



## 2019 Florida High School 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 circles 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  C  D
- If you change your answer, erase your old answer completely.

Incorrect Marks



### 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 blank boxes.  
Fill in the matching circle below each number.

Example

HEIGHT	
5'	7"
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

HEIGHT	
I	II
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

### 7. How much do you weigh without your shoes on?

Directions: Write your weight in the blank boxes.  
Fill in the matching circle below each number.

Example

WEIGHT		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input checked="" type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

\_\_\_\_\_ pounds

WEIGHT		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

The next 5 questions ask about safety.

8. How often do you wear a seat belt when riding in a car driven by someone else?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

9. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

10. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- a. I did not drive a car or other vehicle during the past 30 days
- b. 0 times
- c. 1 time
- d. 2 or 3 times
- e. 4 or 5 times
- f. 6 or more times

11. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

- a. I did not drive a car or other vehicle during the past 30 days
- b. 0 days
- c. 1 or 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 to 29 days
- h. All 30 days

12. During the past 30 days, on how many days did you use a handheld device to talk, or use apps such as the internet, FaceTime, G-mail, Twitter, Facebook, and Snapchat 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 13 questions ask about violence-related behaviors.

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

14. During the past 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 has someone stolen or deliberately damaged your property such as your car, clothing, or books 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

18. 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

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. 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

21. Have you ever been physically forced to have sexual intercourse when you did not want to?

- a. Yes
- b. No

22. During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

23. 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

24. 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

25. During the past 12 months, how many times did someone you were dating or going out with threaten you, limit your activities against your will, or make you feel unsafe in any other way?

- 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 4 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.

26. During the past 12 months, have you ever been bullied on school property?

- a. Yes
- b. No

27. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- a. Yes
- b. No

28. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?

- a. Yes
- b. No

29. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?

- a. Yes
- b. No

**The next question asks about hurting yourself on purpose.**

30. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- a. 0 times
  - b. 1 time
  - c. 2 or 3 times
  - d. 4 or 5 times
  - e. 6 or more times

**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.**

31. 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
32. During the past 12 months, did you ever seriously consider attempting suicide?
- a. Yes
  - b. No
33. During the past 12 months, did you make a plan about how you would attempt suicide?
- a. Yes
  - b. No
34. 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
35. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- a. I did not attempt suicide during the past 12 months
  - b. Yes
  - c. No

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

36. Have you ever tried cigarette smoking, even one or two puffs?
- a. Yes
  - b. No
37. How old were you when you first tried cigarette smoking, even one or two puffs?
- a. I have never tried cigarette smoking, not even one or two puffs
  - b. 8 years old or younger
  - c. 9 or 10 years old
  - d. 11 or 12 years old
  - e. 13 or 14 years old
  - f. 15 or 16 years old
  - g. 17 years old or older
38. 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

**The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

39. 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

40. 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

41. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

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

42. 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

43. 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

44. 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 question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

45. During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

- 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 2 questions ask about other drugs.

46. 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

47. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- a. Yes
- b. No

The next 12 questions ask about sexual behavior.

48. Have you ever had sexual intercourse?

- a. Yes
- b. No

49. 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

50. 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

51. 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

52. 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

53. 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

54. 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

55. 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

56. Which of the following best describes you?

- a. Heterosexual (straight)
- b. Gay or lesbian
- c. Bisexual
- d. Not sure

57. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- a. No, I am not transgender
- b. Yes, I am transgender
- c. I am not sure if I am transgender
- d. I do not know what this question is asking

58. How many times have you been pregnant or gotten someone pregnant?

- a. 0 times
- b. 1 time
- c. 2 or more times
- d. Not sure

59. Have you ever had oral sex?

- a. Yes
- b. No

The next 7 questions ask about body weight.

60. How do you describe your weight?

- a. Very underweight
- b. Slightly underweight
- c. About the right weight
- d. Slightly overweight
- e. Very overweight

61. 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

62. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?

- a. Yes
- b. No

63. 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

64. 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



65. 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

66. 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 13 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.

67. 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

68. 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

69. 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

70. 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

71. 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

72. 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

73. 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

74. 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

75. During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do not count diet energy drinks or sports drinks such as Gatorade or Powerade.)

- a. I did not drink energy 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

76. 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

77. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

78. During the past 7 days, on how many days did you eat breakfast?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

79. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

The next 5 questions ask about physical activity.

80. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

81. On an average school day, how many hours do you watch TV?

- a. I do not watch TV on an average school day
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 hours per day
- g. 5 or more hours per day

82. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)

- a. I do not play video or computer games or use a computer for something that is not school work
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 hours per day
- g. 5 or more hours per day

83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days

84. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- a. 0 teams
- b. 1 team
- c. 2 teams
- d. 3 or more teams

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

85. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 times
- e. 4 or more times

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

86. Have you ever been taught about AIDS or HIV infection during grades 9 through 12?

- a. Yes
- b. No
- c. Not sure

87. 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

88. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

- a. Yes
- b. No
- c. Not sure

89. During your last check-up, did your doctor or nurse discuss ways to prevent pregnancy, AIDS, or other sexually transmitted diseases (STDs)?

- a. I have never had a check-up
- b. Yes
- c. No
- d. Not sure

90. 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

91. During the past 12 months, where did you receive a flu shot?

- a. I did not receive flu shot during the past 12 months
- b. At my doctor's office
- c. At a pharmacy (such as CVS or Walgreens)
- d. At my school
- e. At an emergency room
- f. At a health department
- g. Somewhere else
- h. Not sure

92. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

93. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing school work, playing sports, or being with friends?

- a. Yes
- b. No
- c. Not sure

94. During an average week, on how many days do you provide care for someone in your family or household who is chronically ill (lasts 3 months or more), elderly, or disabled with activities they would have difficulty doing on their own?

- a. There is no one in my family or home who is chronically ill, elderly, or disabled who needs care
- b. 0 days per week
- c. 1 or 2 days per week
- d. 3 to 5 days per week
- e. 6 or 7 days per week

95. 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

96. How important is it for schools to help students address the problems of today such as drug abuse, violence, AIDS/HIV, teen pregnancy, abuse, and suicide?

- a. Very important
- b. Important
- c. Somewhat important
- d. Not important

97. If you or one of your friends were being physically or sexually abused, do you know who you should report it to?

- a. Yes
- b. No
- c. Not sure

98. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?

- a. Yes
- b. No

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

PROOF

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

