

Oregon Healthy Teens Survey

• 2017 8th Grade •

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help schools and communities develop ways to improve student health and safety in Oregon.

Your participation in this survey is voluntary.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. Please be honest with your answers. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior or that it is appropriate. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, **unless** the question specifically asks you to **"Select one or more responses."**

Marking Instructions:

Please mark your choice on this questionnaire.

Fill in the bubbles completely. If you make a mistake, please erase your mistake, then fill in the correct response.

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ☒ ☐ ☐ ☐

1. In what grade are you?

- ☐ 7th grade
☒ 8th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☒ 12th grade
☐ Ungraded or other grade

2. 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

3. Are you Hispanic or Latino/Latina?

- ☐ Yes
☐ No

4. What is your race? (Select one or more responses)

- ☐ American Indian/Native American
☒ Alaska Native
☐ Asian Indian
☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Filipino
☐ Native Hawaiian
☒ Other Pacific Islander
☐ Black or African American
☐ White
☐ Other (Specify) _____

5. If you selected more than one race, what one race **best** describes you?

- ☐ Only one race selected in previous question
☒ American Indian/Native American
☐ Alaska Native
☐ Asian Indian
☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Filipino
☐ Native Hawaiian
☐ Other Pacific Islander
☐ Black or African American
☐ White
☐ Other

6. What is the language you use most often at home?

- ☐ English
☒ Spanish
☐ Another language (Specify) _____

7. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

| Height | |
|------------------------------------|-------------------------------------|
| Feet | Inches |
| 4 | 11 |
| <input type="radio"/> 3 | <input type="radio"/> 0 |
| <input checked="" type="radio"/> 4 | <input type="radio"/> 1 |
| <input type="radio"/> 5 | <input type="radio"/> 2 |
| <input type="radio"/> 6 | <input type="radio"/> 3 |
| <input type="radio"/> 7 | <input type="radio"/> 4 |
| | <input type="radio"/> 5 |
| | <input type="radio"/> 6 |
| | <input type="radio"/> 7 |
| | <input type="radio"/> 8 |
| | <input type="radio"/> 9 |
| | <input type="radio"/> 10 |
| | <input checked="" type="radio"/> 11 |

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

Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

| Weight | | |
|------------------------------------|------------------------------------|------------------------------------|
| Pounds | | |
| 0 | 9 | 5 |
| <input checked="" type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| | <input type="radio"/> 4 | <input type="radio"/> 4 |
| | <input type="radio"/> 5 | <input checked="" type="radio"/> 5 |
| | <input type="radio"/> 6 | <input type="radio"/> 6 |
| | <input type="radio"/> 7 | <input type="radio"/> 7 |
| | <input type="radio"/> 8 | <input type="radio"/> 8 |
| | <input checked="" type="radio"/> 9 | <input type="radio"/> 9 |

9. Please tell us your zip code.

Directions: Write the last 3 digits of your zip code in the shaded blank boxes. Fill in the matching circle below each number on the answer sheet.

| Zip Code | | | | |
|------------------------------------|------------------------------------|-------------------------|-------------------------|-------------------------|
| 9 | 7 | | | |
| <input checked="" type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input checked="" type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

The next questions will help us look at differences in health based on social and economic factors.

10. Does your family own a car, van, or truck?
- ☐ No
- ☒ Yes, one
- ☐ Yes, two or more
11. Do you have your own bedroom for yourself?
- ☐ No
- ☒ Yes
12. During the past 12 months, how many times did you travel away on vacation with your family?
- ☐ Not at all
- ☒ Once
- ☐ Twice
- ☐ More than twice
13. How many computers does your family own?
- ☐ None
- ☒ One
- ☐ Two
- ☐ More than two
14. Do you receive free or reduced price lunches at school?
- ☐ Yes
- ☒ No
- ☐ Don't Know

The next questions will help us look at differences in health among various groups.

