



Harrisonburg / Rockingham Youth Data Survey

1. Which school do you attend?
 - a. Broadway High School
 - b. Turner Ashby High School
 - c. Spotswood High School
 - d. East Rockingham High School
 - e. Harrisonburg High School
 - f. Eastern Mennonite School
 - g. Rockingham Academy
 - h. Montevideo Middle School
 - i. J. Frank Hillyard Middle School
 - j. Wilbur S. Pence Middle School
 - k. Elkton Middle School
 - l. Thomas Harrison Middle School
 - m. Skyline Middle School

Demographics

2. Are you Hispanic or Latino?
 - a. Yes
 - b. No

3. What is your race? **(Select one or more responses.)**
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White

4. How do you describe yourself? **(Select all that apply.)**
 - a. Male
 - b. Female
 - c. Transgender male
 - d. Transgender female
 - e. Nonbinary
 - f. Other _____

5. What sex were you assigned at birth, or on your original birth certificate?
 - a. Male
 - b. Female

6. Which of the following best describes you?
 - a. Heterosexual (straight)
 - b. Gay or lesbian
 - c. Bisexual
 - d. I am not sure about my sexual identity (questioning)
 - e. I describe my identity some other way _____

7. Your grade:
 - a. 8
 - b. 9
 - c. 10
 - d. 11
 - e. 12

8. Age:

- a. 10 years old or less
- b. 11 years old
- c. 12 years old
- d. 13 years old
- e. 14 years old
- f. 15 years old
- g. 16 years old
- h. 17 years old
- i. 18 years old
- j. 19 years old or more

9. Who do you live with most days of the week?

- a. Both parents
- b. Mother only
- c. Father only
- d. Mother and step-parent
- e. Father and step-parent
- f. Grandparent(s)
- g. Foster parent(s)
- h. Friend
- i. Other _____

10. Do you have a job?

- a. Yes, full-time
- b. Yes, part-time
- c. No

11. What language do you use most at home?

- a. English
- b. Spanish
- c. Arabic
- d. Russian
- e. Other _____

12. Over the past 12 months I have lived in: **(select all that apply.)**

- a. Stand-alone house (not connected to other houses)
- b. Townhouse or duplex
- c. Apartment or condo
- d. Motel/Hotel
- e. Shelter
- f. Foster home
- g. I had nowhere to live
- h. Other _____

13. What is the educational level of your parent/parent(s)?

	Parent 1	Parent 2
Some high school	<input type="radio"/>	<input type="radio"/>
High school graduate	<input type="radio"/>	<input type="radio"/>
Some college	<input type="radio"/>	<input type="radio"/>
College graduate	<input type="radio"/>	<input type="radio"/>
I do not know	<input type="radio"/>	<input type="radio"/>
Does not apply	<input type="radio"/>	<input type="radio"/>

Health and Wellness

14. On an average school night, how many hours of sleep do you get?

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

15. During the past 30 days, which of the following did you do to lose weight or keep from gaining weight? (**select all that apply.**)

- a. I did not try to lose weight
- b. I made myself vomit
- c. I took diet pills
- d. I skipped meals on purpose
- e. I over-exercised
- f. I used some other method but did not vomit or take diet pills

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

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

17. I feel comfortable with my body size.

- a. Yes
- b. No

18. How do you think of yourself?

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

19. Has a doctor or other healthcare provider told you that you are currently overweight?

- a. Yes
- b. No

20. During the past 7 days on how many days did you have a drink that was sweetened with sugar? Such as: soda, sports drinks (Gatorade/Powerade), energy drinks (Monster/Redbull), sweet tea, lemonade, juice, etc.

- a. 0 times
- b. 1-3 times during the past 7 days
- c. 4-6 times during the past 7 days
- d. 1 time per day
- e. 2 times per day
- f. 3 times per day
- g. 4 or more times per day

Mental Health

21. Have you ever been diagnosed by your doctor or another healthcare professional with a mental health disorder? **(Select all that apply.)**

- a. I have never been diagnosed with a mental health disorder.
- b. Anxiety
- c. ADHD
- d. Depression
- e. Other _____

22. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- a. Yes
- b. No

23. If you have intentionally harmed your body in the past 6 months, please select each method you have used: **(select all that apply.)**

- a. I have not tried to intentionally harm myself in the past 6 months
- b. I have cut myself
- c. I have scratched myself
- d. I have hit or punched myself
- e. I have carved names/symbols into my skin
- f. Other _____

24. Have you ever seriously considered attempting suicide?

- a. Yes
- b. No

25. In the past 12 months did you make a plan for attempting suicide?

- a. Yes
- b. No

26. Who would you tell if you were worried that a friend is seriously thinking about suicide? (**select only one.**)

- a. Another friend
- b. My parent or another relative
- c. My friend's parent or relative
- d. A teacher or coach
- e. A school counselor
- f. A religious leader (my minister, priest, rabbi or youth leader)
- g. Other _____
- h. I would not tell anyone

Drugs and Alcohol

27. How often do your friends use the following:

	Never	Seldom	Sometimes	Often	A lot
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, flavored alcoholic beverages, wine, liquor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs prescribed to them but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How often do you have five or more glasses of beer, flavored alcoholic beverages, wine, or liquor within a few hours?

