

2020-21

High School Youth Risk Behavior and Perception Survey

This survey is about health behavior. The information will be used to learn about adolescent behavior and how best to educate our school community.

All information will remain entirely anonymous. **Your answers cannot be connected to you. Be sure your name is not on the form.** Completing the survey is voluntary. **Answer the questions based on what you actually think and do.**

Thank you for your participation.

Mark your responses on the separate answer sheet using a No. 2 or HB pencil. Mark only one response per question.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

These definitions may assist you in answering this question:

Non Binary: A person who does not identify as exclusively male or female (also known as the gender binary) and does not identify as the gender assigned to them at birth. Individuals may feel they are both genders, neither, or some mixture thereof.

Transgender: An umbrella term that may be used to describe people whose gender identity is different from their sex assigned at birth and/or whose gender expression is different from the way males or females are stereotypically expected to look or behave.

2. What is your gender? **(Select one or more responses.)**
 - A. Female
 - B. Male
 - C. Nonbinary
 - D. Transgender
3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

To monitor compliance with civil rights legislation, federal and state agencies require schools to describe racial/ethnic populations. Your response to questions 4 and 5 will assist our efforts to ensure compliance.

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No
5. 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/Other Pacific Islander
 - E. White

This definition may help you in answering this question.

6. Which of the following best describes you? (Select one or more responses)
- A. Heterosexual (straight)
 - B. Gay or Lesbian
 - C. Bisexual
 - D. I describe my sexual identity some other way
 - E. I am not sure about my sexual identity (questioning)
 - F. I do not know what this question is asking

What activities have you participated in this school year?

7. NT Athletics
- A. Yes
 - B. No
8. NT Theater, dance, arts, music
- A. Yes
 - B. No
9. NT Student Activities/Clubs
- A. Yes
 - B. No
10. Activity outside of the school setting (Volunteer/Service work, part-time job, sports, etc.)
- A. Yes
 - B. No
11. **During the past 12 months**, how would you describe your grades in school?
- A. Mostly As
 - B. Mostly Bs
 - C. Mostly Cs
 - D. Mostly Ds
 - E. Mostly Fs
 - F. None of these grades
 - G. Not sure
12. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours

The next 13 questions ask about safety.

13. **During the past 30 days**, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school? (not covid related)
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

14. **During the past 12 months**, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
15. **During the past 12 months**, how many times were you in a physical fight **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
16. **During the past 12 months**, how many times did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
17. **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**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
19. **During the past 12 months**, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times

- E. 6 or more times
20. **During the past 12 months**, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
21. **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. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
22. **During the past 12 months**, how many times did **someone you were dating or going out with** verbally hurt you on purpose?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
23. **During the past 30 days**, how many times did you **drive** a car or other vehicle when you had been **drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
24. **During the past 30 days**, how many times did you **ride** in a car or other vehicle driven by someone who had been **drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
25. **During the past 30 days**, how many times did you **drive** a car or other vehicle when you had been **using marijuana**, (including any form of marijuana – DABS, ingestible, liquid)?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
26. **During the past 30 days**, how many times did you **ride** in a car or other vehicle driven by someone who had been **using marijuana** (including any form of marijuana – DABS, ingestible, liquid)?

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

- 27. During the past 30 days**, on how many days did you **text or email** while **driving** a car or other vehicle?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue, fight, or tease each other in a friendly way.

- 28. During the past 12 months**, have you ever been bullied **on school property**?
- A. Yes
 - B. No
- 29. During the past 12 months**, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next 9 questions ask about stress and mental-emotional health.

- 30. During the past 30 days**, how many days did you feel stressed and anxious?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

During the past 30 days, if you felt stressed and/or anxious what was the source(s) of your stress or anxiety?

- | | | |
|---|--------|-------|
| 31. Academics | A. Yes | B. No |
| 32. Family | A. Yes | B. No |
| 33. Athletics/Activities/Clubs/Fine Arts | A. Yes | B. No |
| 34. Friends | A. Yes | B. No |
| 35. Post-high school plans | A. Yes | B. No |
| 36. Social Media | A. | B. |
| 37. COVID-19/Pandemic(remote learning, loss of activities, conflict) | A. Yes | B. No |

- 38. During the past 30 days**, on how many days did your stress and/or anxiety **impact** your ability to deal with your daily activities (e.g. homework, family, friends, extracurricular)?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days

- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

39. During the COVID-19 pandemic, how often did your stress and/or anxiety impact your ability to deal with your daily activities (e.g. homework, family, friends, extracurricular)?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

40. **In the past 12 months**, have you been treated by a psychiatrist / psychologist / social worker in or outside of school?
- A. Yes
 - B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

41. **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

42. **During the past 12 months**, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
43. **During the past 12 months**, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
44. **During the past 12 months**, how many times did you actually **attempt** suicide?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
45. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
 - B. Yes
 - C. No

The next 7 questions ask about all tobacco and electronic vapor products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, and pipe tobacco when answering these questions.

46. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
47. How old were you when you smoked a cigarette, vaped or used an e-cigarette for the first time?
- A. I have never smoked a cigarette, vaped or used an e-cigarette
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
48. **During the past 30 days**, on how many days did you smoke cigarettes (**not** including e-cigarettes)?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
49. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
50. **During the past 30 days**, on how many days did you use electronic vapor products, such as JUUL, blu, NJOY, or Starbuzz? (Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.)
- A. 0 days
 - B. 1 or 2 days

- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

51. During the past 30 days, how did you usually get your own electronic vapor products? (Select all that apply)

- A. I did not use any electronic vapor products during the past 30 days
- B. I got or bought them from a friend, family member, or someone else
- C. I bought them myself in a vape shop or tobacco shop
- D. I bought them myself in a convenience store, supermarket, discount store, or gas station
- E. I bought them myself at a mall or shopping center kiosk or stand
- F. 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
- G. I took them from a store or another person
- H. I got them in some other way

52. 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? (Do not count any electronic vape products.)

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

53. During the past 12 months, did you ever try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?

- A. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, or pipe tobacco during the past 12 months
- B. Yes
- C. No

The next 16 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

54. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

55. During the past 30 days, on how many days did you have at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

56. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you identify as a female) or 5 or more drinks of alcohol in a row (if you identify as a male) within a couple of hours?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days

- F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days
57. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks

During the past 30 days, if you drank alcohol, from what source did you get the alcohol?

58. I did **not** drink, answer “yes”. A. Yes B. No
 If you answered yes, mark “no” to questions 59-69.
59. From my house, parent(s)/guardian were not aware A. Yes B. No
60. My parent(s)/guardian provided it for me A. Yes B. No
61. I got it from a friend/acquaintance’s house, parent(s)/guardian were not aware A. Yes B. No
62. A friend or acquaintance’s parent(s)/guardian provided it for me A. Yes B. No
63. A brother, sister, or other relative A. Yes B. No
64. A friend got it for me A. Yes B. No
65. I asked a stranger to buy it for me A. Yes B. No
66. I bought it myself using a fake ID A. Yes B. No
67. I bought it myself **without** a fake ID A. Yes B. No
68. It was available at a party I went to A. Yes B. No

The next 13 questions ask about marijuana use. Marijuana is also called weed or pot. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

69. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
70. **During the past 30 days**, on how many days did you use marijuana (Including any form of marijuana – DABS, ingestible, liquid)?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days

G. All 30 days

If you don't drink alcohol or use marijuana or when you make a choice NOT to drink alcohol or use marijuana, it is because:

- | | | |
|--|--------|-------|
| 71. My parents' rules and expectations of me. | A. Yes | B. No |
| 72. I am afraid I might lose my driver's license. | A. Yes | B. No |
| 73. I know I might lose my eligibility for sports or extracurricular activities. | A. Yes | B. No |
| 74. The school's policy on losing my right to attend all school related events. | A. Yes | B. No |
| 75. It is against the law and it's not worth the risk. | A. Yes | B. No |
| 76. I don't want to risk affecting my grades or future plans after high school. | A. Yes | B. No |
| 77. I like to stay in control of my body and my actions. | A. Yes | B. No |

The next 2 questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.
add in prescription pain meds

78. **During your life**, how many times have you taken prescription pain medicine **without** a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

79. **In the past 30 days**, on how many days did you take a **prescription pain medicine without** a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

80. **During your life**, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

81. **During your life**, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?
- 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

82. **During your life**, how many times have you used **ecstasy** (also called MDMA or Molly)?
- 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

83. During your life, how many times have you used **heroin** (such as smack, junk, or China White)?

- 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

84. During your life, how many times have you used **synthetic marijuana** (such as K2/spice)?

- 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

85. During the past 12 months, has anyone offered, sold, or given you an illegal drug (including marijuana) **on school property**?

- A. Yes
- B. No

86. During the past 30 days, if you used drugs or alcohol, what was your **primary** reason for use?

- A. I did not use drugs or alcohol in the past 30 days
- B. It's fun to do with my friends
- C. It helps me de-stress and/or forget about my problems
- D. It makes me more comfortable in social situations
- E. Adults in my home drink alcohol or use drugs regularly

The next 6 questions ask about your perception of your peers' health behaviors.

Perception of Risk: How much do you think people risk harming themselves (physically or in other ways) if they:

87. Smoke one or more packs of cigarettes per day

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

88. Use e-cigarettes or vaping products?

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

89. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

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

- 90.** Have five or more drinks of an alcohol beverage once or twice a week?
- A. No Risk
 - B. Slight Risk
 - C. Moderate Risk
 - D. Great Risk
- 91.** Use marijuana once or twice a week?
- A. No Risk
 - B. Slight Risk
 - C. Moderate Risk
 - D. Great Risk
- 92.** Use prescription drugs that are not prescribed to them?
- A. No Risk
 - B. Slight Risk
 - C. Moderate Risk
 - D. Great Risk

Perception of Parental Disapproval:

How wrong do your parent(s)/guardians feel it would be for you to:

93. Drink beer, wine or hard liquor (e.g. vodka, whiskey or gin) regularly (at least once or twice a month)?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
94. Have one or two drinks of an alcoholic beverage nearly every day?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
95. Smoke cigarettes?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
96. Used e-cigarettes or vape products?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
97. Use marijuana?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
98. Use prescription drugs not prescribed to you?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all

Perception of Peer Disapproval:

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

99. Have one or two drinks of an alcoholic beverage nearly every day?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
100. Smoke tobacco?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
101. Use e-cigarettes or vape products?
- A. Very Wrong
 - B. Wrong
 - C. A little bit wrong
 - D. Not wrong at all
102. Use Marijuana?