15. How do you identify? (Select one or more responses)
- ☐ Female
 - ☐ Male
 - ☐ Transgender
 - ☐ Gender nonconforming/Genderqueer
 - ☐ Gender fluid/not exclusively male or female
 - ☐ Intersex/Intergender
 - ☐ Something else fits better
(Specify) _____
 - ☐ I am not sure of my gender identity
 - ☐ I do not know what this question is asking
16. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you see **yourself**?
- ☐ Very feminine
 - ☐ Mostly feminine
 - ☐ Somewhat feminine
 - ☐ Equally feminine and masculine
 - ☐ Somewhat masculine
 - ☐ Mostly masculine
 - ☐ Very masculine
 - ☐ I am not sure
 - ☐ I do not know what this question is asking

17. A person's appearance, style, dress or the way they walk or talk may affect how people describe them. How do you think **other people at school** would describe you?
- ☐ Very feminine
 - ☐ Mostly feminine
 - ☐ Somewhat feminine
 - ☐ Equally feminine and masculine
 - ☐ Somewhat masculine
 - ☐ Mostly masculine
 - ☐ Very masculine
 - ☐ I am not sure
 - ☐ I do not know what this question is asking

The next questions ask about health care issues.

18. Would you say that in general your **physical health** is...
- ☐ Excellent
- ☒ Very good
- ☐ Good
- ☒ Fair
- ☐ Poor
19. Would you say that in general your **emotional and mental health** is...
- ☐ Excellent
- ☒ Very good
- ☐ Good
- ☒ Fair
- ☐ Poor
20. When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
- ☐ During the past 12 months
- ☒ Between 12 and 24 months ago
- ☐ More than 24 months ago
- ☒ Never
- ☐ Not sure
21. During the past 12 months, did you have any **physical health** care needs that were **not** met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)
- ☐ Yes ☒ No
22. During the past 12 months, did you have any **emotional and mental health** care needs that were **not** met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)
- ☐ Yes ☒ No

PLEASE DO NOT WRITE IN THIS AREA [] [SERIAL]

[SERIAL]

23. In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? **(Select one or more responses)**

- ☐ Yes – during school hours
☐ Yes – during the summer
☐ Yes – on the weekend or before/after school
☐ No
☐ Don't know

24. When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- ☐ During the past 12 months
☐ Between 12 and 24 months ago
☐ More than 24 months ago
☐ Never
☐ Not sure

For these statements, mark how true you feel each is for you.

25. I can do most things if I try.

26. There is at least one teacher or other adult in my school that really cares about me.

27. I volunteer to help others in my community.

28. I can work out my problems.

| | Pretty true Very much true | A little true | Not at all true |
|---|-------------------------------|-----------------------|-----------------------|
| 25. I can do most things if I try. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. There is at least one teacher or other adult in my school that really cares about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I volunteer to help others in my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I can work out my problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next questions ask about grades and school.

29. During the past 12 months, how would you describe your grades in school?

- ☐ Mostly A's
☐ Mostly B's
☐ Mostly C's
☐ Mostly D's
☐ Mostly F's
☐ None of these grades
☐ Not sure

30. During the past 12 months, how many days of school did you miss for any reason?

31. During the past 12 months, how many days of school did you miss because of physical health reasons?

32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons?

33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)?

| | None | 1-2 days | 3-5 days | 6-10 days | 11-15 days | 16 or more days |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 30. During the past 12 months, how many days of school did you miss for any reason? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. During the past 12 months, how many days of school did you miss because of physical health reasons? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. During the past 12 months, how many days of school did you miss because of emotional or mental health reasons? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. During the past 12 months, how many days of school did you have unexcused absences (meaning you skipped or cut school)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next questions ask about asthma.

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

- ☐ Yes
☐ No
☐ Not sure

35. Do you still have asthma?

- ☐ I have never had asthma
☐ Yes
☐ No
☐ Not sure

The next questions ask about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

36. Does your school have a School-Based Health Center?

- ☐ Yes
☐ No
☐ Don't know

37. How many times have you used the School-Based Health Center at your school in the past 12 months?

- ☐ Never
☐ I've used it, but not in the last 12 months
☐ Once
☐ Twice
☐ 3-5 times
☐ 6-10 times
☐ More than 10 times

The next question is about the food you ate during the past 12 months.

38. In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ Yes
☐ No

The next 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.

39. 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.)

- ☐ I did not drink 100% fruit juice during the past 7 days
☐ 1 to 3 times during the past 7 days
☐ 4 to 6 times during the past 7 days
☐ 1 time per day
☐ 2 times per day
☐ 3 times per day
☐ 4 or more times per day

40. During the past 7 days, how many times did you eat **fruit**?

(Do **not** count fruit juice.)

