

# 2011 National Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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

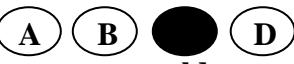
The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-0493)

***Thank you very much for your help.***

## **DIRECTIONS**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: 
- If you change your answer, erase your old answer completely.

1. How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old or older
2. What is your sex?
  - Female
  - Male
3. In what grade are you?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
4. Are you Hispanic or Latino?
  - Yes
  - No
5. What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
3	0
4	1
2	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

Height	
Feet	Inches
3	0
4	1
5	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	11

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5		
6	6	
7	7	
8	8	
9	9	

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**The next 5 questions ask about safety.**

8. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
  - A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
  
9. How often do you wear a seat belt when **riding** in a car driven by someone else?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
  
10. 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
  
11. 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
  
12. During the past 30 days, on how many days did you **text or e-mail** 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 11 questions ask about violence-related behaviors.**

13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
  - 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 30 days, on how many days did you carry **a gun**?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
  
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
  
16. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
  - A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
  
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. 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

19. During the past 12 months, how many times were you in a physical fight?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

20. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

- 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 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

22. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

A. Yes  
B. No

23. Have you ever been physically forced to have sexual intercourse when you did not want to?

A. Yes  
B. No

**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 or fight or tease each other in a friendly way.**

24. During the past 12 months, have you ever been bullied **on school property**?

A. Yes  
B. No

25. During the past 12 months, have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)

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.**

26. 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

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

A. Yes  
B. No

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

A. Yes  
B. No

29. 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

30. **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 11 questions ask about tobacco use.**

31. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

32. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole 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

33. During the past 30 days, on how many days did you smoke cigarettes?

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

34. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day?**

- A. I did not smoke cigarettes during the past 30 days
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

35. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- C. I bought them from a vending machine
- D. I gave someone else money to buy them for me
- E. I borrowed (or bummed) them from someone else
- F. A person 18 years old or older gave them to me
- G. I took them from a store or family member
- H. I got them some other way

36. During the past 30 days, on how many days did you smoke cigarettes **on school property?**

- 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

37. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- A. Yes
- B. No

38. During the past 12 months, did you ever try **to quit** smoking cigarettes?

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

39. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 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

40. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property?**

- 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

41. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars?**

- 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 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, 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.**

42. During your life, on how many days have you had at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days

43. 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

44. 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

45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

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

46. During the past 30 days, how did you **usually** get the alcohol you drank?

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- C. I bought it at a restaurant, bar, or club
- D. I bought it at a public event such as a concert or sporting event
- E. I gave someone else money to buy it for me
- F. Someone gave it to me
- G. I took it from a store or family member
- H. I got it some other way

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

- 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 4 questions ask about marijuana use. Marijuana also is called grass or pot.**

48. During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

49. 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

50. During the past 30 days, how many times did you use marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

51. During the past 30 days, how many times did you use marijuana **on school property**?

- 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

**The next 11 questions ask about other drugs.**

52. 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

53. During the past 30 days, how many times did you use **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

54. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 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

55. During your life, how many times have you used **heroin** (also called 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

56. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- 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

57. During your life, how many times have you used **ecstasy** (also called MDMA)?

- 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

58. 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

59. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- 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

60. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 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

61. During your life, how many times have you used a needle to inject any **illegal drug** into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

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

- A. Yes
- B. No

**The next 7 questions ask about sexual behavior.**

63. Have you ever had sexual intercourse?

- A. Yes
- B. No

64. 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

65. 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

66. During the past 3 months, with how many people did you have sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 3 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

67. 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

68. 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

69. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condoms
- E. Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD
- F. Withdrawal
- G. Some other method
- H. Not sure

**The next 5 questions ask about body weight.**

70. How do **you** describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

71. 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

72. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?

- A. Yes
- B. No

73. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)

- A. Yes
- B. No

74. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

**The next 9 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.**

75. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- A. I did not drink 100% fruit juice during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

76. 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

77. During the past 7 days, how many times did you eat **green salad**?

- A. I did not eat green salad 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

78. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- A. I did not eat potatoes 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

79. During the past 7 days, how many times did you eat **carrots**?

- A. I did not eat carrots 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

80. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- A. I did not eat other 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

81. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)

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

82. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- A. I did not drink milk during the past 7 days
- B. 1 to 3 glasses during the past 7 days
- C. 4 to 6 glasses during the past 7 days
- D. 1 glass per day
- E. 2 glasses per day
- F. 3 glasses per day
- G. 4 or more glasses per day

83. 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

**The next 6 questions ask about physical activity.**

84. 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

85. On how many of the past 7 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

86. On an average school day, how many hours do you watch TV?

- A. I do not watch TV on an average school day
- 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

87. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)

- A. I do not play video or computer games or use a computer for something that is not school work
- 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

88. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

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

89. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

**The next 8 questions ask about other health-related topics.**

90. Have you ever been taught about AIDS or HIV infection in school?

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

91. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)

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

92. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?

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

93. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** include getting a spray-on tan.)

- 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

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

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

95. Do you still have asthma?

- A. I have never had asthma
- B. Yes
- C. No
- D. Not sure

96. 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

97. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?

- A. Yes
- B. No

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