

2023 YRBS Questions and Response Options

| Questions |   | Response Options   |
|-----------|---|--|
| Status    |   | 0 IP Address   |
|           |   | 1 Survey Preview   |
|           |   | 2 Survey Test  |
|           |   | 4 Imported   |
|           |   | 8 Spam   |
|           |   | 9 Survey Preview Spam  |
|           |   | 12 Imported Spam   |
|           |   | 16 Offline   |
|           |   | 17 Offline Survey Preview  |
|           |   | 32 EX  |
|           | 40 EX Spam  |  |
|           | 48 EX Offline   |  |
| Finished  |   | 0 False  |
|           |   | 1 True   |
| Q1        | How old are you?  | 1 12 years old or younger  |
|           |   | 2 13 years old   |
|           |   | 3 14 years old   |
|           |   | 4 15 years old   |
|           |   | 5 16 years old   |
|           |   | 6 17 years old   |
|           |   | 7 18 years old or older  |
| Q2_1      | Which of the following best describes you (select all that apply)?  | 1 Girl   |
|           |   | 1 Boy  |
|           |   | 1 Trans girl   |
|           |   | 1 Trans boy  |
|           |   | 1 Genderqueer  |
|           |   | 1 Non-binary   |
|           |   | 1 Another identity   |
| Q3        | What is your sex (the sex you were assigned at birth, on your birth certificate)?   | 1 Female   |
|           |   | 2 Male   |
| Q4        | In what grade are you?  | 1 9th grade  |
|           |   | 2 10th grade   |
|           |   | 3 11th grade   |
|           |   | 4 12th grade   |
|           |   | 5 Ungraded or other grade  |
| Q5        | Are you Hispanic or Latino?   | 1 Yes  |
|           |   | 2 No   |
| Q6_1      | What is your race? (Select one or more responses)   | 1 American Indian or Alaska Native   |
|           |   | 1 Asian  |
|           |   | 1 Black or African American  |
|           |   | 1 Middle Eastern or North African  |
|           |   | 1 Native Hawaiian or Other Pacific Islander                                |
|           |   | 1 White  |
|           |   | 1 Other  |
| Q7        | How often do you wear a seat belt when riding in a car driven by someone else?  | 1 Never  |
|           |   | 2 Rarely   |
|           |   | 3 Sometimes  |
|           |   | 4 Most of the time   |
|           |   | 5 Always   |
| Q8        | 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?   | 1 0 times  |
|           |   | 2 1 time   |
|           |   | 3 2 or 3 times   |
|           |   | 4 4 or 5 times   |
|           |   | 5 6 or more times  |
| Q9        | During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?  | 1 I did not drive a car or other vehicle during the past 30 days           |
|           |   | 2 I drove a car or other vehicle, but not when I had been drinking alcohol |
|           |   | 3 1 time   |
|           |   | 4 2 or 3 times   |
|           |   | 5 4 or 5 times   |
|           |   | 6 6 or more times  |
| Q10       | During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?  | 1 I did not drive a car or other vehicle during the past 30 days           |
|           |   | 2 I drove a car or other vehicle, but did not text or e-mail while driving |
|           |   | 3 1 or 2 days  |
|           |   | 4 3 to 5 days  |
|           |   | 5 6 to 9 days  |
|           |   | 6 10 to 19 days  |
|           |   | 7 20 to 29 days  |
|           |   | 8 All 30 days  |
| Q11       | During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?   | 1 0 days   |
|           |   | 2 1 day  |
|           |   | 3 2 or 3 days  |
|           |   | 4 4 or 5 days  |
|           |   | 5 6 or more days   |
| Q12       | During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?  | 1 0 days   |
|           |   | 2 1 day  |
|           |   | 3 2 or 3 days  |
|           |   | 4 4 or 5 days  |
|           |   | 5 6 or more days   |
| Q13       | During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.) | 1 0 days   |
|           |   | 2 1 day  |
|           |   | 3 2 or 3 days  |
|           |   | 4 4 or 5 days  |
|           |   | 5 6 or more days   |
| Q14       | During the past 12 months, how many times have you threatened or injured someone with a weapon such as a gun, knife, or club on school property?                          | 1 0 times  |
