## 2023 YRBS Questions and Response Options

Questions Response Options

	Questions		Response Options
Status		0	IP Address
			Survey Preview
		2	Survey Test
		4	Imported
			,
			Spam
		9	Survey Preview Spam
			Imported Spam
		16	Offline
		17	Offline Survey Preview
		32	EX
		40	EX Spam
			EX Offline
Finished		0	False
		1	True
Q1	How old are you?	1	12 years old or younger
	·	2	13 years old
			·
			14 years old
		4	15 years old
	· ·		16 years old
		6	17 years old
	· ·	7	18 years old or older
	Which of the following best describes you (select all that apply)?	1	Girl
Q2_2		1	Boy
Q2_3			Trans girl
Q2_4		1	Trans boy
Q2_5		- 1	Genderqueer
Q2_6		1	Non-binary Non-binary
Q2_7		1	Another identity
	What is your say (the say you were assigned at high any with and the say		•
Q3	What is your sex (the sex you were assigned at birth, on your birth certificate)?	1	
		2	Male
Q4	In what grade are you?		9th grade
Q4	m what grade are you:		
		2	10th grade
		3	11th grade
		4	12th grade
	·	5	Ungraded or other grade
0.5			
Q5	Are you Hispanic or Latino?	1	Yes
	·	2	No
00.4	W		
Q6_1	What is your race? (Select one or more responses)	1	American Indian or Alaska Native
Q6_2	·	- 1	Asian
Q6_3		1	
Q6_4		- 1	Middle Eastern or North African
Q6_5		1	
Q6_6		- 1	White
Q6_7		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	- 1	0 times
	someone who had been drinking alcohol?	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	- 1	I did not drive a car or other vehicle during the past 30 days
	been drinking alcohol?		
	Door, annuing allourion:	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 or more times
	During the past 30 days, on how many days did you text or e-mail while driving a car or other	1	I did not drive a car or other vehicle during the past 30 days
	vehicle?		I drove a car or other vehicle, but did not text or e-mail while driving
			·
			1 or 2 days
		4	3 to 5 days
			6 to 9 days
		6	10 to 19 days
		7	20 to 29 days
			·
			All 30 days
Q11	During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or	1	0 days
	club?		
			1 day
		3	2 or 3 days
	l de la companya de		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	1	0 days
	club on school property?		
	oldo on sonool property:	2	1 day
		3	2 or 3 days
		4	4 or 5 days
		5	6 or more days
012	During the past 42 months on how many days and account to the same and		
	During the past 12 months, on how many days did you carry a gun? (Do not count the days		0 days
	when you carried a gun only for hunting or for a sport, such as target shooting.)	2	1 day
			· · · · · · · · · · · · · · · · · · ·
			2 or 3 days
		4	4 or 5 days
			6 or more days
Q14	During the past 12 months, how many times have you threatened or injured someone with a	1	0 times
	weapon such as a gun, knife, or club on school property?	2	1 time
	1 1 1 1		1 (81)
	· ·		

		_	
			2 or 3 times 4 or 5 times
			6 or 7 times
			8 or 9 times
			10 or 11 times
		8	12 or more times
	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	
	weapon such as a gun, knile, or dub on school property:		1 time 2 or 3 times
			4 or 5 times
			6 or 7 times
			8 or 9 times
			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
			1 time
			2 or 3 times
			4 or 5 times 6 or 7 times
			8 or 9 times
		7	
		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
			1 time
			2 or 3 times
			4 or 5 times
			6 or 7 times 8 or 9 times
			10 or 11 times
		8	
	Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your	1	Yes
	neighborhood?		No No
Q19	How many of your family members have been murdered?		0
			1-2
			3-4
		4	
Q20	During the past 12 months, how many times did anyone force you to do sexual things that	5	7 or more 0 times
	you did not want to do? (Count such things as kissing, touching, or being physically forced to		1 time
	have sexual intercourse.)		2 or 3 times
			4 or 5 times
		5	6 or more times
	During the past 12 months, how many times did someone you were dating or going out with	1	I did not date or go out with anyone during the past 12 months
	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.)		0 times
	todoring, or boing priyodally rorodd to have bould into boulder,		1 time
			2 or 3 times
			4 or 5 times 6 or more times
Q22	During the past 12 months, how many times did someone you were dating or going out with		I did not date or go out with anyone during the past 12 months
	physically hurt you on purpose? (Count such things as being hit, slammed into something, or		0 times
	injured with an object or weapon.)	3	1 time
	· ·	4	2 or 3 times
			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
Q24	Has an adult or person at least 5 years older than you ever made you do sexual things that		No Yes
Q24	you did not want to do? (Count such things as kissing, touching, or being made to have		
	sexual intercourse.)		No
	Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?	1	Yes
	Ü		No .
