

2021 Healthy Kids Colorado Survey: High School

*This document includes all questions on the high school version of the Healthy Kids Colorado Survey. When administered online, students randomly receive Module A or Module B to shorten the survey length to **118 questions**. A core set of questions is asked on both modules, followed by unique questions specific to each module. Skip logic is also used to streamline the survey experience.*

STUDENT INSTRUCTIONS

You are about to take the Healthy Kids Colorado Survey. This survey is about your health and things that affect your health. Your answers are very important and will help your school, community, and state policy-makers improve health programs for people your age right here in Colorado.

This survey is completely anonymous, meaning the answers you give will be kept private. No one will know what you answer and your responses cannot be tied to your student login or device in any way.

Completing the survey is voluntary. You may choose not to answer some or all of the questions. If you are not comfortable answering a question, just leave it blank. Whether or not you answer the questions will not affect your grade in this class.

When you have completed your survey, please read or sit quietly to allow everyone to finish in silence. Thank you for your participation!

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. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

3. What is your gender identity?
 - A. Female
 - B. Male
 - C. Genderqueer/Nonbinary
 - D. I do not know my gender identity (questioning)
 - E. I have a different identity

4. 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
5. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Asexual
 - E. I describe my sexual identity some other way
 - F. I am not sure about my sexual identity (questioning)
 - G. I do not know what this question is asking
6. What racial or ethnic identity do you most identify with? (Select all that apply.)
- A. American Indian or Alaska Native
 - B. Black or African American
 - C. East or Southeast Asian
 - D. Hispanic or Latinx
 - E. Middle Eastern, North African, or Arab
 - F. Native Hawaiian or Pacific Islander
 - G. South Asian
 - H. White
 - I. Other
7. What is the highest level of schooling your mother completed?
- A. Completed grade school or less
 - B. Some high school
 - C. Completed high school
 - D. Some college
 - E. Completed college
 - F. Graduate or professional school
 - G. Not sure
8. 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
9. 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
10. In the past 30 days, how often did you go to your school building to attend class in person?
- A. Always
 - B. Most of the time

- C. Sometimes
- D. Rarely
- E. Never

11. Where are you right now while taking this survey?

- A. In my school building
- B. In my parent's or guardian's home
- C. In some other location (e.g., friend's house, hotel room) that is not part of my school

The next section asks about safety.

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

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

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, how many times did you **ride** in a car or other vehicle **driven by someone who had been using marijuana** (also called pot, weed, or cannabis)?

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

16. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana** (also called pot, weed, or cannabis)?

- 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

17. 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 section asks about violence-related behaviors.

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 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

20. 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

21. During the past 12 months, did **someone you were dating or going out with** purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)

- A. I did not date or go out with anyone during the past 12 months
- B. Yes
- C. No

The next section asks about consent. Consent means that you freely and actively agree to be with someone sexually and know what you are agreeing to. Consent can be saying “yes” or any other action that gives permission to engage in sexual activity. Consent cannot be given when someone is under the influence of drugs or alcohol. Consent can be withdrawn at any time.

As a reminder, this survey is completely anonymous, meaning your answers will be kept private.

22. Have you ever had a sexual experience where you were unsure if you **gave** your fully-granted consent to the other person?
- A. Yes
 - B. No
 - C. I don't know
23. Have you ever had a sexual experience where you were unsure if you **received** fully-granted consent from the other person?
- A. Yes
 - B. No
 - C. I don't know
24. During the past 12 months, has a revealing or sexual photo or video of you been texted, e-mailed, or posted electronically without your permission?
- A. Yes
 - B. No
 - C. I don't know
25. Have you ever made sexual comments, jokes, gestures, or looks at someone when they did not want you to?
- A. Yes
 - B. No
26. Have you ever touched, grabbed, or pinched someone in a sexual way when they did not want you to?
- A. Yes
 - B. No
27. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
28. Have you ever forced someone to have sex with you when you knew they did not want to?
- A. Yes
 - B. No

The next section asks 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, fight, or tease each other in a friendly way.

29. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
30. Where were you bullied **on school property**? (Select all that apply.)
- A. I have not been bullied on school property

- B. In a classroom
- C. In a hallway or stairwell
- D. In a bathroom or locker room
- E. In a cafeteria or lunch room
- F. On a bus or at a bus stop
- G. Outside on school property before school
- H. Outside on school property after school
- I. Outside on school property during lunch or break
- J. Somewhere else on school property

31. 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

32. During the past 12 months, have you ever been a victim of teasing or name calling because of your actual or perceived: _____ (Select all that apply.)

- A. I have not been a target of teasing or name calling in the past 12 months
- B. Race
- C. Ethnic background or national origin
- D. Sexual orientation
- E. Gender identity
- F. Religion
- G. Disability status (physical, mental, or developmental)
- H. Physical appearance

The next section asks about hurting yourself on purpose.

33. 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 section asks about stress, 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.

34. My stress level is manageable most days.

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

35. After a stressful situation, how many days does it take you to feel fully recovered?

- A. Less than 1 day

- B. 1 to 2 days
- C. 3 to 4 days
- D. 5 to 6 days
- E. 7 or more days

36. 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

37. During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

38. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

39. 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

40. If you had a serious problem, do you know an adult in or out of school whom you could talk to or go to for help?

- A. Yes
- B. No
- C. Not sure

41. During your life, how often have you felt that you were able to talk to a friend about your feelings?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

The next section asks about tobacco use.

42. 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

43. 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
44. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?
- A. I did not smoke cigarettes during the past 30 days
 - B. Yes
 - C. No
 - D. Not sure
45. If you wanted to get some cigarettes, how easy would it be for you to get some?
- A. Very hard
 - A. Sort of hard
 - B. Sort of easy
 - C. Very easy
46. During the past 30 days, where did you buy your own cigarettes? (Select all that apply.)
- A. I did not smoke cigarettes during the past 30 days
 - B. A gas station
 - C. A convenience store
 - D. A grocery store
 - E. A drugstore
 - F. A vending machine
 - G. Over the internet
 - H. Through the mail
 - I. Some other place not listed here
47. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke cigarettes during the past 12 months
 - B. Yes
 - C. No
48. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
49. How wrong do you think it is for someone your age to smoke cigarettes?
- A. Very wrong
 - B. Wrong

- C. A little bit wrong
- D. Not wrong at all

50. How wrong would most adults (over 21) in your neighborhood think it is for kids to smoke cigarettes?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

51. In the past 30 days, which of the following products have you used on at least one day? Do not include any electronic vapor products. (Select all that apply.)

- A. Cigars, cigarillos, or little cigars
- B. Chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus
- C. Smoking tobacco from a hookah, narghile, or other type of waterpipe
- D. Smoking tobacco from a pipe that was not hookah, narghile, or other type of waterpipe
- E. Bidis or small brown cigarettes wrapped in a leaf
- F. I have not used any of the products listed above

The next section asks about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. Do not include marijuana.

52. Have you ever used an electronic vapor product?

- A. Yes
- B. No

53. How old were you when you used an electronic vapor product for the first time?

- A. I have never used an electronic vapor product
- 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

54. 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

55. What are the reasons you have used electronic vapor products? (Select all that apply.)

- A. I have never used an electronic vapor product
- B. Friend or family member used them
- C. To try to quit using other tobacco products
- D. They cost less than other tobacco products

- E. They are easier to get than other tobacco products
- F. They are less harmful than other forms of tobacco
- G. They are available in flavors, such as mint, candy, fruit, or chocolate
- H. They can be used in areas where other tobacco products are not allowed
- I. I used them for some other reason

56. If you wanted to get any electronic vapor products, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

57. During the past 30 days, where did you buy your own electronic vapor products? (Select all that apply.)

- A. I did not buy electronic vapor products during the past 30 days
- B. A gas station
- C. A convenience store
- D. A grocery store
- E. A drugstore
- F. A vending machine
- G. Over the internet
- H. Through the mail
- I. Some other place not listed here

58. During the past 12 months, did you ever try to quit using electronic vapor products?

- A. I did not use electronic vapor products during the past 12 months
- B. Yes
- C. No

59. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products every day?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

60. How wrong do you think it is for someone your age to use electronic vapor products?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

61. How wrong would most adults (over 21) in your neighborhood think it is for kids to use electronic vapor products?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

62. How wrong do your parents or guardians feel it would be for you to use electronic vapor products?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

63. How much do you think people risk harming themselves (physically or in other ways) if they breathe vapor from someone else's electronic vapor product? (Do **not** include marijuana.)