- ☐ I did not eat fruit during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

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

- ☐ I did not eat green salad during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

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

- ☐ I did not eat potatoes during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

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

- ☐ I did not eat carrots during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

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

- ☐ I did not eat other vegetables during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

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

- ☐ 0 days
 ☐ 4 days
☒ 1 day
 ☒ 5 days
☐ 2 days
 ☐ 6 days
☐ 3 days
 ☐ 7 days

The next question is about sleep patterns.

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

- ☐ 4 or less hours
- ☒ 5 hours
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☒ 9 hours
- ☐ 10 or more hours

The next questions ask about physical activity.

47. 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.)

- ☐ 0 days
 - ☒ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
 - ☐ 6 days
 - ☐ 7 days

48. 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?

- ☐ 0 days
 - ☒ 1 day
 - ☐ 2 days
 - ☐ 3 days
 - ☐ 4 days
 - ☐ 5 days
 - ☐ 6 days
 - ☐ 7 days

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

- ☐ 0 days
 ☒ 1 day
 ☐ 2 days
 ☐ 3 days
 ☒ 4 days
 ☐ 5 days

50. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- ☐ I do not take PE
- ☐ Less than 10 minutes
- ☐ 10 to 20 minutes
- ☐ 21 to 30 minutes
- ☐ 31 to 40 minutes
- ☐ 41 to 50 minutes
- ☐ 51 to 60 minutes
- ☐ More than 60 minutes

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

- ☐ I do not watch TV on an average school day
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

PLEASE DO NOT WRITE IN THIS AREA

[illegible]

[SERIAL]

52. 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? (Count time spent on things such as Xbox, Play Station, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

- ☐ I do not play video or computer games or use a computer for something that is not school work
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

The next questions ask about the types of beverages that you drink.

During the past 7 days, how many times did you drink...

53. **Soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)

54. **Fruit-flavored beverages** such as Kool-Aid, Sunny Delight, or Snapple? (Do **not** include 100% fruit juice.)

55. **Energy drinks** such as Red Bull, Rockstar, or Monster? (Do **not** include diet or sugar-free energy drinks.)

56. **Sports drinks** such as Gatorade or Powerade?

57. **Flavored milk** such as Chocolate or Strawberry milk? (Do **not** include plain milk.)

58. **Plain milk?** (Include milk that you added to cereal.)

59. **Sweetened coffee or tea beverages** such as Starbucks Frappuccino or an Arizona Iced Tea?

60. **Plain water?** (Include tap and bottled water.)

0 times in past 7 days
1 to 3 times in past 7 days
4 to 6 times in past 7 days
4 or more times per day
1 time per day
2 times per day
3 times per day
4 or more times per day

The next questions ask about the ways you get to and from school.

In an average school week, on how many days do you use each of these forms of transportation to get to or from school?

61. Walk.

62. Ride a bike.

63. Ride a skateboard, skates, or scooter.

64. Ride a school bus.

65. Ride public transportation, including a city bus or light rail.

66. Ride in or drive a car or other private vehicle (with only members of your family.)

67. Ride in a carpool (with people other than your family.)

| | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 61. Walk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. Ride a bike. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. Ride a skateboard, skates, or scooter. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. Ride a school bus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65. Ride public transportation, including a city bus or light rail. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. Ride in or drive a car or other private vehicle (with only members of your family.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. Ride in a carpool (with people other than your family.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

68. During the past 7 days, how many times did you visit a convenience store such as Plaid Pantry, 7-Eleven, Circle K, a mini-mart, or a gas station store?

- ☐ I did not visit a convenience store during the past 7 days
- ☐ 1 time during the past 7 days
- ☐ 2 or 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 7 or more times during the past 7 days

The next 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.

69. 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?

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

71. During the past 12 months, how many times did you actually attempt suicide?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

The next questions ask about personal safety.

72. 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?
- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days
73. During the past 12 months, how many times has someone threatened you with a weapon such as a gun, knife, or club **on school property**?
- ☐ 0 times
- ☐ 6 or 7 times
- ☐ 1 time
- ☐ 8 or 9 times
- ☐ 2 or 3 times
- ☐ 10 or 11 times
- ☐ 4 or 5 times
- ☐ 12 or more times
74. During the past 12 months, how many times were you in a physical fight **on school property**?
- ☐ 0 times
- ☐ 6 or 7 times
- ☐ 1 time
- ☐ 8 or 9 times
- ☐ 2 or 3 times
- ☐ 10 or 11 times
- ☐ 4 or 5 times
- ☐ 12 or more times
75. During the past 12 months, has anyone offered, sold or given you an illegal drug **on school property**?
- ☐ Yes
- ☐ No