	During your life, how often has a parent or other adult in your home insulted you or put you down?	2	Never Rarely
			Sometimes
			Most of the time
			Always
		1	Never
	During your life, how often has a parent or other adult in your home hit, beat, kicked, or		Rarely
	During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?	2	
		2	Sometimes
		2 3 4	Sometimes Most of the time
	physically hurt you in any way?	2 3 4 5	Sometimes Most of the time Always
Q28		2 3 4 5	Sometimes Most of the time Always Never
Q28	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit,	2 3 4 5	Sometimes Most of the time Always Never
Q28	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit,	2 3 4 5 1 2	Sometimes Most of the time Always Never Rarely
Q28	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?	2 3 4 5 1 2 3 4 5	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always
Q28	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit,	2 3 4 5 1 2 3 4 5	Sometimes Most of the time Always Never Rarely Sometimes Most of the time Always Yes
Q28 Q29	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?	2 3 4 5 1 2 3 4 5 1 1 2	Sometimes Most of the time Always Never Rarely Sometimes Most of the time Always Yes No
Q28 Q29 Q30	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?	2 3 4 5 1 2 3 4 5 1 2 1 2	Sometimes Most of the time Always Never Rarely Sometimes Most of the time Always Yes No
Q28 Q29 Q30	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)	2 3 4 5 1 2 3 4 5 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 2 1 2 1 2 1 2 1 2 2 1 2 1 2 2 1 2 1 2 2 1 2 1 2 2 3 1 2 1 2	Sometimes Most of the time Always Never Rarely Sometimes Most of the time Always Yes No
Q28 Q29 Q30 Q31_1	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied	2 3 4 5 1 2 3 4 5 1 2 1 2 1 2 1 1 2 1 1 1 2 1	Sometimes Most of the time Always Never Rarely Sometimes Most of the time Always Yes No Ves No Ves No I was not harassed, discriminated against, or bullied
Q28 Q29 Q30	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  During the past 12 months, were you harassed, discriminated against, or bullied for any of	2 3 4 5 1 2 3 4 5 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1 2	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always  Yes  No
Q28 Q29 Q30 Q31_1 Q31_2	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  During the past 12 months, were you harassed, discriminated against, or bullied for any of	2 3 4 5 1 2 3 4 5 1 2 1 2 1 2 1 1 2	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always  Yes  No  Yes  No  Yes  No  Yes  No  Ves  No  Ves  No  Ves  No  No  Ves  No  No  Ves  No  No  Ves  No  No  I was not harassed, discriminated against, or bullied  Your race, ethnicity, or national origin
Q28 Q29 Q30 Q31_1 Q31_2 Q31_3 Q31_4 Q31_5	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  During the past 12 months, were you harassed, discriminated against, or bullied for any of	2 3 4 5 1 2 3 4 5 1 2 1 2 1 1 2 1 1	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always  Yes  No  Yes  No  Yes  No  Yes  No  Your race, ethnicity, or national origin  Your religion
Q29 Q30 Q31_1 Q31_2 Q31_3 Q31_4 Q31_5 Q31_6	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  During the past 12 months, were you harassed, discriminated against, or bullied for any of	2 3 4 5 1 2 3 4 5 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always  Yes  No  Yes  No  I was not harassed, discriminated against, or bullied  Your race, ethnicity, or national origin  Your gender  Because you are gay or lesbian or someone thought you were  A physical or mental disability
Q29 Q30 Q31_1 Q31_2 Q31_3 Q31_4 Q31_5 Q31_6 Q31_7	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  During the past 12 months, were you harassed, discriminated against, or bullied for any of	2 3 4 5 1 2 3 4 5 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Always  Your reace, ethnicity, or national origin  Your religion  Your gender  Because you are gay or lesbian or someone thought you were  A physical or mental disability  You are an immigrant or someone thought you were
Q28  Q30  Q31_1  Q31_2  Q31_3  Q31_4  Q31_5  Q31_6  Q31_7  Q31_8	physically hurt you in any way?  During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?  During the past 12 months, have you ever been bullied on school property?  During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)  During the past 12 months, were you harassed, discriminated against, or bullied for any of	2 3 4 5 1 2 3 4 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sometimes  Most of the time  Always  Never  Rarely  Sometimes  Most of the time  Always  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Always  Your gender  Because you are gay or lesbian or someone thought you were  A physical or mental disability  You are an immigrant or someone thought you were

000.0	tne rollowing reasons on school property? (select all that apply)	4. Their and other interest and original arising
Q32_2 Q32_3	- Constant and Constant property : (constant and apply)	1 Their race, ethnicity, or national origin 1 Their religion
Q32_3 Q32_4		1 Their gender
Q32_4 Q32_5		Because they are gay or lesbian or you thought they were
Q32_6		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
		2 Agree
		3 Disagree
		4 Strongly disagree
Q33	During the past 12 months, how many times have you ever hurt yourself on purpose without	1 0 times
	wanting to die, such as cutting, pinching, scratching, or burning yourself?	2 1 time
		3 2 or 3 times
		4 4 or 5 times
		5 6 or more times
Q34	During the past 12 months, did you ever feel so sad or hopeless almost every day for two	1 Yes
	weeks or more in a row that you stopped doing some usual activities?	2 No
Q35	During the past 12 months, did you ever seriously consider attempting suicide?	1 Yes
QUU	butting the past 12 months, did you ever schoolsy consider attempting suicide:	2 No
Q36	During the past 12 months, did you make a plan about how you would attempt suicide?	1 Yes
Q30	Duffing the past 12 months, did you make a plan about now you would attempt suicide?	2 No
Q37	During the past 12 months, how many times did you actually attempt suicide?	1 0 times
QSI	During the past 12 months, now many times did you actually attempt suicide:	2 1 time
		3 2 or 3 times
		4 4 or 5 times
		5 6 or more times
Q38	If you attempted suicide during the past 12 months, did any attempt result in an injury,	1 Yes
200	poisoning, or overdose that had to be treated by a doctor or nurse?	2 No
Q39	Have you ever smoked a cigarette, even one or two puffs?	1 Yes
403	. Tare you ever smoked a againstic, even one or two pulls?	2 No
Q40	How old were you when you first smoked a cigarette, even one or two puffs?	1 8 years old or younger
Q40	Trow old were you when you hist silloked a digarette, eventione or two pulls?	1 8 years old or younger 2 9 or 10 years old
		3 11 or 12 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
Q41	During the past 20 days, on how many days did you smake significant	1 0 days
Q41	During the past 30 days, on how many days did you smoke cigarettes?	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
		·
042	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per	1 I did not smoke cigarettes during the past 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 2 Less than 1 cigarette per day