- a. Never
- b. Seldom
- c. Sometimes
- d. Often
- e. A lot

29. Within the past year, how often have you used:

	Did not use	Once/year	Once/month	Once/Week	Every day
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, flavored alcoholic beverages, wine, liquor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (glue, gas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (PCP, LSD, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (not prescribed by a doctor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (molly, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth (crystal, ice, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptions drugs not prescribed to you (such as Ritalin, Xanax or Oxy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs prescribed to you but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter drugs (to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Have you ever used the following: **(select all that apply.)**

- a. Synthetic marijuana (K2, Spice)
- b. The drug known as "bath salts"
- c. No, I have never used these drugs

31. If you wanted some, how easy would it be to get:

	Don't know/ Can't get	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, flavored alcoholic beverages, wine, liquor, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. How much do you think people risk harming themselves physically or in other ways if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke e-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more alcoholic drinks (beer, flavored alcoholic beverages, wine, liquor) once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two alcoholic drinks (beer, flavored alcoholic beverages, wine, liquor) nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana once or twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs prescribed to them but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. During the past 30 days, did you...

	Yes	No
Smoke part or all of a cigarette	<input type="radio"/>	<input type="radio"/>
Smoke e-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>
Have one or more alcoholic drinks	<input type="radio"/>	<input type="radio"/>
Use marijuana	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>
Use prescription drugs prescribed to you but not used according to directions (to get high)	<input type="radio"/>	<input type="radio"/>
Use over-the-counter drugs to get high	<input type="radio"/>	<input type="radio"/>
Use inhalants (glue, gas, etc.)	<input type="radio"/>	<input type="radio"/>

34. At what age did you first use tobacco (cigarettes, cigars, dip, etc.)? This does not include electronic vapor products.

- a. Never Used
- b. 10 or under
- c. 11
- d. 12
- e. 13
- f. 14
- g. 15
- h. 16
- i. 17 or older

35. At what age did you first drink alcohol? This does not include drinking a few sips of wine for religious purposes.

- a. Never Used
- b. 10 or under
- c. 11
- d. 12
- e. 13
- f. 14
- g. 15
- h. 16
- i. 17 or older

36. At what age did you first use marijuana (weed, pot, etc.)?

- a. Never Used
- b. 10 or under
- c. 11
- d. 12
- e. 13
- f. 14
- g. 15
- h. 16
- i. 17 or older

37. At what age did you first use prescription drugs not prescribed to you?

- a. Never Used
- b. 10 or under
- c. 11
- d. 12
- e. 13
- f. 14
- g. 15
- h. 16
- i. 17 or older

38. How wrong do your parents feel it would be for you to...

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two alcoholic drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (pot, weed, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. How wrong do your friends feel it would be for you to...

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two alcoholic drinks nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (pot, weed, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. WHERE do you usually... (Select all that apply for each question.)

	Do not use	At home	At school	In a car	Friend's house	Other
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana (pot, weed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs that are not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. WHEN do you usually... (Select all that apply for each question.)

	Do not use	Before school	During school	After school	Weeknights	Weekends
Use tobacco (cigarettes, cigars, dip, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana (pot, weed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription drugs that are not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Have you ever:

	Yes	No
Bought or sold drugs at school	<input type="radio"/>	<input type="radio"/>
Bought or sold drugs when not in school	<input type="radio"/>	<input type="radio"/>
Carried a gun for protection or as a weapon when not at school in the past year	<input type="radio"/>	<input type="radio"/>

43. How do you feel about someone your age having one or two alcoholic drinks nearly every day?

- a. Neither approve or disapprove
- b. Somewhat disapprove
- c. Strongly disapprove
- d. Don't know or can't say

Safety and Bullying

44. During the past 30 days, did you text or use social media (Instagram, Snapchat, Twitter, TikTok, etc.) while driving a car or other vehicle?

- a. I did not drive a car or other vehicle during the past 30 days
- b. Yes
- c. No

45. How often do you wear a seatbelt?

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

46. During the past 30 days, how many times did you...

	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
Drive a car or other vehicle when you had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a car or other vehicle driven by someone who had been drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive a car or other vehicle under the influence of marijuana or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a car or other vehicle driven by someone under the influence of marijuana or other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. While at school in the past year, how often have you...