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

76. During the past 30 days, have you been bullied by someone using any kind of **technology**, such as through social media, cell phones, or video games?
- ☐ Yes ☐ No
77. During the past 30 days, have you ever been bullied **at school** (including any school events, or on the way to or from school) in relation to any of the following issues? This includes in-person and cyberbullying. **(Select one or more responses)**
- ☐ Bullying about your race or ethnic origin
- ☐ Unwanted sexual comments or attention
- ☐ Bullying because someone thought you were gay, lesbian or bisexual
- ☐ Bullying about your weight, clothes, acne, or other physical characteristics
- ☐ Bullying about your group of friends
- ☐ Other reasons
- ☐ I have not been bullied at school

The next questions refer to the “Choking Game,” also called *Knock Out*, *Space Monkey*, *Flatlining*, or *The Fainting Game*.

78. This is an activity that some youth participate in to get a high by cutting off blood and oxygen to the brain using a variety of methods. Which of the following is true for you?
(Select one or more responses)
- ☐ I have never heard of the Choking Game
 - ☐ I have heard of someone participating in the Choking Game
 - ☐ I have helped someone else participate in the Choking Game
 - ☐ I have participated in the Choking Game myself
79. How many times in your life have **you** participated in the Choking Game **yourself**?
- ☐ None – I have never participated myself
 - ☐ One time
 - ☐ Two times
 - ☐ 3 to 5 times
 - ☐ More than 5 times
80. Thinking back to the last time **you yourself** participated in the “Choking Game”, were you alone or with other people?
- ☐ I have never participated in the “Choking Game”
 - ☐ I was alone
 - ☐ I was with other people

The next questions ask about gambling.

81. Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check ALL the different types of gambling that you have bet on, if any, during the last 30 days. **(Select one or more responses)**
- ☐ I did not gamble in the last 30 days
 - ☐ Playing scratch off tickets, or any lottery tickets (such as Powerball or Megabucks)
 - ☐ Playing dice or coin flips
 - ☐ Playing cards (poker, etc.)
 - ☐ Betting on games of personal skill (bowling, video games, dares, etc.)
 - ☐ Playing Fantasy Sports (Fan Duel, Draft King, etc.)

During the last 12 months,
have you ever ...

| | Lost money | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| 82. Felt that you would like to stop betting money but didn't think you could? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Bet or gambled more than you wanted to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]

[SERIAL]

The next questions ask about sexual orientation and behavior.

84. Do you think of yourself as...
- ☐ Lesbian or gay
- ☐ Straight, that is, not lesbian or gay
- ☐ Bisexual
- ☐ Something else (Specify) _____
- ☐ Don't know/Not sure
85. Have you ever had sexual intercourse?
- ☐ Yes ☐ No
86. How old were you when you had sexual intercourse for the **first time**?
- ☐ I have never had sexual intercourse
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old or older
87. During your life, with how many people have you had sexual intercourse?
- ☐ I have never had sexual intercourse
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people
88. During the past 3 months, with how many people did you have sexual intercourse?
- ☐ I have never had sexual intercourse
- ☐ I have had sexual intercourse, but not during the past 3 months
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people
89. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No
90. The **last time** you had sexual intercourse, did you or your partner use a condom?
- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

91. The **last time** you had sexual intercourse, what method(s) did you or your partner use to **prevent pregnancy**? (Select one or more responses)
- ☐ I have never had sexual intercourse
- ☐ IUD (intrauterine device such as Mirena or Paragard)
- ☐ Contraceptive implant (Implanon or Nexplanon)
- ☐ Depo-Provera (injectable birth control)
- ☐ Birth control pills
- ☐ Contraceptive patch
- ☐ Contraceptive ring
- ☐ Condoms
- ☐ Withdrawal
- ☐ Emergency contraception (morning after pill)
- ☐ Some other method
- ☐ No method was used to prevent pregnancy
- ☐ Not sure

The next questions ask about tobacco use.