Q42		2 Less than 1 cigarette per day
Q42		2 Less than 1 cigarette per day 3 1 cigarette per day
Q42		2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day
Q42		2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day
Q42		2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day
	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day
Q42		2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes
Q43	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No
	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days
Q43	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days
Q43	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days
Q43	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days
Q43	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days
Q43	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days
Q43	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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
Q43 Q44	day?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 I got or bought them from a friend, family member, or someone else
Q43 Q44	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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
Q43 Q44	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 1 to 5 days 4 6 to 9 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 1 Igot or bought them from a friend, family member, or someone else 2 I bought them myself in a vape shop or tobacco shop
Q43 Q44	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 I got or bought them from a friend, family member, or someone else 2 I bought them myself in a vape shop or tobacco shop 3 I bought them myself in a convenience store, supermarket, discount store, or gas station
Q43 Q44	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 11 to 20 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 I got or bought them from a friend, family member, or someone else 2 I bought them myself in a vape shop or tobacco shop 3 I bought them myself at a mall or shopping center kiosk or stand 1 I bought them myself or the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
Q43 Q44	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 1 I got or bought them from a friend, family member, or someone else 1 bought them myself in a vape shop or tobacco shop 1 I bought them myself in a convenience store, supermarket, discount store, or gas station 4 I bought them myself at a mall or shopping center kiosk or stand 5 I bought them myself on the Intermet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist 6 I took them from a store or a nother person
Q43 Q44 Q45	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 More than 20 cigarettes per day 1 Yes 2 No 1 0 by Carlos C
Q43 Q44	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  During the past 30 days, how did you usually get your own electronic vapor products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 11 to 20 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 1 lgot or bought them from a friend, family member, or someone else 2 I bought them myself in a vape shop or tobacco shop 3 I bought them myself in a convenience store, supermarket, discount store, or gas station 4 I bought them myself or the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist 6 I took them from a store or another person 1 got them in some other way 1 0 days
Q43 Q44 Q45	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 6 11 to 20 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 1 Igot or bought them from a friend, family member, or someone else 1 Ibought them myself in a vape shop or tobacco shop 3 Ibought them myself in a convenience store, supermarket, discount store, or gas station 4 Ibought them myself or the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist 6 I took them from a store or another person 1 got them in some other way 1 0 days 2 1 or 2 days
Q43 Q44 Q45	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 1 I got or bought them from a friend, family member, or someone else 1 bought them myself in a convenience store, supermarket, discount store, or gas station 4 I bought them myself in a convenience store, supermarket, discount store, or gas station 4 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 6 I took them from a sore or another person 7 I got them in some other way 1 0 days 3 1 to 5 days 3 1 to 5 days
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Q43 Q44  Q45  Q46	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 Igot or bought them from a friend, family member, or someone else 2 Ibought them myself in a vape shop or tobacco shop 3 Ibought them myself in a vape shop or tobacco shop 3 Ibought them myself in a vape shop or tobacco shop 5 Ibought them myself in a romeone citore, supermarket, discount store, or gas station 4 Ibought them myself in a romeone citore, supermarket, discount store, or gas station 4 Ibought them myself or the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist 6 I look them from a store or another person 7 Igot them in some other way 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 7 All 30 days 7 All 30 days
Q43 Q44 Q45	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 I got or bought them from a friend, family member, or someone else 2 I bought them myself in a vape shop or tobacco shop 3 I bought them myself in a vape shop or tobacco shop 4 I bought them myself in a vape shop or tobacco shop 5 I bought them myself in a convenience store, supermarket, discount store, or gas station 6 I bought them myself in a rampel for the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Cratigalist 5 I took them from a store or another person 7 I got them in some other way 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 9 1 or 2 days 1 1 or 2 days
Q43 Q44  Q45  Q46	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 lought them myself in a convenience store, supermarket, discount store, or gas station 1 bought them myself at a mall or shopping center kiosk or stand 5 lought them myself at a mall or shopping center kiosk or stand 5 lought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist 6 lotok them from a store or another person 7 Igot them in some other way 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 7 All 30 days 9 1 of days 2 for 2 days 3 at 0.5 days 4 of to 9 days 5 for 10 to 19 days 6 20 to 29 days 7 All 30 days 1 Yes 2 No
Q43 Q44  Q45  Q46	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 I got or bought them from a friend, family member, or someone else 1 bought them myself in a vape shop or tobacco shop 1 I bought them myself in a convenience store, supermarket, discount store, or gas station 4 I bought them myself in a convenience store, supermarket, discount store, or gas station 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 1 look them from a store or another person 7 I got them in some other way 1 o days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 7 All 30 days 8 1 of 2 days 9 3 to 5 days 9 4 for 9 days 9 5 10 to 19 days 1 or 2 days 9 3 to 5 days 9 6 20 to 29 days 9 7 All 30 days 1 of 10 days 1 of 2 days 9 8 7 All 30 days 1 O days 1 for 10 days 1 to 2 days 1 1 for 2 days 1 of 3 days 1 of 10 to 19 days 1 of 2 days 1 of 3 days 4 days 3 days 4 days 3 days 4 days 3 days 3 days 3 days 3 days 4 days 3 days 3 days 4 days 3 days 4 days 5 days 6 days 6 days 7 days 8 day