|           |   | 2 1 time   |

|       |   |  |
|-------|---|--|
|       |   | 3 2 or 3 times   |
|       |   | 4 4 or 5 times   |
|       |   | 5 6 or 7 times   |
|       |   | 6 8 or 9 times   |
|       |   | 7 10 or 11 times   |
|       |   | 8 12 or more times   |
| Q15   | 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?   | 1 0 times  |
|       |   | 2 1 time   |
|       |   | 3 2 or 3 times   |
|       |   | 4 4 or 5 times   |
|       |   | 5 6 or 7 times   |
|       |   | 6 8 or 9 times   |
|       |   | 7 10 or 11 times   |
|       |   | 8 12 or more times   |
| Q16   | During the past 12 months, how many times were you in a physical fight?   | 1 0 times  |
|       |   | 2 1 time   |
|       |   | 3 2 or 3 times   |
|       |   | 4 4 or 5 times   |
|       |   | 5 6 or 7 times   |
|       |   | 6 8 or 9 times   |
|       |   | 7 10 or 11 times   |
|       |   | 8 12 or more times   |
| Q17   | During the past 12 months, how many times were you in a physical fight on school property?  | 1 0 times  |
|       |   | 2 1 time   |
|       |   | 3 2 or 3 times   |
|       |   | 4 4 or 5 times   |
|       |   | 5 6 or 7 times   |
|       |   | 6 8 or 9 times   |
|       |   | 7 10 or 11 times   |
|       |   | 8 12 or more times   |
| Q18   | Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?  | 1 Yes  |
|       |   | 2 No   |
| Q19   | How many of your family members have been murdered?   | 1 0  |
|       |   | 2 1-2  |
|       |   | 3 3-4  |
|       |   | 4 5-6  |
|       |   | 5 7 or more  |
| Q20   | 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.)                                    | 1 0 times  |
|       |   | 2 1 time   |
|       |   | 3 2 or 3 times   |
|       |   | 4 4 or 5 times   |
|       |   | 5 6 or more times  |
| Q21   | 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.) | 1 I did not date or go out with anyone during the past 12 months |
|       |   | 2 0 times  |
|       |   | 3 1 time   |
|       |   | 4 2 or 3 times   |
|       |   | 5 4 or 5 times   |
|       |   | 6 6 or more times  |
| Q22   | 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.)                              | 1 I did not date or go out with anyone during the past 12 months |
|       |   | 2 0 times  |
|       |   | 3 1 time   |
|       |   | 4 2 or 3 times   |
|       |   | 5 4 or 5 times   |
|       |   | 6 6 or more times  |
| Q23   | Have you ever been physically forced to have sexual intercourse when you did not want to?   | 1 Yes  |
|       |   | 2 No   |
| Q24   | Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)  | 1 Yes  |
|       |   | 2 No   |
| Q25   | Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?  | 1 Yes  |
|       |   | 2 No   |
| Q26   | During your life, how often has a parent or other adult in your home insulted you or put you down?  | 1 Never  |
|       |   | 2 Rarely   |
|       |   | 3 Sometimes  |
|       |   | 4 Most of the time   |
|       |   | 5 Always   |
| Q27   | During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?  | 1 Never  |
|       |   | 2 Rarely   |
|       |   | 3 Sometimes  |
|       |   | 4 Most of the time   |
|       |   | 5 Always   |
| Q28   | During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  | 1 Never  |
|       |   | 2 Rarely   |
|       |   | 3 Sometimes  |
|       |   | 4 Most of the time   |
|       |   | 5 Always   |
| Q29   | During the past 12 months, have you ever been bullied on school property?   | 1 Yes  |
|       |   | 2 No   |
| Q30   | During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  | 1 Yes  |
|       |   | 2 No   |
| Q31_1 | During the past 12 months, were you harassed, discriminated against, or bullied for any of the following reasons on school property? (select all that apply)  | 1 I was not harassed, discriminated against, or bullied          |
| Q31_2 |   | 1 Your race, ethnicity, or national origin                       |
| Q31_3 |   | 1 Your religion  |
| Q31_4 |   | 1 Your gender  |
| Q31_5 |   | 1 Because you are gay or lesbian or someone thought you were     |
| Q31_6 |   | 1 A physical or mental disability                                |
| Q31_7 |   | 1 You are an immigrant or someone thought you were               |
