

# 2012/2013 Rhode Island 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.***

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**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

8. 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

9. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)  
 A. Yes  
 B. No  
 C. Not sure
10. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)  
 A. Yes  
 B. No  
 C. Not sure

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

11. **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
12. 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
13. 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
14. 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

15. 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

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

16. 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
17. 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
18. 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
19. 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

20. 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
21. 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
22. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No
23. 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

24. 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.**

25. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
  - B. No
26. 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 4 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.**

27. 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
28. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No

29. During the past 12 months, did you make a plan about how you would attempt suicide?  
 A. Yes  
 B. No
30. 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

**The next 14 questions ask about tobacco use.**

31. Have you ever tried cigarette smoking, even one or two puffs?  
 A. Yes  
 B. No
32. 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
33. 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
34. 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

35. 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 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
36. During the past 30 days, on how many days did you smoke cigarettes **on school property**?  
 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. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?  
 A. Yes  
 B. No
38. 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
39. During the past 12 months, did a doctor, dentist, or nurse ask you whether you smoke cigarettes?  
 A. I did not see a doctor, dentist, or nurse during the past 12 months  
 B. Yes  
 C. No  
 D. Not sure

40. Does anyone who lives with you smoke cigarettes?  
 A. Yes  
 B. No
41. 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
42. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?  
 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. Do you believe that **chewing tobacco, snuff, or dip** is safer than cigarettes?  
 A. Yes  
 B. No
44. 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 snus. Snus (pronounced like moose) is moist, smokeless tobacco, usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum.**

45. During the past 30 days, on how many days did you use snus?  
 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
46. During the past 30 days, on how many days did you use snus on school property?  
 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 using a hookah. A hookah is a large water pipe in which a tobacco mixture called shisha, is smoked.**

47. During the past 30 days, on how many days did you use a hookah to smoke tobacco?  
 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
48. During the past 30 days, where did you usually use a hookah?  
 A. I did not use a hookah during the past 30 days  
 B. At my home  
 C. At my friend's home  
 D. At a hookah bar or lounge  
 E. Somewhere else

**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.**

49. 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
50. 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
51. 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

52. 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 3 questions ask about marijuana use. Marijuana also is called grass or pot.**

53. 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
54. 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
55. 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 9 questions ask about other drugs.**

56. During the past 30 days, how many times have you used synthetic marijuana (also called K2 or Spice)?
- 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
57. 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
58. During the past 30 days, 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
59. 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
60. 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

61. During the past 30 days, 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
62. The last time you took a prescription drug without a doctor's prescription, how did you get it?
- A. I have never taken a prescription drug without a doctor's prescription
  - B. I got it from a friend or a relative
  - C. I took it from a friend or a relative without asking
  - D. I bought it at school
  - E. I bought it outside of school
  - F. I got it from the internet or online
  - G. I got it from some other source
63. During the past 30 days, how many times did you take an over-the-counter drug 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
64. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No

**The next 8 questions ask about sexual behavior.**

65. Have you ever had sexual intercourse?
- A. Yes
  - B. No

66. 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
67. 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
68. 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
69. 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

70. 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
71. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
  - B. Females
  - C. Males
  - D. Females and males
72. Which of the following best describes you?
- A. Heterosexual (straight)
  - B. Gay or lesbian
  - C. Bisexual
  - D. Not sure

**The next 5 questions ask about body weight.**

73. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
74. 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
75. 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

76. 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

77. 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 9 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.**

78. 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

79. 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

80. 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

81. 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

82. 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

83. 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

84. 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
85. 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
86. 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

**The next 5 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. 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
89. 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

90. 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
91. 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 3 questions ask about your teeth and mouth.**

92. 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
93. 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
94. During the past 12 months, how often were you self-conscious or embarrassed because of your teeth or mouth?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 5 questions ask about other health-related topics.**

95. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
96. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
97. Do you still have asthma?
- A. I have never had asthma
  - B. Yes
  - C. No
  - D. Not sure
98. 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
99. Have you ever had the HPV vaccine, a vaccine to prevent human papillomavirus or HPV infection (also called the cervical cancer vaccine, HPV shot, or GARDASIL)?
- A. Yes
  - B. No
  - C. Not sure

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