Q43 Q44  Q45  Q46	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)  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, Carnel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 lought them myself in a convenience store, supermarket, discount store, or gas station 1 bought them myself at a mall or shopping center kiosk or stand 5 lought them myself at a mall or shopping center kiosk or stand 5 lought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist 6 lotok them from a store or another person 7 Igot them in some other way 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 7 All 30 days 9 1 of days 2 for 2 days 3 at 0.5 days 4 of to 9 days 5 for 10 to 19 days 6 20 to 29 days 7 All 30 days 1 Yes 2 No
Q43 Q44 Q45 Q46 Q47	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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.)  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?  During the past 12 months, did you ever try to quit using all tobacco products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 10 10 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 1 Igot or bought them from a friend, family member, or someone else 1 Ibought them myself in a vape shop or tobacco shop 3 Ibought them myself in a convenience store, supermarket, discount store, or gas station 4 Ibought them myself at a mall or shopping center kiosk or stand 5 Ibought them myself at a mall or shopping center kiosk or stand 6 Itok them from a store or another person 7 Igot them in some other way 1 O days 1 Tot 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 1 did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or incotine pouches during the past 12 months
Q43 Q44 Q45 Q46 Q47	Have you ever used an electronic vapor product?  During the past 30 days, on how many days did you use an electronic vapor product?  During the past 30 days, how did you usually get your own electronic vapor products?  (Select only one response.)  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.)  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?  During the past 12 months, did you ever try to quit using all tobacco products?	2 Less than 1 cigarette per day 3 1 cigarette per day 4 2 to 5 cigarettes per day 5 6 to 10 cigarettes per day 6 11 to 20 cigarettes per day 7 More than 20 cigarettes per day 1 Yes 2 No 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 1 Igour or bought them from a friend, family member, or someone else 1 bought them myself in a vape shop or tobacco shop 3 Ibought them myself in a convenience store, supermarket, discount store, or gas station 4 Ibought them myself in a convenience store, supermarket, discount store, or gas station 4 Ibought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Criagislist 6 Itook them from a store or another person 7 Igot them isome other way 1 O 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 1 O days 1 O days 1 O days 2 1 or 2 days 3 1 to 5 days 4 6 to 9 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 1 Ves 2 No 3 Idid not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or ricotine pouches during the past 12 months 1 Have never had a drink of a dochool other than a few sips 1 Have never had a drink of a dochool other than a few sips 1 Have never had a drink of a dochool other than a few sips

			10 to 19 days
			20 to 39 days
			40 to 99 days
			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
			1 or 2 days
			3 to 5 days
			6 to 9 days
			10 to 19 days
			20 to 29 days
			All 30 days
Q52	During the past 30 days, how did you usually get the alcohol you drank?		I did not drink alcohol during the past 30 days
402	burning the pact of days, now and you addain, got the discript you draint.		I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
			I bought it at a restaurant, bar, or club
			I bought it at a public event such as a concert or sporting event
			I gave someone else money to buy it for me
			Someone gave it to me
			I took it from a store or family member
050	During the good 200 days are how are suited as the second of second distance of all and all as		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		0 days
	row, that is, within a couple of hours (if you are male)?		1 day
			2 days
			3 to 5 days
			6 to 9 days
			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	ıt 1	I did not drink alcohol during the past 30 days
	is, within a couple of hours?	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?		0 times
			1 or 2 times
			3 to 9 times
			10 to 19 times
			20 to 39 times
			40 to 99 times
			100 or more times
Q56	How old were you when you tried marijuana for the first time?		I have never tried marijuana
400	non sia nois you mon you tiba manjaana isi tib mot timo.		8 years old or younger
			9 or 10 years old
			11 or 12 years old
			13 or 14 years old
			15 or 16 years old
			17 years old or older
Q57	During the past 30 days, how many times did you use marijuana?		0 times
QJI	During the past 50 days, now many times did you use manjuana:		1 or 2 times
		_	3 to 9 times
		_	10 to 19 times
			20 to 39 times
0.5-			40 or more times
Q58	During your life, how many times have you used synthetic marijuana?		0 times
			1 or 2 times
			3 to 9 times
			10 to 19 times
			20 to 39 times
			40 or more times
Q59	During your life, how many times have you used any form of cocaine, including powder,		0 times
	crack, or freebase?		1 or 2 times
			3 to 9 times
			10 to 19 times
			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		0 times
	spray cans, or inhaled any paints or sprays to get high?	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	1	0 times
	White)?		1 or 2 times
			3 to 9 times
			10 to 19 times
			20 to 39 times
			40 or more times
Q62	During your life, how many times have you used methamphetamines (also called speed,		0 times
202	crystal meth, crank, ice, or meth)?		1 or 2 times
			3 to 9 times
			10 to 19 times
		- 4	10.10.10.11.11.100

		_	201 201
			20 to 39 times
000	Don't a series of the series o	6	40 or more times
Q63	During your life, how many times have you used ecstasy (also called MDMA or Molly)?	1	0 times
			1 or 2 times
			3 to 9 times
			10 to 19 times
			20 to 39 times
	<u> </u>	6	40 or more times
Q64	During your life, how many times have you taken prescription pain medicine without a	1	0 times
	doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as 'codeing Vicedin On Contin Hydrocodene and Percent)	2	1 or 2 times
	codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)	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,	1	0 times
	PCP, angel dust, mescaline, or mushrooms?	2	1 or 2 times
			3 to 9 times
	·		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
ACZ	r lease select the number 2 to show that you are paying attention.		2
			3
			4
			5
Q66	During your life, how many times have you used a needle to inject any illegal drug into your body?		0 times
	eog.		1 time
			2 or more times
Q67	During the past 12 months, has anyone offered, sold, or given you an illegal drug on school	1	
	property?		No .