| Q31_8 |   | 1 Any other reason   |
| Q32_1 | During the past 12 months, did you harass, discriminate against, or bully someone for any of the following reasons on school property? (select all that apply)  | 1 I did not harass, discriminate against, or bully anyone        |

|       |  |  |
|-------|--|--|
| Q32_2 | the following reasons on school property? (select all that apply)  | 1 Their race, ethnicity, or national origin  |
| Q32_3 |  | 1 Their religion   |
| Q32_4 |  | 1 Their gender   |
| Q32_5 |  | 1 Because they are gay or lesbian or you thought they were   |
| Q32_6 |  | 1 A physical or mental disability  |
| Q32_7 |  | 1 They are an immigrant or you thought they were   |
| Q32_8 |  | 1 Any other reason   |
| AC1   | Please select 'Strongly agree' to show you are paying attention to this question.  | 1 Strongly agree<br>2 Agree<br>3 Disagree<br>4 Strongly disagree   |
| Q33   | During the past 12 months, how many times have you ever hurt yourself on purpose without wanting to die, such as cutting, pinching, scratching, or burning yourself?   | 1 0 times<br>2 1 time<br>3 2 or 3 times<br>4 4 or 5 times<br>5 6 or more times   |
| Q34   | 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?  | 1 Yes<br>2 No  |
| Q35   | During the past 12 months, did you ever seriously consider attempting suicide?   | 1 Yes<br>2 No  |
| Q36   | During the past 12 months, did you make a plan about how you would attempt suicide?  | 1 Yes<br>2 No  |
| Q37   | During the past 12 months, how many times did you actually attempt suicide?  | 1 0 times<br>2 1 time<br>3 2 or 3 times<br>4 4 or 5 times<br>5 6 or more times   |
| Q38   | 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?   | 1 Yes<br>2 No  |
| Q39   | Have you ever smoked a cigarette, even one or two puffs?   | 1 Yes<br>2 No  |
| Q40   | How old were you when you first smoked a cigarette, even one or two puffs?   | 1 8 years old or younger<br>2 9 or 10 years old<br>3 11 or 12 years old<br>4 13 or 14 years old<br>5 15 or 16 years old<br>6 17 years old or older   |
| Q41   | During the past 30 days, on how many days did you smoke cigarettes?  | 1 0 days<br>2 1 or 2 days<br>3 3 to 5 days<br>4 6 to 9 days<br>5 10 to 19 days<br>6 20 to 29 days<br>7 All 30 days   |
| Q42   | During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?  | 1 I did not smoke cigarettes during the past 30 days<br>2 Less than 1 cigarette per day<br>3 1 cigarette per day<br>4 2 to 5 cigarettes per day<br>5 6 to 10 cigarettes per day<br>6 11 to 20 cigarettes per day<br>7 More than 20 cigarettes per day  |
| Q43   | Have you ever used an electronic vapor product?  | 1 Yes<br>2 No  |
| Q44   | During the past 30 days, on how many days did you use an electronic vapor product?   | 1 0 days<br>2 1 or 2 days<br>3 3 to 5 days<br>4 6 to 9 days<br>5 10 to 19 days<br>6 20 to 29 days<br>7 All 30 days   |
| Q45   | During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)   | 1 I got or bought them from a friend, family member, or someone else<br>2 I bought them myself in a vape shop or tobacco shop<br>3 I bought them myself in a convenience store, supermarket, discount store, or gas station<br>4 I bought them myself at a mall or shopping center kiosk or stand<br>5 I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist<br>6 I took them from a store or another person<br>7 I got them in some other way |
| Q46   | During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.) | 1 0 days<br>2 1 or 2 days<br>3 3 to 5 days<br>4 6 to 9 days<br>5 10 to 19 days<br>6 20 to 29 days<br>7 All 30 days   |
| Q47   | During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?  | 1 0 days<br>2 1 or 2 days<br>3 3 to 5 days<br>4 6 to 9 days<br>5 10 to 19 days<br>6 20 to 29 days<br>7 All 30 days   |
| Q48   | During the past 12 months, did you ever try to quit using all tobacco products?  | 1 Yes<br>2 No<br>3 I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months  |
| Q49   | During your life, on how many days have you had at least one drink of alcohol?   | 1 I have never had a drink of alcohol other than a few sips<br>2 1 or 2 days<br>3 3 to 9 days  |

|     |  |   |
|-----|--|---|