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

64. Out of every 10 students in your grade at school, how many do you think use electronic vapor products?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8
- J. 9
- K. 10

65. In the past 30 days, did anyone in a store ever refuse to sell you any tobacco product or electronic vaping product because of your age?

- A. I did not try to buy those products in a store in the past 30 days
- B. Yes, someone refused to sell me those products because of my age
- C. No, no one refused to sell me those products because of my age

The next section asks about secondhand smoke and vapor.

66. During the past 7 days, on how many days were you inside your home while someone was smoking a cigarette, cigar, pipe or using an electronic vapor product? (Do **not** include marijuana.)

- A. 0 days
- B. 1 to 2 days
- C. 3 to 4 days
- D. 5 to 6 days
- E. 7 days

67. During the past 7 days, on how many days were you in a car with your parent or guardian while they were smoking a cigarette, cigar, pipe, or using an electronic vapor product? (Do **not** include marijuana.)

- A. My parents/guardians do not smoke
- B. 0 days
- C. 1 to 2 days
- D. 3 to 4 days

- E. 5 to 6 days
- F. 7 days

The next section asks about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, whiskey, etc. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

68. 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

69. 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

The next question asks about how many drinks of alcohol you have had in a row, that is, within a couple of hours.

70. 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

71. Out of every 10 students in your grade at school, how many do you think had 5 or more drinks on at least 1 day in the past 30 days?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8

- J. 9
- K. 10

72. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?
- A. Very hard
 - B. Sort of hard
 - C. Sort of easy
 - D. Very easy
73. How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of alcohol nearly every day?
- A. Great risk
 - B. Moderate risk
 - C. Slight risk
 - D. No risk
74. How wrong do you think it is for someone your age to drink alcohol regularly (at least once or twice a month)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
75. How wrong do your parents or guardians feel it would be for you to drink alcohol regularly (at least once or twice a month)?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
76. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to drink alcohol?
- A. Very wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
77. If you drank some beer, wine or hard liquor without your parents' permission, would you be caught by your parents?
- A. Definitely
 - B. Usually
 - C. Not often
 - D. Definitely not

The next section asks about marijuana use. Marijuana is also called pot, weed, or cannabis. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

78. 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

79. 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

80. 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

81. During the past 30 days, on how many days did you use THC concentrates, hash oil, or waxes?

- 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

82. During the past 30 days, how did you use marijuana? (Select all that apply.)

- A. I did not use marijuana during the past 30 days
- B. I smoked it
- C. I ate it (in an edible, candy, tincture or other food)
- D. I used a vaporizer
- E. I dabbled it
- F. I used it in some other way

83. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)

- A. I did not use marijuana during the past 30 days
- B. I smoked it
- C. I ate it (in an edible, candy, tincture or other food)
- D. I used a vaporizer
- E. I dabbled it
- F. I used it in some other way

84. If you wanted to get some marijuana, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard

- C. Sort of easy
- D. Very easy

85. During the past 30 days, how did you **usually** get the marijuana that you used? (Select only **one** response.)

- A. I did not use marijuana in the past 30 days
- B. I bought it at a marijuana store or center
- C. I bought it from someone else
- D. A parent or family member over the age of 21 gave it to me
- E. A friend over the age of 21 gave it to me
- F. Someone under the age of 21 gave it to me
- G. I took it without permission from the owner
- H. I used a marijuana delivery service

86. Out of every 10 students in your grade at school, how many do you think used marijuana in the past 30 days?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. 7
- I. 8
- J. 9
- K. 10

87. How much do you think people risk harming themselves (physically or in other ways), if they use marijuana regularly?

- A. Great risk
- B. Moderate risk
- C. Slight risk
- D. No risk

88. How wrong do **you** think it is for **someone your age** to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

89. How wrong do **your parents or guardians** feel it would be for **you** to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

90. How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong

- D. Not wrong at all

The next section 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 these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

91. 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

92. During the past 30 days, how many times did you take **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

93. If you wanted to get **prescription drugs** not prescribed to you, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

94. How wrong do you think it is for someone your age to use **prescription drugs** without a doctor's prescription?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not wrong at all

The next section asks about other drugs.

