>C. 2 or 3 times</p> <p>D. 4 or 5 times</p> <p>E. 6 or more times</p>	11	11	62	1

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With Question Text

Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
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	12	12	63	1
During the past 30 days, on how many days did you carry a gun? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days	13	13	64	1
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days	14	14	65	1
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	15	15	66	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>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> <ul style="list-style-type: none"> 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 	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> <ul style="list-style-type: none"> 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	17	68	1
<p>During the past 12 months, how many times were you in a physical fight?</p> <ul style="list-style-type: none"> 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	18	69	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 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
<p>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?</p> <p>A. Yes B. No</p>	23	23	74	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
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
How old were you when you smoked a whole cigarette for the first time? 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	29	29	80	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 smoke cigarettes?</p> <ul style="list-style-type: none"> 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 	30	30	81	1
<p>During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?</p> <ul style="list-style-type: none"> 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 	31	31	82	1
<p>During the past 30 days, how did you usually get your own cigarettes?</p> <ul style="list-style-type: none"> 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 	32	32	83	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 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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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 use chewing tobacco, snuff, or dip on school property?</p> <ul style="list-style-type: none"> 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	37	88	1
<p>During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?</p> <ul style="list-style-type: none"> 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 	38	38	89	1
<p>During your life, on how many days have you had at least one drink of alcohol?</p> <ul style="list-style-type: none"> 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 	39	39	90	1
<p>How old were you when you had your first drink of alcohol other than a few sips?</p> <ul style="list-style-type: none"> 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 	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> <ul style="list-style-type: none"> 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 	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> <ul style="list-style-type: none"> 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 	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> <ul style="list-style-type: none"> 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 	43	43	94	1
<p>During your life, how many times have you used marijuana?</p> <ul style="list-style-type: none"> 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 	44	47	98	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	48	99	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	49	100	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	50	101	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	51	102	1

**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 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	52	103	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	53	104	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>	51	54	105	1
<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>	52	55	106	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 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>	53	56	107	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>	54	57	108	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>	55	58	109	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>	56	59	110	1
<p>Have you ever had sexual intercourse?</p> <p>A. Yes B. No</p>	57	60	111	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 had sexual intercourse for the first time?</p> <ul style="list-style-type: none"> 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 	58	61	112	1
<p>During your life, with how many people have you had sexual intercourse?</p> <ul style="list-style-type: none"> 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 	59	62	113	1
<p>During the past 3 months, with how many people did you have sexual intercourse?</p> <ul style="list-style-type: none"> 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 	60	63	114	1
<p>Did you drink alcohol or use drugs before you had sexual intercourse the last time?</p> <ul style="list-style-type: none"> A. I have never had sexual intercourse B. Yes C. No 	61	64	115	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
The last time you had sexual intercourse, did you or your partner use a condom? A. I have never had sexual intercourse B. Yes C. No	62	65	116	1
The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? 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	63	66	117	1
How do you describe your weight? A. Very underweight B. Slightly underweight C. About the right weight D. Slightly overweight E. Very overweight	64	67	118	1
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	65	68	119	1
During the past 30 days, did you exercise to lose weight or to keep from gaining weight? A. Yes B. No	66	69	120	1

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Question	Standard Question Number	Site Question Number	Input Data Position	Input Data Length
<p>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?</p> <p>A. Yes B. No</p>	67	70	121	1
<p>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?</p> <p>A. Yes B. No</p>	68	71	122	1
<p>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?</p> <p>A. Yes B. No</p>	69	72	123	1
<p>During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>	70	73	124	1
<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 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>	71	74	125	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 fruit?</p> <p>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</p>	72	75	126	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 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>	73	76	127	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 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>	74	77	128	1
<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>	75	78	129	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 other vegetables?</p> <p>A. I did not eat other vegetables 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	79	130	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</p> <p>B. 1 to 3 glasses during the past 7 days</p> <p>C. 4 to 6 glasses during the past 7 days</p> <p>D. 1 glass per day</p> <p>E. 2 glasses per day</p> <p>F. 3 glasses per day</p> <p>G. 4 or more glasses per day</p>	77	80	131	1
<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</p> <p>B. 1 day</p> <p>C. 2 days</p> <p>D. 3 days</p> <p>E. 4 days</p> <p>F. 5 days</p> <p>G. 6 days</p> <p>H. 7 days</p>	78	85	136	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 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>	79	86	137	1
<p>During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?</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	87	138	1
<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>	81	88	139	1