	Never	One time	2-5 times	6 or more times
Carried a handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carried a knife or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened a student with a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened to hurt a student by hitting, slapping, or kicking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt a student by using a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hurt a student by hitting, slapping, or kicking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened with a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a student threaten to hit, slap, or kick you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been afraid a student may hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt by a student using a handgun, knife, or other weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. In school how often do you feel safe...

	Never	Seldom	Sometimes	Often	A lot	Doesn't apply
In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the cafeteria (lunchroom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the halls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the parking lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the locker room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During school sports and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- a. I did not date or go out with anyone during the past 12 months
- b. 0 times
- c. 1 time
- d. 2 or 3 times
- e. 4 or 5 times
- f. 6 or more times

50. How often do you feel safe in your neighborhood?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. Never

51. In the past 12 months, have you been electronically bullied? (Count being bullied through social media, email, chat rooms, websites and texting.)

- a. Yes
- b. No

52. In the past 12 months I have been bullied or made to feel unsafe (verbally, physically, and/or electronically) because of: **(select all that apply.)**

- a. I have not been bullied in the past year
- b. My race
- c. My religion
- d. My family's financial status
- e. My sexual orientation
- f. My gender
- g. My gender identity
- h. My physical appearance
- i. My disability
- j. Other _____

Activities and Parental Involvement

53. How often do you...

	Never	Seldom	Sometimes	Often	A lot
Make good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skip school without your parents' /guardians' permission in the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in trouble at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in school sports teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in school activities such as band, clubs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in community activities such as scouts, rec. teams, youth clubs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend church, synagogue, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in trouble with the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in gang activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Have you ever been suspended from school?

- a. Yes
- b. No

55. During the past 12 months, how many times have you gambled or bet money on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

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

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

57. Which of the following would you say is true for your gaming (video/internet games, free-to-play apps, pay-to-play apps, etc.) or gambling practices? (choose all that apply)

- a. I spend a lot of time during the day just thinking about gaming / gambling
- b. My gaming / gambling time often interferes with my regular activities (e.g. school, work, socializing with friends or family, regular exercise)
- c. I game / gamble when I feel stressed, anxious, or depressed
- d. I don't tell my friends or family the truth about how much or how often I game / gamble
- e. I would like to stop or cut back on my gaming / gambling
- f. My gaming / gambling has negatively affected my finances
- g. I find I drink more alcohol when I game / gamble
- h. I find that I smoke more cigarettes when I game / gamble
- i. I find gaming / gambling helps me build or maintain my social connections and friendships

58. How much do you think people risk harming themselves physically or in other ways when they gamble money they can't afford to lose?

- a. Great Risk
- b. Moderate Risk
- c. Slight Risk
- d. No Risk

59. How much do you think people risk harming themselves physically or in other ways when they have trouble controlling the amount of time spent gaming?

- a. Great Risk
- b. Moderate Risk
- c. Slight Risk
- d. No Risk

60. During the past 12 months, how often have you done volunteer work (for a charity, a neighbor, through church, etc.)?

- a. More than once a week
- b. Once a week
- c. Once a month
- d. At least 2-3 times in the past year
- e. Once in the past year
- f. Not at all in the past year

61. During the past 12 months, how often have your parents or guardians done volunteer work (for a charity, a neighbor, or through church, etc.)?

- a. More than once a week
- b. Once a week
- c. Once a month
- d. At least 2-3 times in the past year
- e. Once in the past year
- f. Not at all in the past year
- g. Don't know

62. How often do your parents/guardians...

	Never	Seldom	Sometimes	Often	A lot
Set clear rules for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish you when you break the rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. When you are not at home, how often does one of your parents/guardians know where you are and who you are with?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. Rarely
- e. Never

64. My parents/guardians ask if I've gotten my homework done.

- a. Yes
- b. No

65. There are many chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

- a. Yes
- b. No

66. The school (teachers, coaches, counselors, or principal) lets me and/or my parents know when I have done something well.

- a. Yes
- b. No

67. I have one or more adults in my life (who are not my parents) who encourage or listen to me.

- a. Yes
- b. No

Sex

The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

68. How often do you and your parent(s)/guardian(s) talk about...

	Never	Seldom	Sometimes	Often	A lot
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections or HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted sexual contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender / sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. How often do your teachers teach about ...

