

# 2025 Arizona 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. What is your race and/or ethnicity? (Select one or more responses.)
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Hispanic or Latino
  - E. Middle Eastern or North African
  - F. Native Hawaiian or Pacific Islander
  - G. White

5. 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

6. 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

The next 4 questions ask about safety.

7. 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

8. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been under the influence of any substances** such as alcohol, marijuana, and other substances?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
9. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been under the influence of any substances** such as alcohol, marijuana, and other substances?
- I did not drive a car or other vehicle during the past 30 days
  - I drove a car or other vehicle, but not when I had been drinking alcohol
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
10. During the past 30 days, on how many days did you **use the Internet or apps on your cell phone** (such as YouTube, Instagram, or Facebook) while **driving** a car or other vehicle? (Do not count using your cell phone to get driving directions or to determine your location.)
- I did not drive a car or other vehicle during the past 30 days
  - I drove a car or other vehicle, but did not use the Internet or apps on my cell phone while driving
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

**The next 11 questions ask about violence-related behaviors and experiences.**

11. 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
12. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?
- 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
13. How long would it take for you to get a loaded gun that is ready for you to fire **without a parent or other adult's permission or supervision**? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.
- I could not get a gun that is ready to be fired
  - Less than 10 minutes
  - 10 or more minutes, but less than 1 hour
  - 1 or more hours, but less than 4 hours
  - 4 or more hours, but less than 24 hours
  - 24 or more hours
14. 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

15. 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
16. 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
17. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
- A. Yes
  - B. No
18. 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
19. 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
20. 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
21. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
- A. Yes
  - B. No

**The next 5 questions ask about experiences with parents or other adults in your home.**

22. During your life, how often has a parent or other adult in your home insulted you or put you down?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

23. During the past 12 months, how many times has a parent or other adult in your home insulted you or put you down?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
24. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
25. During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
26. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 2 questions ask about times that you felt you were treated badly or unfairly.**

27. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

28. During your life, how often have you felt that you were treated badly or unfairly because you are or people think you are lesbian, gay, bisexual, transgender, or questioning? This could include being treated badly because of who you are sexually attracted to or because you express your gender in a way that is different from what people expect.
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 5 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.**

29. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
  - B. No
30. 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
31. During the past 12 months, have you ever bullied someone **on school property**?
- A. Yes
  - B. No
32. During the past 12 months, have you ever **electronically** bullied someone? (Count bullying through texting, Instagram, Facebook, or other social media.)
- A. Yes
  - B. No
33. During the past 12 months, have you ever been the victim of teasing or name calling because of your weight, size, or physical appearance?
- A. Yes
  - B. No

**The next question asks about hurting yourself on purpose.**

34. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

**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.**

35. 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
36. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
37. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
38. 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
39. **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.**

40. How old were you when you first smoked a cigarette, even one or two puffs?
- A. I have never smoked a cigarette, 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
41. 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 all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.**

42. During the past 12 months, did you ever try **to quit** using **all** tobacco products?
- A. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
  - B. Yes
  - C. No

The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.

43. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
44. 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
45. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. I got or bought them from a friend, family member, or someone else
  - C. I bought them myself in a vape shop or tobacco shop
  - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
  - E. I bought them myself at a mall or shopping center kiosk or stand
  - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - G. I took them from a store or another person
  - H. I got them in some other way

The next questions ask about “heated tobacco products” such as IQOS or Eclipse. You may know them as heated cigarettes or “heat-not-burn” tobacco products. Heated tobacco products heat processed tobacco leaf in the form of sticks (“heatsticks”), plugs, or capsules to produce a vapor that the user inhales. They are different from e-cigarettes, which heat a liquid to produce a vapor. Do not count electronic vapor products when answering these questions.

46. During the past 30 days, on how many days did you use a heated tobacco 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 question asks about other tobacco products.

47. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches**, such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo? (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

The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

48. 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
49. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
  - B. 1 or 2 drinks
  - C. 3 drinks
  - D. 4 drinks
  - E. 5 drinks
  - F. 6 or 7 drinks
  - G. 8 or 9 drinks
  - H. 10 or more drinks
50. 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

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

51. 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 synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

52. During your life, how many times have you used **synthetic 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.

53. 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 7 questions ask about other drugs.**

54. 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
55. 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
56. 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
57. 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
58. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

59. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No
60. During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
- 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 sexual behavior.**

61. 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
62. 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
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 with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse with an opposite-sex partner
  - B. No method was used to prevent pregnancy
  - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
  - 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. The last time you and your partner had sexual intercourse and used a condom, what was the **main** reason that you used a condom? (Select only **one** response.)
- A. I have never had sexual intercourse
  - B. I have had sexual intercourse, but my partner and I did not use a condom the last time
  - C. To prevent pregnancy
  - D. To prevent sexually transmitted infections like herpes, chlamydia, or HIV
  - E. To prevent both pregnancy and sexually transmitted infections
  - F. For some other reason

**The next 2 questions ask about sexual and gender identity.**

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

68. 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?
- A. No, I am not transgender
  - B. Yes, I am transgender
  - C. I am not sure if I am transgender
  - D. I do not know what this question is asking

**The next 2 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

**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.**

71. During the past 30 days, on how many days did you eat an unusually large amount of food in a short period of time **and** experience a loss of control over how much you were eating or a feeling that you could not stop eating even when full?
- 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

72. During the past 30 days, on how many days did you try to control your shape or weight by fasting or skipping meals; taking diet pills or supplements not prescribed by a doctor; or vomiting or taking laxatives?
- 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

73. 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

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

76. 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 4 questions ask about physical activity.**

77. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- A. Less than 1 hour per day
  - B. 1 hour per day
  - C. 2 hours per day
  - D. 3 hours per day
  - E. 4 hours per day
  - F. 5 or more hours per day

78. During the past 7 days, how many total hours were you physically active? (Add up all the time you spent doing any kind of physical activity such as walking, stretching, lifting, running, riding a bike, house or yard work, dancing, or playing a sport.)
- A. I was not physically active during the past 7 days
  - B. Less than 1 hour
  - C. 1 to 3 hours
  - D. 4 to 6 hours
  - E. 7 to 9 hours
  - F. 10 to 12 hours
  - G. 13 to 15
  - H. More than 15 hours

79. During the past 7 days, how often did you enjoy the physical activity you were doing?
- A. I was not physically active during the past 7 days
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

80. How often do you avoid doing physical activity because you feel unsafe in the area or space?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next question asks about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).**

81. How often do you use social media?
- A. I do not use social media
  - B. A few times a month
  - C. About once a week
  - D. A few times a week
  - E. About once a day
  - F. Several times a day
  - G. About once an hour
  - H. More than once an hour

**The next 11 questions ask about other health-related topics.**

82. 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
83. During the past 12 months, have you been tested for a sexually transmitted infection (STI) other than HIV, such as chlamydia or gonorrhea?
- A. Yes
  - B. No
  - C. Not sure
84. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure

85. During the past 30 days, on how many days did you **not** go to school because you were sick or in pain?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 to 9 days
  - H. 10 or more days
86. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
- A. Yes
  - B. No
  - C. Not sure
87. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
- A. Yes
  - B. No
  - C. Not sure
88. 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
89. During the past 12 months, when you have felt sad, empty, hopeless, angry, or anxious, how often did you get the kind of help you needed?
- A. I did not need help with any of these emotions during the past 12 months
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

90. 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
91. During the past 12 months, 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
92. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 7 questions ask about other experiences you may have had during your life.**

93. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
- A. Yes
  - B. No
94. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?
- A. Yes
  - B. No

95. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- A. Yes
  - B. No
96. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
97. During your life, how often have you felt that you were able to talk to a friend about your feelings?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
98. 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
99. During the past 12 months, how often did the food your family bought run out and they did not have money to buy more?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

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