**Introduction**

The Florida Youth Risk Behavior Survey (YRBS) is a self-administered, school-based anonymous survey that has been conducted in Florida public high schools every two years since 1991. It is part of a national survey effort led by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. In 2013, a total of 6,089 students in 73 public high schools in Florida completed the YRBS. The overall response rate was 69%. Since 2001, the response rate has been high enough for the data to be weighted to represent all Florida public high school students. The prevalence estimates and 95% confidence intervals (95% CI) were calculated using SAS 9.3. The difference in prevalence between two different populations or between two different years is statistically significant if the 95% confidence intervals of the two prevalence estimates do not overlap.

**Self-injured, without wanting to die***

In 2013, approximately 112,100 students (14.6%) did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose, one or more times during the past 12 months. From 2007 to 2013 there was not a significant change in the prevalence of this behavior. Females consistently were significantly more likely to self-injure than males.

*Question first asked in 2007

**Have been choked on purpose***

In 2013, approximately 65,300 students (8.5%) had either been choked by someone or tried to choke themselves on purpose, such as with a belt, towel or rope, for the feeling or experience it caused. From 2011 to 2013 there was not a significant change in the prevalence of this behavior overall or by gender.

*Question first asked in 2011

**Felt sad or hopeless and stopped doing some usual activities**

In 2013, approximately 205,400 students (25.8%) felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. This prevalence decreased by 8.5% from 2001 to 2013. Females consistently were significantly more likely to feel sad or hopeless than males.
Considered attempting suicide
In 2013, approximately 110,800 students (13.9%) seriously considered attempting suicide during the past 12 months. This prevalence decreased by 9.7% from 2001 to 2013. Females consistently were significantly more likely to consider attempting suicide than males.

Made a plan of how to commit suicide
In 2013, approximately 82,000 students (10.4%) made a plan during the past 12 months about how they would commit suicide. This prevalence decreased by 28.3% from 2001 to 2007 and increased by 28.4% from 2007 to 2013. Females were significantly more likely to plan a suicide attempt than males in all years except 2007.

Attempted suicide
In 2013, approximately 54,200 students (7.7%) attempted suicide one or more times during the past 12 months. This prevalence decreased by 8.3% overall from 2001 to 2013 but increased by 35.1% from 2007 to 2013. Females were significantly more likely to attempt suicide than males in all years except 2007 and 2009.

Medical attention was required
In 2013, approximately 18,600 students (2.7%) attempted a suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months. This prevalence decreased by 12.9% from 2001 to 2013. The number of suicide attempts that needed medical attention increased by 55% among females from 2011 to 2013.

For more information about the YRBS, please contact the Chronic Disease Epidemiology Surveillance and Evaluation Section at (850) 245-4401, by e-mail at ChronicDisease@flhealth.gov, or visit our website at: http://www.floridahealth.gov/reports-and-data/survey-data/youth-risk-behavior-survey/index.html. For an interactive database of YRBS data, visit the CDC’s YRBS web site at: www.cdc.gov/yrbs. This document was developed by the Bureau of Epidemiology for the Florida Department of Education’s Office of Healthy Schools in cooperation with the U.S. Centers for Disease Control and Prevention, Division of Adolescent and School Health Project Number 1U87PS004277-01.