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

103. Use prescription drugs not prescribed to you?

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

During the past 30 days, how many times do you think the typical NT student(s) in your school did the following:

104. Smoked cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

105. Use e-cigarettes or vape products?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

106. Had at least one drink of alcohol? (not including drinking a few sips of wine for religious purposes)

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

107. Used marijuana?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

108. Used someone else's prescription drugs?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

Please rate how believable each of the following sources of information (facts) about tobacco, alcohol, or other drugs are to you:

	Very Unbelievable	Somewhat Unbelievable	Don't Know	Somewhat Believable	Very Believable
109. Adviser	A	B	C	D	E
110. Health (KW) Class	A	B	C	D	E
111. Classes other than KW	A	B	C	D	E
112. Health Services/Social Work/ Student Assistance Program	A	B	C	D	E
113. Coach/Director/Sponsor	A	B	C	D	E
114. Friends	A	B	C	D	E
115. Parent(s)/Guardian	A	B	C	D	E
116. Internet	A	B	C	D	E
117. TV/Netflix/Hulu	A	B	C	D	E

The next 9 questions ask about sexual behavior.

118. Have you ever had sexual intercourse?
A. Yes
B. No
119. How old were you when you had sexual intercourse for the first time?
A. I have never had sexual intercourse.
B. 11 years old or younger
C. 12 years old
D. 13 years old
E. 14 years old
F. 15 years old
G. 16 years old
H. 17 years old or older
120. **During your life**, with how many people have you had sexual intercourse?
A. I have never had sexual intercourse
B. 1 person
C. 2 people
D. 3 people
E. 4 people
F. 5 people
G. 6 or more people
121. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
A. I have never had sexual intercourse
B. Yes
C. No
122. The **last time** you had sexual intercourse, did you or your partner use a condom?
A. I have never had sexual intercourse
B. Yes
C. No
123. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
A. Yes
B. No
C. Not sure
124. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
A. I have never had sexual intercourse with an opposite-sex partner
B. No method was used to prevent pregnancy
C. Prescription birth control such as: birth control pills, Depo-Provera (injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant or IUD device) (Do **not** count emergency contraception such as Plan B or the “morning after” pill)
D. Condoms
E. Spermicide
F. Emergency Contraceptive pill
G. Withdrawal
H. Not sure
125. **During the past 12 months**, have you ever electronically sent or received pictures, video or text messages that contained sexual content? (e.g. sexting)

- A. Yes
- B. No

The next 12 questions ask about nutrition and body image.

126. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
127. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
128. **During the past 30 days**, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
129. **During the past 30 days**, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
130. **During the past 30 days**, did you **skip one or more meals during the day** to lose weight or restrict calories in a day?
- A. Yes
 - B. No
131. **During the past 30 days**, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
132. **During the past 30 days**, did you take supplements (Creatine, DHEA, White Protein, Ephedra, etc.) to build muscle or increase endurance?
- A. Yes
 - B. No

The next 5 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants or anywhere else.

133. **During the past 7 days**, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
134. **During the past 7 days**, how many times did you eat **vegetables**?

- A. I did not eat vegetables during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

135. During the past 7 days, how many fast food meals did you eat? (such as McDonalds, Chipotle, Panda Express)

- A. I did not eat fast food in the last 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

136. During the past 7 days, on how many days did you eat breakfast?

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

137. During the past 7 days, how many times did you have an energy drink? (e.g. Monster, 5 hour Energy, Red Bull). (Do **not include coffee or caffeinated soda.)**

- A. I did not have an energy drink in the last 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

The next 6 questions ask about physical activity and fitness.

138. 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.)

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

138. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups or weight lifting?

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

139. I have the information and resources (e.g. KW classes and Athletic Department) needed to assess my individual fitness level.

- A. Strongly disagree
- B. Disagree
- C. Neutral
- D. Agree
- E. Strongly agree

140. I have the information and resources from school (e.g. KW classes and Athletic Department) needed to **develop** my individual fitness plan.
- A. Strongly disagree
 - B. Disagree
 - C. Neutral
 - D. Agree
 - E. Strongly agree
141. Do you think the typical NT student at your school answered questions on this survey honestly?
- A. Yes
 - B. No
142. Did you answer the questions on this survey honestly?
- A. Yes
 - B. No

**This is the end of the survey.
Thank you very much for your help.**