|     |  | 4 10 to 19 days   |
|     |  | 5 20 to 39 days   |
|     |  | 6 40 to 99 days   |
|     |  | 7 100 or more days  |
| Q50 | How old were you when you had your first drink of alcohol other than a few sips?   | 1 8 years old or younger  |
|     |  | 2 9 or 10 years old   |
|     |  | 3 11 or 12 years old  |
|     |  | 4 13 or 14 years old  |
|     |  | 5 15 or 16 years old  |
|     |  | 6 17 years old or older   |
| Q51 | During the past 30 days, on how many days did you have at least one drink of alcohol?  | 1 0 days  |
|     |  | 2 1 or 2 days   |
|     |  | 3 3 to 5 days   |
|     |  | 4 6 to 9 days   |
|     |  | 5 10 to 19 days   |
|     |  | 6 20 to 29 days   |
|     |  | 7 All 30 days   |
| Q52 | During the past 30 days, how did you usually get the alcohol you drank?  | 1 I did not drink alcohol during the past 30 days   |
|     |  | 2 I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station |
|     |  | 3 I bought it at a restaurant, bar, or club   |
|     |  | 4 I bought it at a public event such as a concert or sporting event   |
|     |  | 5 I gave someone else money to buy it for me  |
|     |  | 6 Someone gave it to me   |
|     |  | 7 I took it from a store or family member   |
|     |  | 8 I got it some other way   |
| Q53 | 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)? | 1 0 days  |
|     |  | 2 1 day   |
|     |  | 3 2 days  |
|     |  | 4 3 to 5 days   |
|     |  | 5 6 to 9 days   |
|     |  | 6 10 to 19 days   |
|     |  | 7 20 or more days   |
| Q54 | During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?   | 1 I did not drink alcohol during the past 30 days   |
|     |  | 2 1 or 2 drinks   |
|     |  | 3 3 drinks  |
|     |  | 4 4 drinks  |
|     |  | 5 5 drinks  |
|     |  | 6 6 or 7 drinks   |
|     |  | 7 8 or 9 drinks   |
|     |  | 8 10 or more drinks   |
| Q55 | During your life, how many times have you used marijuana?  | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |
|     |  | 5 20 to 39 times  |
|     |  | 6 40 to 99 times  |
|     |  | 7 100 or more times   |
| Q56 | How old were you when you tried marijuana for the first time?  | 1 I have never tried marijuana  |
|     |  | 2 8 years old or younger  |
|     |  | 3 9 or 10 years old   |
|     |  | 4 11 or 12 years old  |
|     |  | 5 13 or 14 years old  |
|     |  | 6 15 or 16 years old  |
|     |  | 7 17 years old or older   |
| Q57 | During the past 30 days, how many times did you use marijuana?   | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |
|     |  | 5 20 to 39 times  |
|     |  | 6 40 or more times  |
| Q58 | During your life, how many times have you used synthetic marijuana?  | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |
|     |  | 5 20 to 39 times  |
|     |  | 6 40 or more times  |
| Q59 | During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?  | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |
|     |  | 5 20 to 39 times  |
|     |  | 6 40 or more times  |
| Q60 | During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?  | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |
|     |  | 5 20 to 39 times  |
|     |  | 6 40 or more times  |
| Q61 | During your life, how many times have you used heroin (also called smack, junk, or China White)?   | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |
|     |  | 5 20 to 39 times  |
|     |  | 6 40 or more times  |
| Q62 | During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?  | 1 0 times   |
|     |  | 2 1 or 2 times  |
|     |  | 3 3 to 9 times  |
|     |  | 4 10 to 19 times  |

|       |   |  |
|-------|---|--|
|       |   | 5 20 to 39 times   |
|       |   | 6 40 or more times   |
| Q63   | During your life, how many times have you used ecstasy (also called MDMA or Molly)?   | 1 0 times  |
|       |   | 2 1 or 2 times   |
|       |   | 3 3 to 9 times   |
|       |   | 4 10 to 19 times   |
|       |   | 5 20 to 39 times   |
|       |   | 6 40 or more times   |
| Q64   | 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? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) | 1 0 times  |
|       |   | 2 1 or 2 times   |
|       |   | 3 3 to 9 times   |
|       |   | 4 10 to 19 times   |
|       |   | 5 20 to 39 times   |