2005 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
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	82	91	142	1
During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports? 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	83	92	143	1
During the past 12 months, on how many sports teams did you play? A. 0 teams B. 1 team C. 2 teams D. 3 or more teams	84	93	144	1
Have you ever been taught about AIDS or HIV infection in school? A. Yes B. No C. Not sure	85	94	145	1
Has a doctor or nurse ever told you that you have asthma? A. Yes B. No C. Not sure	86	96	147	1

**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>	87	97	148	1
<p>During the past 30 days, what type of alcohol did you usually drink?</p> <p>A. I did not drink alcohol during the past 30 days</p> <p>B. I do not have a usual type</p> <p>C. Beer</p> <p>D. Malt beverages, such as Smirnoff Ice, Bacardi Silver, and Hard Lemonade</p> <p>E. Wine coolers, such as Bartles and James or Seagrams</p> <p>F. Wine</p> <p>G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey</p> <p>H. Some other type</p>	88	44*	95	1
<p>During the past 30 days, how did you usually get your alcohol?</p> <p>A. I did not drink alcohol during the past 30 days</p> <p>B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station</p> <p>C. I bought it at a restaurant, bar, or club</p> <p>D. I bought it at a public event such as a concert or sporting event</p> <p>E. I gave someone else money to buy it for me</p> <p>F. A person 18 years old or older gave it to me</p> <p>G. I took it from a store or family member</p> <p>H. I got it some other way</p>	89	45*	96	1

2005 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>In the past 30 days, where did you usually drink alcohol?</p> <p>A. I did not drink alcohol during the past 30 days</p> <p>B. At my home</p> <p>C. At another person's home</p> <p>D. At a restaurant, bar, or club</p> <p>E. At a public place such as a park, beach, or parking lot</p> <p>F. At a public event such as a concert or sporting event</p> <p>G. On school property</p>	90	46*	97	1
<p>During the past 7 days, when you drank milk or had milk on cereal, how often was it 1% fat, nonfat, fat free, or skim milk?</p> <p>A. I did not drink milk during the past 7 days</p> <p>B. Always</p> <p>C. Sometimes</p> <p>D. Rarely</p> <p>E. Never</p> <p>F. I don't know the percent fat in the milk I usually drink</p>	91	81*	132	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</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>	92	82	133	1

2005 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, 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</p> <p>B. Less than 12 ounces (less than 1 can or medium glass)</p> <p>C. 12 ounces (1 can or medium glass)</p> <p>D. 20 ounces (1 bottle or large glass)</p> <p>E. 32 ounces (1 liter or extra-large glass)</p> <p>F. More than 32 ounces (more than 1 liter or extra-large glass)</p>	93	83	134	1
<p>During the past 7 days, how often did you drink diet soda or pop?</p> <p>A. I did not drink diet soda or pop during the past 7 days</p> <p>B. Always</p> <p>C. Sometimes</p> <p>D. Rarely</p> <p>E. Never</p>	94	84*	135	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</p> <p>B. Less than 1 hour per day</p> <p>C. 1 hour per day</p> <p>D. 2 hours per day</p> <p>E. 3 hours per day</p> <p>F. 4 hours per day</p> <p>G. 5 or more hours per day</p>	95	89*	140	1

2005 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>On an average school day, not counting schoolwork, how many hours do you use the computer?</p> <p>A. I do not use the computer for something that is not schoolwork on an average school day</p> <p>B. Less than 1 hour per day</p> <p>C. 1 hour per day</p> <p>D. 2 hours per day</p> <p>E. 3 hours per day</p> <p>F. 4 hours per day</p> <p>G. 5 or more hours per day</p>	96	90*	141	1
<p>Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?</p> <p>A. Yes</p> <p>B. No</p> <p>C. Not sure</p>	97	95	146	1