95. During your life, have you ever used the following drugs? (Select all that apply.)

- A. Any form of cocaine, including powder, crack or freebase
- B. Inhalants like glue, aerosol spray cans, or any paints or sprays
- C. Heroin (also called smack, junk, or China White)
- D. Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
- E. Ecstasy (also called MDMA or Molly)
- F. I have never used any of these drugs

96. If you wanted to get a drug like cocaine, LSD (also called acid), amphetamines, or any other illegal drug, how easy would it be for you to get some?

- A. Very hard
- B. Sort of hard

- C. Sort of easy
- D. Very easy

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

- A. Yes
- B. No

98. In the past 12 months, what are the reasons you have used substances? Count using alcohol, marijuana, tobacco or nicotine products, off-label prescription drugs, or illicit drugs. (Select all that apply.)

- A. I have not used substances in the last 12 months
- B. To experiment - see what it felt like
- C. To feel good or get high
- D. To have a good time with my friends
- E. Because of boredom - nothing else to do
- F. Because I am "hooked" - I feel I have to have them
- G. Don't know how to say no when offered
- H. To cope with or overcome negative/difficult feelings
- I. To gain connection or acceptance of peers or older siblings
- J. It feels socially acceptable because everyone does it
- K. Some other reason

The next section asks about sexual health.

99. Have you ever had sexual intercourse?

- A. Yes
- B. No

100. 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

101. 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

102. 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

103. 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

104. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- A. I have never had sexual intercourse with an opposite-sex partner
- B. No method was used to prevent pregnancy
- C. Birth control pills (do not count emergency contraception such as Plan B or the "morning after" pill)
- 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 section asks 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.

105. 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

106. 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

107. During the past 7 days, how many times did you eat **vegetables** such as green salad, potatoes, carrots, and other vegetables? (Do **not** count french fries, fried potatoes, or potato chips.)

- A. I did not eat 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

108. 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

109. Which of the following beverages did you drink a can, bottle, or glass of one or more times per day during the past 7 days?
(Select all that apply.)

- A. Sports drink, such as Gatorade or PowerAde (do not count low-calorie sports drinks such as Propel or G2)
- B. Energy drink, such as Red Bull or Monster (do not count diet energy drinks)
- C. Other sugar-sweetened beverage, such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or SunnyDelight
- D. Diet soda or pop, such as Diet Coke, Diet Pepsi, or Sprite Zero
- E. Plain water, such as tap, bottled, or unflavored sparkling water
- F. Something else

110. 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

111. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

The next section asks about physical activity.

112. 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

113. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)

- A. Less than 1 hour per day
- B. 1 hour per day
- C. 2 hours per day
- D. 3 hours per day
- E. 4 hours per day
- F. 5 or more hours per day

114. If you wanted to, could you walk or ride a bike, scooter, or skateboard to school?

- A. Yes
- B. No, it is too far
- C. No, it is not safe
- D. No, it is too far and it is not safe
- E. No, my school does not allow it

115. In an average week when you are in school, on how many days do you walk or ride your bike to school when weather allows you to do so?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

116. 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

117. 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.

118. 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 section asks about your home life.

119. During the past 30 days, where did you usually sleep? (Select all that apply.)

- A. In my parent's or guardian's home
- B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
- C. In a shelter or emergency housing
- D. In a motel or hotel
- E. In a car, park, campground, or other public place
- F. I do not have a usual place to sleep
- G. Somewhere else

120. The rules in my family are clear.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

121. If I had a personal problem, I could ask my parents or guardians for help.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

122. My parents or guardians ask if I've gotten my homework done.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

123. If you skipped school, would you be caught by your parents or guardians?

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

124. My parents or guardians give me lots of chances to do fun things with them.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

125. My parents or guardians ask me what I think before most family decisions affecting me are made.

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

126. How often do you feel safe and secure in your neighborhood?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

The next section asks about your school.

127. Are your school grades better than the grades of most students in your class?

- A. Definitely
- B. Usually
- C. Not often
- D. Definitely not

128. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?

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

129. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?