During the past 30 days, on how many days did you ...

| | 0 days | 1 or 2 days | 3 to 5 days | 6 to 9 days | 10 to 19 days | 20 to 29 days | All 30 days |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 92. Smoke cigarettes ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 93. Smoke menthol cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 94. Use chewing tobacco, snuff or dip , such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, or Marlboro Snus? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 95. Smoke a little cigar , such as Swisher Sweets? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 96. Smoke a large cigar ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 97. Smoke tobacco in a hookah , also known as a waterpipe? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 98. Use an e-cigarette or other vaping product ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

99. Have you ever used any **tobacco or vaping** product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.
- ☐ Yes
- ☐ No
- ☐ Not sure
100. During the past 30 days, have you used any **tobacco or vaping** product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.
- ☐ Yes
- ☐ No
- ☐ Not sure
101. How old were you when you smoked a whole cigarette for the first time?
- ☐ I have never smoked a whole cigarette
- ☐ 8 years old or younger
- ☐ 9 years old
- ☐ 10 years old
- ☐ 11 years old
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old or older

102. How old were you when you first used **any form of tobacco or vaping product** other than regular cigarettes? Exclude marijuana.

- ☐ I have never used any of those products
- | | |
|--|---|
| <input type="radio"/> 8 years old or younger | <input type="radio"/> 13 years old |
| <input type="radio"/> 9 years old | <input type="radio"/> 14 years old |
| <input type="radio"/> 10 years old | <input type="radio"/> 15 years old |
| <input type="radio"/> 11 years old | <input type="radio"/> 16 years old |
| <input type="radio"/> 12 years old | <input type="radio"/> 17 years old or older |

103. The very first time you used **any tobacco or vaping** product (including e-cigarettes), which type of product did you use?

- ☐ I have never used any tobacco or vaping product
- ☐ Cigarette
- ☐ Chewing tobacco
- ☐ Small cigar
- ☐ Large cigar
- ☐ Hookah
- ☐ E-cigarette or other vaping product
- ☐ Another type of product

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

- ☐ I did not smoke during the past 12 months
- ☒ Yes
- ☐ No

105. If one of your best friends offered you an e-cigarette, would you smoke it?

- ☐ Definitely not
- ☐ Probably not
- ☐ Probably would
- ☐ Definitely would

106. During the past 30 days, from which of the following sources did you get tobacco **or vaping** products? (Select one or more responses)

- ☐ I did not get tobacco or vaping products during the past 30 days
- ☐ A store or gas station
- ☐ Friends 18 or older
- ☐ Friends under 18
- ☐ Took from home without permission
- ☐ A family member
- ☐ The Internet
- ☐ Some other source

107. Does someone living in your house (other than you) smoke or vape tobacco?

- ☐ Nobody smokes or vapes
- ☒ Someone smokes or vapes, but not inside the house
- ☐ Someone smokes or vapes inside the house

108. During this school year, have you seen anyone smoking or vaping tobacco on school property?

- ☐ Yes ☐ No

109. During the past 30 days, have you seen an advertisement promoting tobacco or a vaping product on a storefront or in a store?

- ☐ Yes
- ☒ No
- ☐ Not sure

110. Do you agree or disagree with the following statement:
Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.

- ☐ Strongly agree
- ☒ Somewhat agree
- ☐ Don't know/Not sure
- ☐ Somewhat disagree
- ☐ Strongly disagree

111. Do you think tobacco companies have been honest or dishonest with the public about the dangers of tobacco use?

- ☐ Very honest
- ☒ Somewhat honest
- ☐ Don't know/Not sure
- ☒ Somewhat dishonest
- ☐ Very dishonest

The next 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.

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

- ☐ I have never had a drink of alcohol other than a few sips
- | | |
|--|---|
| <input type="radio"/> 8 years old or younger | <input type="radio"/> 13 years old |
| <input type="radio"/> 9 years old | <input type="radio"/> 14 years old |
| <input type="radio"/> 10 years old | <input type="radio"/> 15 years old |
| <input type="radio"/> 11 years old | <input type="radio"/> 16 years old |
| <input type="radio"/> 12 years old | <input type="radio"/> 17 years old or older |

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

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

114. 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?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 or more days

PLEASE DO NOT WRITE IN THIS AREA

[illegible]

[SERIAL]

115. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response)
- ☐ I did not drink alcohol during the past 30 days
 - ☐ I do not have a usual type
 - ☐ Beer
 - ☐ Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
 - ☐ Wine coolers, such as Bartles & Jaymes or Seagrams
 - ☐ Wine
 - ☐ Liquor, such as vodka, rum, scotch, bourbon, or whiskey
 - ☐ Flavored alcoholic beverages, such as lemon vodka, coconut rum, etc.
 - ☐ Some other type

The next questions ask about marijuana (also called grass or pot), and other drugs.

