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

<table>
<thead>
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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

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The next 5 questions ask about safety.

8. 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

9. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

10. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 times
    C. 1 time
    D. 2 or 3 times
    E. 4 or 5 times
    F. 6 or more times

The next 6 questions ask about violence-related behaviors.

12. During the past 30 days, on how many days did you ride with someone who texted, called, e-mailed, or used the Internet or apps (such as YouTube, Instagram, or Facebook), on a handheld cell phone while driving a car or other vehicle?
    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

13. 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

14. 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

15. 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
16. 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

17. 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

18. 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

19. During the past 12 months, have you ever been bullied **on school property**?
   A. Yes  
   B. No

20. 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

21. 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

The next 6 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.

22. 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

23. During the past 12 months, did you ever **seriously** consider attempting suicide?
   A. Yes  
   B. No

24. During the past 12 months, did you make a plan about how you would attempt suicide?
   A. Yes  
   B. No

25. 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
26. **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

27. If you attempted suicide during the past 12 months, did you ask for help from someone such as a doctor, counselor, or hotline before your attempt?
   A. I did not attempt suicide during the past 12 months
   B. Yes
   C. No

The next 3 questions ask about cigarette smoking.

28. 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

29. 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

30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
   A. I did not smoke cigarettes during the past 30 days
   B. Less than 1 cigarette per day
   C. 1 cigarette per day
   D. 2 to 5 cigarettes per day
   E. 6 to 10 cigarettes per day
   F. 11 to 20 cigarettes per day
   G. More than 20 cigarettes per day

The next 4 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

31. Have you ever used an electronic vapor product?
   A. Yes
   B. No

32. 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
33. During the past 30 days, how did you usually get your own electronic vapor products? (Select only one response.)
   A. I did not use any electronic vapor products during the past 30 days
   B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
   C. I got them on the Internet
   D. I gave someone else money to buy them for me
   E. I borrowed them from someone else
   F. A person 18 years old or older gave them to me
   G. I took them from a store or another person
   H. I got them some other way

34. What is the main reason you have used electronic vapor products? (Select only one response.)
   A. I have never tried an electronic vapor product
   B. Friend or family member used them
   C. To try to quit using other tobacco products
   D. They cost less than other tobacco products
   E. They are easier to get than other tobacco products
   F. They are less harmful than other forms of tobacco
   G. They are available in flavors, such as mint, candy, fruit, or chocolate
   H. I used them for some other reason

The next 4 questions ask about other tobacco products.

35. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (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

36. 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

37. During the past 30 days, on how many days did you use a waterpipe (also called a hookah, shisha, or narghile) to smoke tobacco?
   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
38. During the past 12 months, did you ever try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
   A. I did not use any tobacco products during the past 12 months
   B. Yes
   C. No

The next 2 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.

39. 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

40. 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

The next question asks about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For this question, the number of drinks you need to think about is different for female students and male students.

41. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (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, or weed.

42. 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

43. 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 13 questions ask about other drugs.

44. 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

45. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

46. 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

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

48. During the past 30 days, how many times did you use methamphetamine (also called speed, crystal, crank, or ice)?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

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

50. During the past 30 days, how many times did you use synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

51. During the past 30 days, how many times did you take steroid pills or shots without a doctor's prescription?
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times
52. 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? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

53. During the past 30 days, how many times did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
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. How old were you the first time you took a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
A. I have never taken prescription pain medicine without a doctor's prescription or differently than how a doctor told me to use it
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older

55. The last time you took prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it, how did you get the prescription pain medicine? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.) (Select only one response.)
A. I have never taken prescription pain medicine without a doctor's prescription or differently than how a doctor told me to use it
B. It was my prescription
C. I gave someone money to buy it for me without having a prescription
D. Someone gave it to me
E. I took it without permission from someone in my home
F. I took it without permission from someone else’s home
G. I got it some other way

56. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
A. Yes
B. No

The next 2 questions ask about body weight.

57. How do you describe your weight?
A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight

58. 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 11 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.

59. 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

60. 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

61. 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

62. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)
   A. I did not eat potatoes during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

63. During the past 7 days, how many times did you eat carrots?
   A. I did not eat carrots during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

64. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
   A. I did not eat other vegetables during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

65. 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
66. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, or 100% fruit juice.)
   A. I did not drink these sugar-sweetened beverages 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

67. During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)
   A. I did not drink water 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

68. 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

69. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, or KFC?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

70. 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

71. 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
72. 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, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
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

73. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days

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.

74. 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 19 questions ask about other health-related topics.

75. 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

76. 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

77. Has a doctor or nurse ever told you that you have asthma?
A. Yes
B. No
C. Not sure

78. 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

79. How often do you feel safe and secure in your neighborhood?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
80. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents or guardians?
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. 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

82. 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

83. Do you agree or disagree that you feel good about yourself?
A. Strongly agree
B. Agree
C. Not sure
D. Disagree
E. Strongly disagree

84. 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

85. Is there at least one adult that you can talk to if you have a problem?
A. Yes
B. No
C. Not sure

86. During the past 12 months, have you talked about alcohol, tobacco, or other drugs with your parents or other adults in your family?
A. Yes
B. No
C. Not sure

87. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?
A. No risk
B. Slight risk
C. Moderate risk
D. Great risk

88. 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?
A. Very feminine
B. Mostly feminine
C. Somewhat feminine
D. Equally feminine and masculine
E. Somewhat masculine
F. Mostly masculine
G. Very masculine
89. During an average week when you are in school, how many total hours do you participate in after school activities such as sports, band, drama, or clubs?
A. 0 hours  
B. 1 to 4 hours  
C. 5 to 9 hours  
D. 10 to 19 hours  
E. 20 or more hours  

90. During the past 30 days, on how many days did you miss classes or school without permission?
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 or more days  

91. How often do you feel safe and secure at school?
A. Never  
B. Rarely  
C. Sometimes  
D. Most of the time  
E. Always  

92. After high school, which of the following are you most likely to do? (Select only one response.)
A. Attend a 4 year college  
B. Attend community college  
C. Attend a technical school  
D. Join the military  
E. Work a full time job only  
F. Not sure  

93. 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.