|       |   | 6 40 or more times   |
| Q65   | During your life, how many times have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?   | 1 0 times  |
|       |   | 2 1 or 2 times   |
|       |   | 3 3 to 9 times   |
|       |   | 4 10 to 19 times   |
|       |   | 5 20 to 39 times   |
|       |   | 6 40 or more times   |
| AC2   | Please select the number '2' to show that you are paying attention.   | 1 1  |
|       |   | 2 2  |
|       |   | 3 3  |
|       |   | 4 4  |
|       |   | 5 5  |
| Q66   | During your life, how many times have you used a needle to inject any illegal drug into your body?  | 1 0 times  |
|       |   | 2 1 time   |
|       |   | 3 2 or more times  |
| Q67   | During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?   | 1 Yes  |
|       |   | 2 No   |
|       |   | 3 I have not attended school in-person during the past 12 months   |
| Q68   | Have you ever had sexual intercourse?   | 1 Yes  |
|       |   | 2 No   |
| Q69   | How old were you when you had sexual intercourse for the first time?  | 1 11 years old or younger  |
|       |   | 2 12 years old   |
|       |   | 3 13 years old   |
|       |   | 4 14 years old   |
|       |   | 5 15 years old   |
|       |   | 6 16 years old   |
|       |   | 7 17 years old or older  |
| Q70   | During your life, with how many people have you had sexual intercourse?   | 1 1 person   |
|       |   | 2 2 people   |
|       |   | 3 3 people   |
|       |   | 4 4 people   |
|       |   | 5 5 people   |
|       |   | 6 6 or more people   |
| Q71   | During the past 3 months, with how many people did you have sexual intercourse?   | 1 I have had sexual intercourse, but not during the past 3 months  |
|       |   | 2 1 person   |
|       |   | 3 2 people   |
|       |   | 4 3 people   |
|       |   | 5 4 people   |
|       |   | 6 5 people   |
|       |   | 7 6 or more people   |
| Q72   | Did you drink alcohol or use drugs before you had sexual intercourse the last time?   | 1 Yes  |
|       |   | 2 No   |
| Q73   | The last time you had sexual intercourse, did you or your partner use a condom?   | 1 Yes  |
|       |   | 2 No   |
| Q74   | 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.)  | 1 I have not had sex with someone of the opposite sex  |
|       |   | 2 No method was used to prevent pregnancy  |
|       |   | 3 Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) |
|       |   | 4 Condoms  |
|       |   | 5 An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)                         |
|       |   | 6 A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)    |
|       |   | 7 Withdrawal or some other method  |
|       |   | 8 Not sure   |
| Q75_1 | Who are you sexually attracted to? (select all that apply)  | 1 I am not attracted to anybody  |
| Q75_2 |   | 1 Girls  |
| Q75_3 |   | 1 Boys   |
| Q75_4 |   | 1 Transgender girls  |
| Q75_5 |   | 1 Transgender boys   |
| Q75_6 |   | 1 Non-binary persons   |
| Q75_7 |   | 1 Persons with another identity  |
| Q75_8 |   | 1 Not sure   |
| Q76_1 | During your life, with whom have you had sexual contact? (select all that apply)  | 1 I have never had sexual contact  |
| Q76_2 |   | 1 Girls  |
| Q76_3 |   | 1 Boys   |
| Q76_4 |   | 1 Transgender girls  |
| Q76_5 |   | 1 Transgender boys   |
| Q76_6 |   | 1 Non-binary persons   |
| Q76_7 |   | 1 Persons with another identity  |
| Q76_8 |   | 1 Not sure   |
| Q77_1 | Which of the following best describes you (select all that apply)?  | 1 Heterosexual (straight)  |
| Q77_2 |   | 1 Mostly heterosexual (mostly straight)  |
| Q77_3 |   | 1 Gay or lesbian   |
| Q77_4 |   | 1 Bisexual   |
| Q77_5 |   | 1 Queer  |
| Q77_6 |   | 1 Asexual  |
| Q77_7 |   | 1 Pansexual  |

|        |  |  |
|--------|--|--|
| Q77_8  |  | 1 I describe my sexual identity some other way   |
| Q77_9  |  | 1 I am not sure about my sexual identity (questioning)   |
| Q77_10 |  | 1 I do not know what this question is asking   |
| Q78    | The last time you had sexual contact, did you ask for consent verbally?  | 1 Yes<br>2 No<br>3 I have never had sexual contact   |
| Q79    | How do you describe your weight?   | 1 Very underweight<br>2 Slightly underweight<br>3 About the right weight<br>4 Slightly overweight<br>5 Very overweight   |