116. How old were you when you tried marijuana for the first time?
- ☐ I have never tried marijuana
 - ☐ 8 years old or younger
 - ☐ 9 years old
 - ☐ 10 years old
 - ☐ 11 years old
 - ☐ 12 years old
 - ☐ 13 years old
 - ☐ 14 years old
 - ☐ 15 years old
 - ☐ 16 years old
 - ☐ 17 years old or older
117. During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?
- ☐ 0 days
 - ☐ 1 or 2 days
 - ☐ 3 to 5 days
 - ☐ 6 to 9 days
 - ☐ 10 or more days
118. During the past 30 days, how many times did you use marijuana **on school property**?
- ☐ 0 times
 - ☐ 1 or 2 times
 - ☐ 3 to 9 times
 - ☐ 10 to 19 times
 - ☐ 20 to 39 times
 - ☐ 40 or more times
119. During the past 30 days, if you used marijuana, how did you use it? (**Select one or more responses**)
- ☐ I did not use marijuana during the past 30 days
 - ☐ Smoked it (in a joint, bong, pipe, blunt)
 - ☐ Vaporized it (e.g., vapor pen)
 - ☐ Ate it (in brownies, cakes, cookies, candy)
 - ☐ Drank it (tea, cola, alcohol)
 - ☐ Dabbed it
 - ☐ Used in some other way

120. When you smoked marijuana during the past 30 days, did you ever mix it with tobacco? (Either rolling with loose tobacco (spliff) or rolling marijuana in a tobacco blunt wrap.)
- ☐ I have not smoked marijuana in the past 30 days
 - ☐ Yes
 - ☐ No

121. When you used marijuana during the past 30 days, did you ever drink alcohol at the same time?
- ☐ I have not used marijuana in the past 30 days
 - ☐ Yes, most of the time
 - ☐ Yes, some of the time
 - ☐ Yes, rarely
 - ☐ No

122. Does any adult living in your house use marijuana?
- ☐ Yes
 - ☐ No

123. If one of your best friends offered you some marijuana, would you use it?
- ☐ Definitely not
 - ☐ Probably not
 - ☐ Probably would
 - ☐ Definitely would

During the past 30 days, have you seen an advertisement for marijuana products or stores:

| | Don't know/Not sure | | |
|---|-----------------------|-----------------------|-----------------------|
| | Yes | No | |
| 124. In a magazine or newspaper? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 125. On a storefront? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 126. Online? On your cellphone, tablet, or computer (through email, websites, or social media)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 127. On a billboard? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 128. On the sidewalk (like signs or people wearing or waving signs)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

129. During the past 30 days, on how many days have you used **prescription drugs** (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) **without a doctor's orders**?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

If you wanted to get...

| | Sort of easy | | | Sort of hard | | | Very hard | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Very easy | | | | | | | | |
| 130. Some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 131. E-cigarettes or other vaping products, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 132. Some marijuana, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 133. Prescription drugs not prescribed to you, how easy would it be for you to get some? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | No risk | Slight risk | Moderate risk | Great risk |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ... every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ... public | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ... es | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ... duct | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ... e or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ... rescribed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

134. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
135. Have five or more drinks of an alcoholic beverage once or twice a week?
136. Smoke one or more packs of cigarettes per day?
137. Use e-cigarettes or other vaping product every day?
138. Use marijuana regularly (at least once or twice a week)?
139. Use prescription drugs that are not prescribed to them?

The next questions ask about family and friends.

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Example, | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Products? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

140. Drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?

141. Smoke cigarettes?

142. Use e-cigarettes or other vaping products?

143. Use marijuana?

144. Use prescription drugs not prescribed to you?

| | Very wrong | Wrong | A little bit wrong | Not wrong at all |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Public | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Product? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Used to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

145. Have one or two drinks of an alcoholic beverage nearly every day?

146. Smoke cigarettes?

147. Use an e-cigarette or other vaping product?

148. Use marijuana?

149. Use prescription drugs not prescribed to you?

Finally, please tell us how truthful you were.

- ☐ I was very honest
- ☒ I was honest most of the time
- ☐ I was honest some of the time
- ☒ I was honest once in a while
- ☐ I was not honest at all

**THANK YOU FOR YOUR
PARTICIPATION**

100

[SERIAL]