			I have not attended school in-person during the past 12 months
Q68	Have you ever had sexual intercourse?		Yes
	<u> </u>	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
			15 years old
			16 years old
070	During your life, with how many people have you had sowed intercourse?	1	17 years old or older
Q70	During your life, with how many people have you had sexual intercourse?	1	1 person
			2 people
			3 people
			4 people
			5 people
			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
			O a seed a
	·	3	2 people
			2 people 3 people
		4	
		4 5	3 people
		4 5	3 people 4 people 5 people
Q72	Did you drink alcohol or use drugs before you had sexual intercourse the last time?	4 5 6	3 people 4 people 5 people 6 or more people
Q72	Did you drink alcohol or use drugs before you had sexual intercourse the last time?	4 5 6 7	3 people 4 people 5 people 6 or more people Yes
		4 5 6 7 1	3 people 4 people 5 people 6 or more people Yes
Q72 Q73	Did you drink alcohol or use drugs before you had sexual intercourse the last time?  The last time you had sexual intercourse, did you or your partner use a condom?	4 5 6 7 1 2	3 people 4 people 5 people 6 or more people No
Q73	The last time you had sexual intercourse, did you or your partner use a condom?	4 5 6 7 1 2	3 people 4 people 5 people 6 or more people Yes No Yes
	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2	3 people 4 people 5 people 6 or more people Yes No I have not had sex with someone of the opposite sex
Q73	The last time you had sexual intercourse, did you or your partner use a condom?	4 5 6 7 1 2 1 2	3 people 4 people 5 people 6 or more people Yes No Ves No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy
Q73	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2 1 2	3 people 4 people 5 people 6 or more people Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
Q73	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2 1 2 3 4	3 people 4 people 5 people 6 or more people Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms
Q73	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2 1 2 3 4 5	3 people 4 people 5 people 6 or more people Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
Q73	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2 1 2 3 4 5	3 people 4 people 5 people 6 or more people Yes No No Thave not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
Q73	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7	3 people 4 people 5 people 6 or more people Yes No Yes No 1 have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method
Q73	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 7 8	3 people 4 people 5 people 6 or more people Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure
Q73 Q74 Q75_1	The last time you had sexual intercourse, did you or your partner use a condom?  The last time you had sexual intercourse with an opposite-sex partner, what one method did	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 7 8	3 people 4 people 5 people 6 or more people Yes No Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody
Q73 Q74 Q75_1 Q75_2	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1	3 people 4 people 5 people 6 or more people Yes No Yes No Thave not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms A shot (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls
Q73 Q74 Q75_1	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 7 8	3 people 4 people 5 people 6 or more people Yes No Yes No Yes No Thave not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys
Q73 Q74 Q75_1 Q75_2	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1	3 people 4 people 5 people 6 or more people Yes No Yes No Thave not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys
Q73 Q74 Q75_1 Q75_2 Q75_3	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys
Q73  Q74  Q75_1  Q75_2  Q75_3  Q75_4	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls
Q73 Q74 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys
Q73 Q74 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms A shot (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender girls Transgender girls Persons with another identity
Q73 Q74 Q75_1 Q75_2 Q75_3 Q75_4 Q75_6 Q75_6 Q75_7 Q75_8	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure
Q73  Q74  Q75_1  Q75_2  Q75_3  Q75_4  Q75_5  Q75_6  Q75_7  Q75_7  Q75_8  Q76_1	The last time you had sexual intercourse, did you or your partner use a condom?  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.)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact
Q73  Q74  Q75_1  Q75_2  Q75_3  Q75_4  Q75_6  Q75_7  Q75_8  Q76_1  Q76_2	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No Yes No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Girls
Q73 Q74 Q75_1 Q75_2 Q75_3 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys
Q75_1 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls
Q773 Q774 Q775_1 Q75_2 Q75_3 Q75_6 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_3 Q76_3 Q76_3	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Ves No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender boys Not sure I have never had sexual contact Girls Boys
Q773  Q74  Q75_1  Q75_2  Q75_3  Q75_4  Q75_6  Q75_7  Q75_8  Q76_1  Q76_2  Q76_3  Q76_4  Q76_5  Q76_6  Q76_6  Q76_6	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Ves No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender fors Non-binary persons
Q773 Q74 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4 Q76_5 Q76_6 Q76_5 Q76_6	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure Pransgender girls Transgender boys Non-binary persons Persons with another identity Presons with another identity Presons with another identity Presons with another identity Presons with another identity
Q75_1 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4 Q76_5 Q76_6 Q76_6	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 1 2 3 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No 1 have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure Transgender girls Transgender girls Transgender poys Non-binary persons Persons with another identity Not sure Transgender poys Non-binary persons Persons with another identity Presons With persons Persons with another identity Not sure
Q773   Q774   Q775_1   Q75_2   Q75_3   Q75_6   Q75_7   Q75_8   Q76_1   Q76_5   Q76_6   Q76_7   Q76_6   Q76_7   Q76_7	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Ves No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Persons with another identity Not sure
Q75_1 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4 Q76_5 Q76_6 Q76_6	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No 1 have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure Transgender girls Transgender girls Transgender poys Non-binary persons Persons with another identity Not sure Transgender poys Non-binary persons Persons with another identity Presons With persons Persons with another identity Not sure