| Q80    | Which of the following are you trying to do about your weight?   | 1 Lose weight<br>2 Gain weight<br>3 Stay the same weight<br>4 I am not trying to do anything about my weight   |
| Q81    | During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)  | 1 I did not eat fruit during the past 7 days<br>2 1 to 3 times during the past 7 days<br>3 4 to 6 times during the past 7 days<br>4 1 time per day<br>5 2 times per day<br>6 3 times per day<br>7 4 or more times per day            |
| Q82    | During the past 7 days, how many times did you eat green vegetables?   | 1 I did not eat green vegetables during the past 7 days<br>2 1 to 3 times during the past 7 days<br>3 4 to 6 times during the past 7 days<br>4 1 time per day<br>5 2 times per day<br>6 3 times per day<br>7 4 or more times per day |
| Q83    | 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.)   | 1 I did not drink soda or pop during the past 7 days<br>2 1 to 3 times during the past 7 days<br>3 4 to 6 times during the past 7 days<br>4 1 time per day<br>5 2 times per day<br>6 3 times per day<br>7 4 or more times per day    |
| Q84    | During the past 7 days, on how many days did you eat breakfast?  | 1 0 days<br>2 1 day<br>3 2 days<br>4 3 days<br>5 4 days<br>6 5 days<br>7 6 days<br>8 7 days  |
| Q85    | In the past 30 days, how often did you worry that you or your family would not have enough food?   | 1 Never<br>2 Rarely<br>3 Sometimes<br>4 Most of the time<br>5 Always   |
| Q86    | 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.)                | 1 0 days<br>2 1 day<br>3 2 days<br>4 3 days<br>5 4 days<br>6 5 days<br>7 6 days<br>8 7 days  |
| Q87    | In an average week when you are in school, on how many days do you go to physical education (PE) classes?  | 1 0 days<br>2 1 day<br>3 2 days<br>4 3 days<br>5 4 days<br>6 5 days  |
| Q88    | During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?   | 1 0 times<br>2 1 time<br>3 2 times<br>4 3 times<br>5 4 or more times   |
| Q89    | 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 timeF4000IME20 | 1 I do not have screen time on an average school day<br>2 Less than 1 hour per day<br>3 1 hour per day<br>4 2 hours per day<br>5 3 hours per day<br>6 4 hours per day<br>7 5 or more hours per day                                   |
| Q90    | How often do you use social media?   | 1 I do not use social media<br>2 A few times a month<br>3 About once a week<br>4 A few times a week<br>5 About once a day<br>6 Several times a day<br>7 About once an hour<br>8 More than once an hour                               |
| Q91    | Would you say in general that your health is   | 1 Excellent<br>2 Very Good<br>3 Good<br>4 Fair<br>5 Poor   |

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| Q92  | 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?  | 1 In the past 12 months<br>2 Between 12 and 24 months ago<br>3 More than 24 months ago<br>4 Never<br>5 Not sure   |
| Q93  | In the past 12 months, have you ever thought you needed to go see a doctor, nurse, or go to the emergency room BUT did NOT go?   | 1 Yes<br>2 No<br>3 Not sure   |
| Q94  | Are you limited in any way in any activities because of physical, mental, or emotional problems?   | 1 Yes<br>2 No<br>3 Not sure   |
| Q95  | Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?  | 1 Yes<br>2 No<br>3 Not sure   |
| Q96  | Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?   | 1 Yes<br>2 No<br>3 Not sure   |
| Q97  | Have you ever been taught in school about where you could get sexual health services, such as birth control, condoms, or HIV or other sexually transmitted disease (STD) testing or treatment? | 1 Yes<br>2 No<br>4 Not sure   |
| Q98  | Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)   | 1 Yes<br>2 No<br>3 Not sure   |
| AC3  | Please select 'yellow' to show that you are paying attention to this question.   | 1 purple<br>2 green<br>3 red<br>4 yellow<br>5 blue  |
| Q99  | During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?   | 1 Yes<br>2 No<br>3 Not sure   |