- A. Yes
- B. No

130. During the **last four weeks**, how many whole days of school have you missed because you skipped or "cut"?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 to 5 days
- F. 6 to 10 days
- G. 11 or more days

131. I feel safe at my school.
- A. Definitely
 - B. Usually
 - C. Not often
 - D. Definitely not
132. How important is it to you to continue education past high school such as college or a technical or vocational school?
- A. Very important
 - B. Important
 - C. Not very important
 - D. Not at all important
133. The school lets my parents or guardians know when I have done something well.
- A. Definitely
 - B. Usually
 - C. Not often
 - D. Definitely not
134. My teachers notice when I am doing a good job and let me know about it.
- A. Definitely
 - B. Usually
 - C. Not often
 - D. Definitely not
135. How interesting are most of your courses to you?
- A. Very interesting
 - B. Quite interesting
 - C. Fairly interesting
 - D. Slightly boring
 - E. Very boring
136. How important do you think the things you are learning in school are going to be for your later life?
- A. Very important
 - B. Important
 - C. Not very important
 - D. Not at all important
137. Thinking back over the past year in school, how often did you try to do your **best work** in school?
- A. Always
 - B. Most of the time
 - C. Sometimes
 - D. Rarely
 - E. Never
138. Thinking back over the past year in school, how often did you **enjoy** being in school?
- A. Always
 - B. Most of the time
 - C. Sometimes

- D. Rarely
- E. Never

139. Do you agree or disagree that you feel like you belong at your school?

- A. Strongly agree
- B. Agree
- C. Not sure
- D. Disagree
- E. Strongly disagree

The next section asks about other health-related topics.

140. 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

141. If you wanted to get a handgun, how easy would it be for you to get one?

- A. Very hard
- B. Sort of hard
- C. Sort of easy
- D. Very easy

142. How long would it take you to get and be ready to fire a loaded gun without a parent or other adult's permission? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.

- A. I could not get a loaded gun
- B. Less than 10 minutes
- C. 10 or more minutes, but less than 1 hour
- D. 1 or more hours, but less than 4 hours
- E. 4 or more hours, but less than 24 hours
- F. 24 or more hours

143. In the past 12 months, which of the following problems with your mouth or teeth have you experienced? Do **not** include problems caused by braces or mouth injury, such as being hit in the mouth. (Select all that apply.)

- A. Difficulty when biting or chewing foods
- B. Avoided smiling
- C. Felt anxious or embarrassed
- D. Took days off school because of pain or discomfort
- E. Problems sleeping
- F. Experienced pain
- G. I have not experienced any of these problems with my mouth or teeth

144. Has a doctor or nurse ever told you that you have asthma?

- A. Yes

- B. No
- C. Not sure

The next section asks about experiences with racism. Racism is the disrespect, harm, and mistreatment of people based on their race or ethnicity.

145. During the past 12 months, have you experienced any of the following forms of racism? (Select all that apply.)
- A. Treated badly or unfairly in school because of your race or ethnicity
 - B. Watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity
 - C. People assumed you are less intelligent because of your race or ethnicity
 - D. Seen your parents or other family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture
 - E. I did not experience any of these forms of racism

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next section asks about your experiences during this time, whether in the past or continuing now.

146. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Always
 - B. Most of the time
 - C. Sometimes
 - D. Rarely
 - E. Never

147. During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?
- A. My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
 - B. Yes
 - C. No

148. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?
- A. Always
 - B. Most of the time
 - C. Sometimes
 - D. Rarely
 - E. Never

149. Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

150. During the COVID-19 pandemic, how often did a parent or other adult in your home swear at you, insult you, or put you down?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

151. During the COVID-19 pandemic, how often did a parent or other adult in your home hit, beat, kick, or physically hurt you in any way?

- A. Always
- B. Most of the time
- C. Sometimes
- D. Rarely
- E. Never

152. Because of COVID-19, did you do any of the following more often? (Select all that apply.)

- A. Drink alcohol
- B. Use marijuana
- C. Use other drugs such as cocaine, LSD, amphetamines, or any other illegal drug
- D. Vape or use e-cigarettes
- F. Smoke cigarettes
- G. Use prescription drugs without a doctor's prescription
- H. Use social media
- I. Feel more daily stress
- J. Wash your hands
- K. Visit a "food pantry" or other food donation location to receive donated groceries
- L. Spend quality time with family
- M. Exercise
- N. None of these

Have you fully completed your survey? *If so, select "Yes" and press "SUBMIT" to record your responses. You cannot edit your responses after submitting. If you are not finished, select "No" and use the back arrow to return to any incomplete section.*

- A. Yes
- B. No