Q773   Q774   Q775_1   Q75_2   Q75_3   Q75_6   Q75_7   Q75_8   Q76_1   Q76_5   Q76_6   Q76_7   Q76_6   Q76_7   Q76_7	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Ves No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender boys Non-binary persons Persons with another identity Not sure Heterosexual (straight) Not sure
Q773  Q74  Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4 Q76_5 Q76_6 Q76_7 Q76_8 Q77_1 Q77_1 Q77_2	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No Ves No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure Heterosexual (straight) Mostly heterosexual (mostly straight)
Q773 Q74 Q75_1 Q75_2 Q75_3 Q75_4 Q75_5 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4 Q76_5 Q76_6 Q76_7 Q76_8 Q77_1 Q77_2 Q77_3	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender gorls Transgender gorls Transgender sows with another identity Not sure I have never had sexual contact Girls Boys Persons with another identity Not sure I have never had sexual contact Girls Boys Persons with another identity Not sure I have never had sexual contact Girls Boys Heterosexual (mostly straight) Mostly heterosexual (mostly straight) Mostly heterosexual (mostly straight) Mostly heterosexual (mostly straight) Gay or lesbian Bisexual
Q773   Q774   Q775_1   Q75_2   Q75_5   Q75_6   Q75_7   Q75_6   Q75_7   Q76_6   Q76_7   Q76_6   Q76_7   Q77_7   Q77_3   Q77_5   Q77_5	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) An IUD (such as Morena or ParaGard) or implant (such as Implanon or Nexplanon) An tot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure Heterosexual (straight) Mostly heterosexual (straight) Mostly heterosexual (mostly straight) Gay or lesbian Bisexual Queer
Q75_1 Q75_1 Q75_2 Q75_3 Q75_6 Q75_6 Q75_7 Q75_8 Q76_1 Q76_2 Q76_3 Q76_4 Q76_5 Q76_6 Q76_7 Q76_8 Q77_1 Q77_2 Q77_3 Q77_4	The last time you had sexual intercourse, did you or your partner use a condom?  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.)  Who are you sexually attracted to? (select all that apply)  During your life, with whom have you had sexual contact? (select all that apply)	4 5 6 7 1 2 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 people 4 people 5 people 6 or more people Yes No No No I have not had sex with someone of the opposite sex No method was used to prevent pregnancy Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.) Condoms An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) Withdrawal or some other method Not sure I am not attracted to anybody Girls Boys Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Transgender girls Transgender girls Transgender girls Transgender boys Non-binary persons Persons with another identity Not sure I have never had sexual contact Girls Boys Persons with another identity Nort-binary persons Persons with sancter identity Nort-binary persons Persons with another identity Persons with another identity Persons

077.0		_	I describe an according to the control of the contr
Q77_8			I describe my sexual identity some other way
Q77_9			I am not sure about my sexual identity (questioning)
Q77_10			I do not know what this question is asking
Q78	The last time you had sexual contact, did you ask for consent verbally?	_ 1	
		_	No
			I have never had sexual contact
Q79	How do you describe your weight?		Very underweight
		2	Slightly underweight
		3	About the right weight
		4	Slightly overweight
		5	Very overweight
Q80	Which of the following are you trying to do about your weight?		Lose weight
	3	_	Gain weight
			Stay the same weight
			I am not trying to do anything about my weight
004	Desire the seat 7 days have seen the still see set 6 300 (Days the still in its )		I did not eat fruit during the past 7 days
Q81	During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)	_	
			1 to 3 times during the past 7 days
		_	4 to 6 times during the past 7 days
			1 time per day
		5	2 times per day
		6	3 times per day
		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
		2	1 to 3 times during the past 7 days
			4 to 6 times during the past 7 days
			1 time per day
			2 times per day
		_	3 times per day
		_	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,		I did not drink soda or pop during the past 7 days
200	such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)		
			1 to 3 times during the past 7 days
			4 to 6 times during the past 7 days
			1 time per day
			2 times per day
			3 times per day
		7	4 or more times per day
Q84	During the past 7 days, on how many days did you eat breakfast?	1	0 days
		2	1 day
		3	2 days
		4	3 days
			4 days
		_	5 days
			6 days
		_	
			7 days
Q85	In the past 30 days, how often did you worry that you or your family would not have enough	_ 1	Never
Q85	In the past 30 days, now often did you worry that you or your family would not have enough food?	2	Rarely
Q85		3	Rarely Sometimes
Q85		3	Rarely
Q85		3	Rarely Sometimes
Q85 Q86	food?  During the past 7 days, on how many days were you physically active for a total of at least	2 3 4 5	Rarely Sometimes Most of the time
	food?  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	2 3 4 5	Rarely Sometimes Most of the time Always
	food?  During the past 7 days, on how many days were you physically active for a total of at least	2 3 4 5	Rarely Sometimes Most of the time Always 0 days
	food?  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	2 3 4 5 1 2 3	Rarely Sometimes Most of the time Always 0 days 1 day
	food?  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	2 3 4 5 1 2 3 4	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days
	food?  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	2 3 4 5 1 2 3 4 5	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days
	food?  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	2 3 4 5 1 2 3 4 5 6	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days
	food?  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	2 3 4 5 1 2 3 4 5 6 7	Rarely Sometimes Most of the time Always O days 1 day 2 days 3 days 4 days 5 days 6 days
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.)	2 3 4 5 1 2 3 4 5 6 7	Rarely Sometimes Most of the time Always O days 1 day 2 days 3 days 4 days 5 days 6 days 7 days
	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.)  In an average week when you are in school, on how many days do you go to physical	2 3 4 5 1 2 3 4 5 6 7 8	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days
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.)	2 3 4 5 1 2 3 4 5 6 7 8	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days
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.)  In an average week when you are in school, on how many days do you go to physical	2 3 4 5 1 2 3 4 5 6 7 8 1 2	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days