| Q100 | When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?   | 1 During the past 12 months<br>2 Between 12 and 24 months ago<br>3 More than 24 months ago<br>4 Never<br>5 Not sure   |
| Q101 | Has a doctor or nurse ever told you that you have asthma?  | 1 Yes<br>2 No<br>3 Not sure   |
| Q102 | On an average school night, how many hours of sleep do you get?  | 1 4 or less hours<br>2 5 hours<br>3 6 hours<br>4 7 hours<br>5 8 hours<br>6 9 hours<br>7 10 or more hours  |
| Q103 | During the past 30 days, where did you usually sleep?  | 1 In my parent's or guardian's home<br>2 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<br>3 In a shelter or emergency housing<br>4 In a motel or hotel<br>5 In a car, park, campground, or other public place<br>6 I do not have a usual place to sleep<br>7 Somewhere else |
| Q104 | During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  | 1 Never<br>2 Rarely<br>3 Sometimes<br>4 Most of the time<br>5 Always  |
| Q105 | During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?   | 1 Yes<br>2 No<br>3 My parents and other adults in my home did not have jobs before the COVID-19 pandemic started  |
| Q106 | During the past 12 months, how would you describe your grades in school?   | 1 Mostly A's<br>2 Mostly B's<br>3 Mostly C's<br>4 Mostly D's<br>5 Mostly F's<br>6 None of these grades<br>7 Not sure  |
| Q107 | During the past 30 days, how many days of school did you miss for any reason including excused and unexcused absences?   | 1 0 days<br>2 1 day<br>3 2 or 3 days<br>4 4 or 5 days<br>5 6 or more days   |
| Q108 | Have you ever been suspended from school?  | 1 Yes<br>2 No   |
| Q109 | During your life, how often have you felt that you were treated badly or unfairly in school because of your race or ethnicity?   | 1 Never<br>2 Rarely<br>3 Sometimes<br>4 Most of the time<br>5 Always  |
| Q110 | I feel close to people at this school.   | 1 Strongly disagree<br>2 Disagree<br>3 Neither disagree nor agree<br>4 Agree<br>5 Strongly agree  |
| Q111 | I am happy to be at this school  | 1 Strongly disagree<br>2 Disagree<br>3 Neither disagree nor agree   |

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|        |   | 4 Agree   |
|        |   | 5 Strongly agree                                      |
| Q112   | I feel like I am a part of this school  | 1 Strongly disagree                                   |
|        |   | 2 Disagree  |
|        |   | 3 Neither disagree nor agree                          |
|        |   | 4 Agree   |
|        |   | 5 Strongly agree                                      |
| Q113   | The teachers at this school treat students fairly.  | 1 Strongly disagree                                   |
|        |   | 2 Disagree  |
|        |   | 3 Neither disagree nor agree                          |
|        |   | 4 Agree   |
|        |   | 5 Strongly agree                                      |
| Q114   | I feel safe in my school.   | 1 Strongly disagree                                   |
|        |   | 2 Disagree  |
|        |   | 3 Neither disagree nor agree                          |
|        |   | 4 Agree   |
|        |   | 5 Strongly agree                                      |
| Q115   | I am excited about my future.   | 1 Not at all like me                                  |
|        |   | 2 A little like me                                    |
|        |   | 3 Somewhat like me                                    |
|        |   | 4 A lot like me                                       |
|        |   | 5 Exactly like me                                     |
| Q116   | If I set goals, I can take action to reach them.  | 1 Not at all like me                                  |
|        |   | 2 A little like me                                    |
|        |   | 3 Somewhat like me                                    |
|        |   | 4 A lot like me                                       |
|        |   | 5 Exactly like me                                     |
| Q117   | I want to have as much say as possible in making decisions in my neighborhood.  | 1 Strongly disagree                                   |
|        |   | 2 Disagree  |
|        |   | 3 Neither disagree nor agree                          |
|        |   | 4 Agree   |
|        |   | 5 Strongly agree                                      |