	Never	Seldom	Sometimes	Often	A lot
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections or HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted sexual contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco (cigarettes, cigars, dip, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (JUUL, e-cigarettes, vapes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender / sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. Do you wish to have more information about... **(select all that apply.)**

- a. Preventing pregnancy
- b. Preventing sexually transmitted infections and HIV / AIDS
- c. Avoiding drugs
- d. Avoiding alcohol
- e. Avoiding tobacco and vaping products
- f. Avoiding unwanted sexual contact

71. Have you ever had sexual intercourse?

- a. Yes
- b. No

Questions 72 – 76 are only displayed to students who select “Yes” to the previous question.

72. If yes, how old were you when you had sexual intercourse for the first time?

- a. 12 or younger
- b. 13
- c. 14
- d. 15
- e. 16
- f. 17
- g. 18 or older

73. The last time that you had sexual intercourse did you use any of the following? **(select all that apply.)**

- a. Drugs
- b. Alcohol
- c. None of the above
- d. Unsure

74. The last time that you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted infections? (select all that apply.)

- a. No method was used
- b. Birth control pills
- c. Condoms
- d. Withdrawal (pulling out)
- e. Birth control shot
- f. IUD (intrauterine device)
- g. Other form of birth control (patch, ring)

75. In the past 12 months, what has been your primary method of birth control (used most often)?

- a. I have not had sex in the past 12 months
- b. No method was used
- c. Birth control pills
- d. Condoms
- e. Withdrawal (pulling out)
- f. Birth control shot
- g. IUD (intrauterine device)
- h. Other forms of birth control (patch, ring)
- i. Not applicable (e.g. same sex partner)

76. Have you ever been tested for sexually transmitted infections and/or HIV / AIDS? (do not count tests done if you donated blood.)

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

77. Have you ever received a touch of a sexual nature from anyone, which you did not consent to or did not want?

- a. Yes
- b. No
- c. Unsure

78. Have you ever been forced to do sexual things you did not want to do by someone you were dating or going out with? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- a. Yes
- b. No
- c. Unsure

COVID-19

In early 2020, the coronavirus disease (COVID-19) pandemic began in the United States, along with the rest of the world. As part of the initial response to the pandemic, schools and businesses were closed and people were required to stay at home for several months. The next questions ask about your experiences during this time.

79. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

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

80. During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?

- a. Parents or other adults in my home did not have a job at the start of the pandemic
- b. Yes
- c. No

81. During the COVID-19 pandemic, did you lose your paying job even for a short amount of time?

- a. I did not have a paying job at the start of the pandemic
- b. Yes
- c. No

82. During the COVID-19 pandemic, how often did you go hungry because there was not enough food in your home?

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

83. Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?

- a. Strongly agree
- b. Agree
- c. Not sure
- d. Disagree
- e. Strongly disagree

84. During the COVID-19 pandemic, was there a change in how often a parent or other adult in your home swore at you, insulted you, or put you down?

- a. There was a significant increase
- b. There was an increase
- c. It stayed the same
- d. There was a decrease
- e. There was a significant decrease
- f. I have not experienced this at home

85. During the COVID-19 pandemic, was there a change in how often a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?

- a. There was a significant increase
- b. There was an increase
- c. It stayed the same
- d. There was a decrease
- e. There was a significant decrease
- f. I have not experienced this at home

86. During the COVID-19 pandemic, was there a change in how often you drank alcohol?

- a. There was a significant increase
- b. There was an increase
- c. It stayed the same
- d. There was a decrease
- e. There was a significant decrease
- f. I have never had a drink

87. During the COVID-19 pandemic, was there a change in how often you had sex?

- a. There was a significant increase
- b. There was an increase
- c. It stayed the same
- d. There was a decrease
- e. There was a significant decrease
- f. I have never had sex

88. During the COVID-19 pandemic, was there a change in how often you used drugs? (Count using marijuana, synthetic marijuana, cocaine, prescription pain medicine without a doctor's prescription, and other illegal drugs.)

- a. There was a significant increase
- b. There was an increase
- c. It stayed the same
- d. There was a decrease
- e. There was a significant decrease
- f. I have never used drugs

89. During the COVID-19 pandemic, did you get medical care from a doctor or nurse using a computer, phone, or other device (also called telemedicine)?

- a. Yes
- b. No

90. During the COVID-19 pandemic, did you get mental health care, including treatment or counseling for your use of alcohol or drugs, using a computer, phone, or other device (also called telemedicine)?

- a. Yes
- b. No

91. During the COVID-19 pandemic, how often did you spend time with family, friends, or other groups such as clubs or religious groups, by using a computer, phone, or other device? (Do not count attending school online.)

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

92. What was the hardest thing for you as a result of the COVID-19 pandemic?

93. Although the COVID-19 pandemic has been very challenging, can you tell us about any positive outcomes you have experienced?