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.)  In an average week when you are in school, on how many days do you go to physical	2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5	Rarely Sometimes  Most of the time  Always  0 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days  0 days  1 day  2 days  3 days
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.)  In an average week when you are in school, on how many days do you go to physical	2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 5 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 9 days 1 day 9 days
Q86 Q87	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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?	2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 6 6 6 7 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 7 8 7 8 8 7 8 7 8 7 8 8 7 8 7 8 8 7 8 8 7 8 7 8 8 7 8 8 8 7 8 8 8 8 8 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 7 8	Rarely Sometimes  Most of the time  Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 9 days
Q86	food?  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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport	3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 7 7 8 7 8 7 8 7 8 8 7 8 7 8 7 8 7 8	Rarely Sometimes  Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 2 days 3 days 9 days
Q86 Q87	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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?	3 4 5 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 6 6 7 7 8 7 8 7 8 8 7 8 7 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 8 7 8 8 7 8 8 8 8 7 8	Rarely Sometimes  Most of the time  Always  0 days  1 day  2 days  3 days  4 days  5 days  7 days  0 days  1 day  2 days  1 day  1 day  1 day  2 tays  3 days  4 tays  5 days  6 tays  7 tays  9 tays  1 tay  1 time
Q86 Q87	food?  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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport	3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 6 7 6 6 7 6 7 7 8 7 8 7 8 7 8 7 8 7	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 1 day 1 day 2 times 1 day 2 times
Q86 Q87	food?  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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport	3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 6 7 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7	Rarely Sometimes  Most of the time  Always  0 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days  1 day  2 days  1 time  2 times  3 times
Q86 Q87	food?  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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport	3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 6 7 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 1 day 1 day 2 times 1 day 2 times
Q86 Q87	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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?  On an average school day, how many hours do you spend in front of a TV, computer, smart	2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 1 1 2 2 3 3 4 4 5 6 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 7 8 7 7 8 7 8 7 7 7 8 7 7 7 7 7 7 7 8 7	Rarely Sometimes  Most of the time  Always  0 days  1 day  2 days  3 days  4 days  5 days  6 days  7 days  1 day  2 days  1 time  2 times  3 times
Q86 Q87	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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?  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	3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 1 1 2 1 2 3 3 4 4 5 6 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1	Rarely Sometimes  Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 tays 1 tay 2 days 3 days 4 days 5 days 6 days 7 days 9 days 1 day 1 day 2 days 3 days 4 days 5 days 8 days 9 days
Q86 Q87	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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?  On an average school day, how many hours do you spend in front of a TV, computer, smart	2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 7 1 2 3 4 5 6 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 1 day 2 days 3 days 1 day 2 divent days 5 days 6 days 7 days 1 day 1 day 2 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 7 days 8 days 9 d
Q86 Q87	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.)  In an average week when you are in school, on how many days do you go to physical education (PE) classes?  During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?  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	2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 6 1 1 2 2 3 4 5 6 6 1 1 1 2 1 2 3 3 4 5 6 1 1 1 1 2 1 2 3 3 4 4 5 1 1 1 1 2 3 3 4 4 5 1 1 1 1 2 3 3 4 3 4 5 1 1 1 2 3 3 4 3 4 3 4 5 3 4 5 1 3 3 4 3 4 3 4 3 4 5 3 4 3 4 3 4 3 4 3 4	Rarely Sometimes Most of the time Always 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days 0 days 1 day 2 times 1 day 2 times 1 time 2 times 2 times 3 times 4 or more times 1 do not have screen time on an average school day Less than 1 hour per day
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Q92	When was the last time you saw a doctor or nurse for a check-up or physical exam when	- 1	In the past 12 months
	you were not sick or injured?	2	Between 12 and 24 months ago
		3	
		_	·
			Never
		5	Not sure
Q93	In the past 12 months, have you ever thought you needed to go see a doctor, nurse, or go to	1	Yes
400	the emergency room BUT did NOT go?		No
	3,		
		3	Not sure
Q94	Are you limited in any way in any activities because of physical, mental, or emotional	- 1	Yes
	problems?	2	No
		3	Not sure
Q95	Do you now have any health problem that requires you to use special equipment, such as a	- 1	Yes
	cane, a wheelchair, a special bed, or a special telephone?	2	No
			Not sure
Q96	Have you ever been taught in school about how to use a condom to prevent pregnancy or		Yes
	sexually transmitted diseases (STDs), including HIV?	2	No
		3	Not sure
Q97	Have you ever been taught in school about where you could get sexual health services, such		Yes
Q97	as birth control, condoms, or HIV or other sexually transmitted disease (STD) testing or		
	treatment?	2	No
	treatment:	4	Not sure
Q98	Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if	- 1	Yes
<b>Q</b> 30	you donated blood.)		
	you do lated blood.)	2	No
		3	Not sure
AC3	Please select 'yellow' to show that you are paying attention to this question.	1	purple
	, , , , , , , , , , , , , , , , , , , ,		green
		_	
			red
		4	yellow
		5	blue
000	During the part 12 months, have you been tested for a covable transmitted discrete (OTD)		
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
	onioi mani ny, suon as onamyula or gonomida!	_ 2	No
		3	Not sure
Q100	When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other		During the past 12 months
	dental work?		