| Q118   | If issues come up that affect youth in my neighborhood, we do something about it.   | 1 Strongly disagree                                   |
|        |   | 2 Disagree  |
|        |   | 3 Neither disagree nor agree                          |
|        |   | 4 Agree   |
|        |   | 5 Strongly agree                                      |
| Q119   | Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?  | 1 0 adults  |
|        |   | 2 1 adult   |
|        |   | 3 2-3 adults  |
|        |   | 4 4-5 adults  |
|        |   | 5 6 or more adults                                    |
| Q120   | Is there someone you really count on to be dependable when you need help?   | 1 None of the time                                    |
|        |   | 2 A little of the time                                |
|        |   | 3 Some of the time                                    |
|        |   | 4 Most of the time                                    |
|        |   | 5 All of the time                                     |
| Q121   | Is there someone you really count on to care about you, regardless of what is happening to you?   | 1 None of the time                                    |
|        |   | 2 A little of the time                                |
|        |   | 3 Some of the time                                    |
|        |   | 4 Most of the time                                    |
|        |   | 5 All of the time                                     |
| Q122   | Is there someone you really count on to help you feel better when you are feeling generally down-in-the dumps?  | 1 None of the time                                    |
|        |   | 2 A little of the time                                |
|        |   | 3 Some of the time                                    |
|        |   | 4 Most of the time                                    |
|        |   | 5 All of the time                                     |
| Q123   | What is the highest grade or year of school your parent or guardian completed?  | 1 Never attended school or only attended kindergarten |
|        |   | 2 Elementary school                                   |
|        |   | 3 Some high school                                    |
|        |   | 4 Graduated high school                               |
|        |   | 5 Some college or technical school                    |
|        |   | 6 Finished college                                    |
|        |   | 7 Don't Know  |
| Q124   | How often do your parents or other adults in your family know where you are going or with whom you will be?   | 1 Never   |
|        |   | 2 Rarely  |
|        |   | 3 Sometimes   |
|        |   | 4 Most of the time                                    |
|        |   | 5 Always  |
| Q125   | During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat? | 1 Never   |
|        |   | 2 Rarely  |
|        |   | 3 Sometimes   |
|        |   | 4 Most of the time                                    |
|        |   | 5 Always  |
| Q126   | Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?  | 1 Yes   |
|        |   | 2 No  |
|        |   | 3 Not sure  |
| Q127   | Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?   | 1 Yes   |
|        |   | 2 No  |
|        |   | 3 Not sure  |
| Q128   | Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?  | 1 Yes   |
|        |   | 2 No  |
|        |   | 3 Not sure  |
| Q129_1 | How tall are you without your shoes on? - Feet  | 1 3   |
|        |   | 14 4  |
|        |   | 27 5  |
|        |   | 40 6  |
|        |   | 53 7  |



|        |  |      |   |
|--------|--|------|---|
| Q129_2 | How tall are you without your shoes on? - Inches | 2    | 0   |
|        |  | 3    | 1   |
|        |  | 4    | 2   |
|        |  | 5    | 3   |
|        |  | 6    | 4   |
|        |  | 7    | 5   |
|        |  | 8    | 6   |
|        |  | 9    | 7   |
|        |  | 10   | 8   |
|        |  | 11   | 9   |
|        |  | 12   | 10  |
|        |  | 13   | 11  |
|        |  | Q132 | Did you have anyone assist you with completing this survey? |
| 2      | Yes, someone assisted me for part of the survey  |      |   |
| 3      | No   |      |   |