

# 2019 District of Columbia High School 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.

*Thank you very much for your help.*

**Directions**

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

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
  
2. What is your sex?
  - A. Female
  - B. Male
  
3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. Ungraded or other grade
  
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 or Other Pacific Islander
  - E. 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      | ⑩      |
| ④      | ①      |
| ●      | ②      |
| ⑥      | ③      |
| ⑦      | ④      |
|        | ⑤      |
|        | ⑥      |
|        | ●      |
|        | 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 |
| ①      | ① | ① |
| ●      | ① | ① |
| ②      | ② | ● |
| ③      | ③ | ③ |
|        | ④ | ④ |
|        | ● | ⑤ |
|        | ⑥ | ⑥ |
|        | ⑦ | ⑦ |
|        | ⑧ | ⑧ |
|        | ⑨ | ⑨ |

8. In what District of Columbia ward do you live?
- Ward 1
  - Ward 2
  - Ward 3
  - Ward 4
  - None of these
  - Not sure
9. In what District of Columbia ward do you live?
- Ward 5
  - Ward 6
  - Ward 7
  - Ward 8
  - None of these
  - Not sure
10. Which of the following best describes you?
- Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - Not sure
11. 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
12. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- No, I am not transgender
  - Yes, I am transgender
  - I am not sure if I am transgender
  - I do not know what this question is asking

**The next 3 questions ask about safety.**

13. During the past 12 months, when you rode a bicycle or used rollerblades or a skateboard, how often did you wear a helmet?
- I did not ride a bicycle or use rollerblades or a skateboard during the past 12 months
  - Never wore a helmet
  - Rarely wore a helmet
  - Sometimes wore a helmet
  - Most of the time wore a helmet
  - Always wore a helmet
14. 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**?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- I did not drive a car or other vehicle during the past 30 days
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**The next 17 questions ask about violence-related behaviors.**

16. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days

17. 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
18. 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
19. 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
20. During the past 12 months, how many times have you been afraid of being beaten up **at school**?
- 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

21. 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
22. 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
23. 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
24. During the past 12 months, how many times have you been harassed **on school property** because someone thought you were gay, lesbian, bisexual, or transgender?
- 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

25. During the past 12 months, have you been a member of a gang or crew?  
 A. Yes  
 B. No
26. During the past 12 months, have you seen or heard people where you live be violent and abusive? (This is not 'play fighting' but could include serious hitting, shouting, throwing items, yelling, or name calling.)  
 A. Yes  
 B. No
27. Have you ever been physically forced to have sexual intercourse when you did not want to?  
 A. Yes  
 B. No
28. 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
29. 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. I did not date or go out with anyone during the past 12 months  
 B. 0 times  
 C. 1 time  
 D. 2 or 3 times  
 E. 4 or 5 times  
 F. 6 or more times
30. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)  
 A. I did not date or go out with anyone during the past 12 months  
 B. 0 times  
 C. 1 time  
 D. 2 or 3 times  
 E. 4 or 5 times  
 F. 6 or more times
31. During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)  
 A. I did not date or go out with anyone during the past 12 months  
 B. 0 times  
 C. 1 time  
 D. 2 or 3 times  
 E. 4 or 5 times  
 F. 6 or more times
32. During the past 12 months, how many times did someone do sexual things to you that you did not want to do by pressuring you, lying to you, making promises about the future, threatening to end your relationship, or threatening to spread rumors about you?  
 A. 0 times  
 B. 1 time  
 C. 2 or 3 times  
 D. 4 or 5 times  
 E. 6 or more times

**The next 3 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.**

33. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes  
B. No
34. 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
35. During the past 12 months, have you ever bullied someone **on school property**?
- 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.**

36. 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
37. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes  
B. No
38. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes  
B. No

39. 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
40. **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 2 questions ask about cigarette smoking.**

41. How old were you when you first tried cigarette smoking, even one or two puffs?
- A. I have never tried cigarette smoking, not even one or two puffs  
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
42. 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

The next question asks about electronic vapor products, such as JUUL, Vuse, MarkTen, blu, NJOY, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

43. During the past 30 days, on how many days did you use an electronic vapor product?
- 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 other tobacco products.

44. 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, or Camel Snus? (Do not count any electronic vapor 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
45. 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 3 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.

46. 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
47. 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
48. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- 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

**The next 2 questions ask about marijuana use. Marijuana also is called grass, pot, weed, loud, PAC, kush, trees, or Mary Jane.**

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

**The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

51. 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

**The next 6 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 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
54. 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
55. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- 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 **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
57. During the past 30 days, how many times did you use any illegal drugs?
- 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 sexual behavior.**

58. Have you ever had sexual intercourse?
- A. Yes
  - B. No
59. 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
60. 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

61. 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
62. The **last time** you had sexual intercourse, how many years younger or older than you was your partner?
- A. I have never had sexual intercourse
  - B. 5 or more years younger
  - C. 3 to 4 years younger
  - D. About the same age
  - E. 3 to 4 years older
  - F. 5 or more years older
  - G. Not sure
63. 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
64. 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

65. 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. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
  - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
  - G. Withdrawal or some other method
  - H. Not sure
66. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
  - B. Females
  - C. Males
  - D. Females and males
67. During your life, with how many people have you had oral sex?
- A. I have never had oral sex
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
68. How many times have you been pregnant or gotten someone pregnant?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
  - D. Not sure

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

69. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
70. 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
71. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
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 **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No

The next 6 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.

74. 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
75. 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
76. 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
77. 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
78. During the past 7 days, on how many days did you eat at a fast food chain or carry out restaurant?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
79. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

The next 5 questions ask about physical activity.

80. 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

81. 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
82. 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 playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- A. I do not play video or computer games or use a computer for something that is not 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
83. 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
84. Do any of your classroom teachers provide short physical activity breaks during regular class time? (Do not count your physical education teacher.)
- A. Yes
  - B. No

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

85. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 or more times

**The next 14 questions ask about other health-related topics.**

86. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
87. 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
88. 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
89. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure

90. Do you agree or disagree that you feel close to people at your school?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
91. Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
- A. Yes
  - B. No
  - C. Not sure
92. During the past 12 months, how many times have you been removed from class for at least one day for disciplinary reasons? (Count time spent in in-school suspension, out-of-school suspension, and expulsion.)
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
93. 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
94. During the past 30 days, where did you usually sleep?
- A. In my parent's or guardian's home
  - B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
  - C. In a shelter or emergency housing
  - D. In a motel or hotel
  - E. In a car, park, campground, or other public place
  - F. I do not have a usual place to sleep
  - G. Somewhere else
95. During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?
- A. Yes
  - B. No
96. Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?
- A. Yes
  - B. No
97. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
- A. I do not feel sad, empty, hopeless, angry, or anxious
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

98. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
- A. I do not feel sad, empty, hopeless, angry, or anxious
  - B. Parent or other adult family member
  - C. Teacher or other adult in this school
  - D. Other adult
  - E. Friend
  - F. Sibling
  - G. Not sure

99. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure

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