	donal work.		Between 12 and 24 months ago
		3	More than 24 months ago
		4	Never
		5	Not sure
			*****
Q101	Has a doctor or nurse ever told you that you have asthma?	1	Yes
		2	No
			Not sure
_			
Q102	On an average school night, how many hours of sleep do you get?	1	4 or less hours
		2	5 hours
		3	6 hours
		_	7 hours
		5	8 hours
		6	9 hours
		7	10 or more hours
0.400		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
Q103	During the past 30 days, where did you usually sleep?	1	
Q103	During the past 30 days, where did you usually sleep?	1 2	In my parent's or guardian's home 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
Q103	During the past 30 days, where did you usually sleep?	1 2	In my parent's or guardian's home 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
Q103	During the past 30 days, where did you usually sleep?	1 2	In my parent's or guardian's home 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 In a shelter or emergency housing
Q103	During the past 30 days, where did you usually sleep?	1 2 3 4	In my parent's or guardian's home  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 In a shelter or emergency housing In a motel or hotel
Q103	During the past 30 days, where did you usually sleep?	1 2 3 4 5	In my parent's or guardian's home  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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place
Q103	During the past 30 days, where did you usually sleep?	1 2 3 4 5	In my parent's or guardian's home  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 In a shelter or emergency housing In a motel or hotel
Q103	During the past 30 days, where did you usually sleep?	1 2 3 4 5	In my parent's or guardian's home  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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place
		1 2 3 4 5 6 7	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else
Q103	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental	1 2 3 4 5 6 7	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never
		1 2 3 4 5 6 7	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else
	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental	1 2 3 4 5 6 7	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never
	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental	1 2 3 4 5 6 7 1 2 3	In my parent's or guardian's home 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 In a shelter or emergency housing In a notel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes
	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental	1 2 3 4 5 6 7 1 2 3 4	In my parent's or guardian's home 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 In a shelter or emergency housing In a notel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time
Q104	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)	1 2 3 4 5 6 7 1 2 3 4 5	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always
	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  During the COVID-19 pandemic, did a parent or other adult in your home lose their job even	1 2 3 4 5 6 7 1 2 3 4	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always
Q104	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)	1 2 3 4 5 6 7 1 2 3 4 5 1	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always
Q104	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  During the COVID-19 pandemic, did a parent or other adult in your home lose their job even	1 2 3 4 5 6 7 1 2 3 4 5 1 2	In my parent's or guardian's home 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 In a shelter or emergency housing In a notel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always Yes No
Q104 Q105	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  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 2 3 4 5 6 7 1 2 3 4 5 5 1 2 3 3	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always Yes No My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
Q104	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  During the COVID-19 pandemic, did a parent or other adult in your home lose their job even	1 2 3 4 5 6 7 1 2 3 4 5 1 2 3	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always Yes No My parents and other adults in my home did not have jobs before the COVID-19 pandemic started Mostly A's
Q104 Q105	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  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 2 3 4 5 6 7 1 2 3 4 5 1 2 3	In my parent's or guardian's home 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 In a shelter or emergency housing In a motel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always Yes No My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
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Q104 Q105	During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)  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 2 3 4 5 6 7 1 2 3 4 5 1 2 3 1 2 3 4 5	In my parent's or guardian's home 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 In a shelter or emergency housing In a notel or hotel In a car, park, campground, or other public place I do not have a usual place to sleep Somewhere else Never Rarely Sometimes Most of the time Always Yes No My parents and other adults in my home did not have jobs before the COVID-19 pandemic started Mostly A's Mostly B's Mostly O's Mostly O's Mostly O's Mostly O's
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			Agree Strongly agree
Q112	I feel like I am a part of this school	1	
QTIZ	Treer like Farit a part of this school		Disagree
			Neither disagree nor agree
			Agree
			Strongly agree
Q113	The teachers at this school treat students fairly.	1	
	· · · · · · · · · · · · · · · · · · ·		Disagree
			Neither disagree nor agree
			Agree
		5	
Q114	I feel safe in my school.	1	
	· · · · · · · · · · · · · · · · · · ·		Disagree
			Neither disagree nor agree
			Agree
			Strongly agree
Q115	I am excited about my future.		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.		Not at all like me
		2	A little like me
		3	Somewhat like me
		4	A lot like me
			Exactly like me
Q117	I want to have as much say as possible in making decisions in my neighborhood.	1	Strongly disagree
		2	Disagree
			Neither disagree nor agree
		4	Agree
			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	1	0 adults
	had an important question affecting your life?	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	1	None of the time
	you?	2	A little of the time
		3	Some of the time
		4	Most of the time
		5	
Q122	Is there someone you really count on to help you feel better when you are feeling generally	1	None of the time
	down-in-the dumps?	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
			Elementary school
			Some high school
			Graduated high school
		5	•
			Finished college
		7	
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
	WHOTH YOU WIN DO!	2	•
			Sometimes Most of the time
		4	
0125	During your life, how often has those been an adult in your because the day had	5	•
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	1	Never
	clean clothes and enough to eat?		Rarely
			Sometimes  Most of the time
			Most of the time
0136	Have you over fixed with a parent or guardies who was he for a seekless with start of		Always
Q126	Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?		Yes No
		3	
Q127	Have you ever lived with a parent or guardian who had severe depression, anxiety, or	1	
2121	another mental illness, or was suicidal?		No No
			No Not sure
Q128	Have you ever been separated from a parent or guardian because they went to jail, prison,		Yes
2120	or a detention center?		No No
			Not sure
Q129_1	How tall are you without your shoes on? - Feet	1	
A.20_1	god minou your oncod on: -1 oot		4
		27	5
		27 40	

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?	1 Yes, someone assisted me throughout the entire survey
		Yes, someone assisted me for part of the survey
		3 No