2014/2015 Nebraska
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

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<thead>
<tr>
<th>Height</th>
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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

<table>
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<tr>
<th>Weight</th>
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The next 6 questions ask about safety.

8. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
   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

9. 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

10. **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

11. **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

The next 9 questions ask about violence-related behaviors.

12. **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

13. 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

14. **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

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. 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?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

19. During the past 12 months, how many times were you in a physical fight 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

20. Have you ever been physically forced to have sexual intercourse when you did not want to?
   A. Yes
   B. No

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

22. 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

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.

23. During the past 12 months, have you ever been bullied on school property?
   A. Yes
   B. No
24. During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
   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.

25. 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

26. During the past 12 months, did you ever seriously consider attempting suicide?
   A. Yes
   B. No

27. During the past 12 months, did you make a plan about how you would attempt suicide?
   A. Yes
   B. No

28. 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

29. 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 8 questions ask about tobacco use.

30. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No

31. 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

32. 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

33. 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
34. 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

35. During the past 12 months, did you ever try to quit smoking cigarettes?
   A. I did not smoke during the past 12 months
   B. Yes
   C. No

36. 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?
   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 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

The next 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

38. Have you ever used an electronic vapor product?
   A. Yes
   B. No

39. 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

The next 8 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.

40. 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

41. 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
42. 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

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?
   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, that is, within a couple of hours?
   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

45. During the past 30 days, what type of alcohol did you usually drink? (Select only one response.)
   A. I did not drink alcohol during the past 30 days
   B. I do not have a usual type
   C. Beer
   D. Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
   E. Wine coolers, such as Bartles & Jaymes or Seagrams
   F. Wine
   G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
   H. Some other type

46. 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
47. During the past 30 days, where did you usually drink alcohol? (Select only one response.)
A. I did not drink alcohol during the past 30 days
B. At my home
C. At another person's home
D. While riding in or driving a car or other vehicle
E. At a restaurant, bar, or club
F. At a public place such as a park, beach, or parking lot
G. At a public event such as a concert or sporting event
H. On school property

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

48. 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

49. 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

50. 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

51. During the past 30 days, how did you usually use marijuana?
A. I did not use marijuana during the past 30 days
B. I smoked it in a joint, bong, pipe, or blunt
C. I ate it in food such as brownies, cakes, cookies, or candy
D. I drank it in tea, cola, alcohol, or other drinks
E. I vaporized it
F. I used it some other way

The next 11 questions ask about other drugs.

52. 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

53. 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

54. 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
55. 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

56. 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

57. 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

58. 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

59. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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

60. During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) 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

61. 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

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

The next 7 questions ask about sexual behavior.

63. Have you ever had sexual intercourse?
   A. Yes
   B. No
64. 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

65. 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

66. 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

67. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
A. I have never had sexual intercourse
B. Yes
C. No

68. 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

69. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
A. I have never had sexual intercourse
B. No method was used to prevent pregnancy
C. Birth control pills
D. Condoms
E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
G. Withdrawal or some other method
H. Not sure

The next 5 questions ask about body weight.

70. How do you describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight

71. 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

72. 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
73. 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? (Do not count meal replacement products such as Slim Fast.)
   A. Yes
   B. No

74. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
   A. Yes
   B. No

The next 12 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.

75. 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.)
   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

76. 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

77. 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

78. 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

79. 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

80. 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
81. 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

82. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sports drink** such as Gatorade or PowerAde? (Do **not** count low-calorie sports drinks such as Propel or G2.)
   A. I did not drink sports drinks 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

83. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, Sunny Delight, or energy drinks such as Red Bull? (Do **not** count soda or pop, sports drinks, or 100% fruit juice.)
   A. I did not drink sugar-sweetened beverages 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

84. 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

85. 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

86. Are there any foods that you have to avoid because eating the food could cause an allergic reaction, like skin rashes, swelling, itching, vomiting, coughing, or trouble breathing?
   A. Yes
   B. No
   C. Not sure
The next 7 questions ask about physical activity.

87. 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

88. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

89. 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

90. 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 iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
   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

91. 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

92. 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

93. 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 6 questions ask about other health-related topics.

94. 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

95. 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

96. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do not count getting a spray-on tan.)
   
   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

97. Has a doctor or nurse ever told you that you have asthma?
   
   A. Yes  
   B. No  
   C. Not sure

98. 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

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.