

# 2015 Massachusetts Youth Risk Behavior Survey

This survey is about health behavior. It has been developed to understand the concerns and health practice of current students. 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. What is the zip code of your HOME address?  
 Directions: Write the zip code of your home address in the blank boxes. Fill in the matching oval below each number.

Example

0	1	1	0	1
●	⊙	⊙	●	●
①	●	●	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨

2. 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
3. What is your sex?  
 A. Female  
 B. Male
4. In what grade are you?  
 A. 9<sup>th</sup> grade  
 B. 10<sup>th</sup> grade  
 C. 11<sup>th</sup> grade  
 D. 12<sup>th</sup> grade  
 E. Ungraded or other grade

5. Are you Hispanic or Latino?  
 A. Yes  
 B. No
6. 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
7. How tall are you with your shoes on?  
 Directions: Write your height in the blank boxes. Fill in the matching oval below each number.

Example

Feet	Inches
5	7
	⊙
	①
	②
③	③
④	④
●	⑤
⑥	⑥
⑦	●
	⑧
	⑨
	⑩
	⑪

8. How much do you weigh without your shoes on?  
 Directions: Write your weight in the blank boxes. Fill in the matching oval below each number.

Example

1	5	2	Lbs.
⊙	⊙	⊙	
●	①	①	
②	②	●	
③	③	③	
	④	④	
	●	⑤	
	⑥	⑥	
	⑦	⑦	
	⑧	⑧	



9. How often do the people in your home speak a language other than English?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
10. During the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?
- Yes
  - No
11. Where do you **usually** sleep?
- In my parent's or guardian's home
  - With friends, family, or other people because my parents or I lost our home or cannot afford housing
  - In a motel or hotel
  - In a shelter or emergency housing
  - In a car, park, campground, or other public place
  - I move from place to place
  - Somewhere else
12. Which of the following best describes you?
- Heterosexual (straight)
  - Gay or lesbian
  - Bisexual
  - Not sure
13. A **transgender** person is someone whose biological sex at birth **does not match** the way they think or feel about themselves. Are you **transgender**?
- No, I am not transgender
  - Yes, I am transgender and I think of myself as really a boy or man
  - Yes, I am transgender and I think of myself as a girl or woman
  - Yes, I am transgender and I think of myself in some other way
  - I do not know if I am transgender
  - I do not know what this question is asking

The next 4 questions ask about safety.

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
16. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days
  - 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
17. During the past 30 days, on how many days did you **talk on a cell phone** while **driving** a car or other vehicle?
- I did not drive a car or other vehicle during the past 30 days
  - 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

**The next 13 questions ask about violence-related behaviors.**

18. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?  
A. 0 days  
B. 1 day  
C. 2 or 3 days  
D. 4 or 5 days  
E. 6 or more days
19. During the past 30 days, on how many days did you carry a **gun**?  
A. 0 days  
B. 1 day  
C. 2 or 3 days  
D. 4 or 5 days  
E. 6 or more days
20. 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
21. 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
22. 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
23. 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
24. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?  
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or more times
25. 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
26. During the past 12 months, have you ever been a member of a gang?  
A. Yes  
B. No
27. Has anyone ever had **sexual contact** with you against your will?  
A. Yes  
B. No
28. Have you ever been physically forced to have sexual intercourse when you did not want to?  
A. Yes  
B. No

29. 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

30. 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

**The next 2 questions ask about bullying. Bullying is when 1 or more students repeatedly threaten, spread rumors about, hit, shove, or hurt another student or place the other student in fear of harm to himself or his property.**

31. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
  - B. No
32. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- A. Yes
  - B. No

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

33. 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 having sad feeling or attempting suicide, that is, taking some action to end your own life.**

34. 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
35. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
36. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
37. 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
38. **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 5 questions ask about tobacco use.**

39. Have you ever tried cigarette smoking, even one or two puffs?  
A. Yes  
B. No
40. How old were you when you smoked a whole cigarette for the first time?  
A. I have never smoked a whole cigarette  
B. 8 years old or younger  
C. 9 or 10 years old  
D. 11 or 12 years old  
E. 13 or 14 years old  
F. 15 or 16 years old  
G. 17 years old
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
42. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days
43. 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 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens e-hookahs, and hookah pens.**

44. Have you ever used an electronic vapor product?  
A. Yes  
B. No
45. 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 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard lemonade or hard cider, 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. During your life, on how many days have you had at least one drink of alcohol?  
A. 0 days  
B. 1 or 2 days  
C. 3 to 9 days  
D. 10 to 19 days  
E. 20 to 39 days  
F. 40 to 99 days  
G. 100 or more days
47. 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

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, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple hours?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days

50. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 4 questions ask about marijuana use. Marijuana also is called grass, pot, weed, or reefer.**

51. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times

52. 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

53. 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

54. During the past 30 days, how many times did you use marijuana **on school property**?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

**The next 7 questions ask about cocaine, ecstasy, and other drugs.**

55. 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

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, crank, or ice)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 29 times
  - F. 40 or more times
58. 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 29 times
  - F. 40 or more times
59. During your life, how many times have you used **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 29 times
  - F. 40 or more times
60. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale 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 29 times
  - F. 40 or more times
61. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No

The next 9 questions ask about sexual behavior.

62. Have you ever had sexual intercourse?
- A. Yes
  - B. No
63. 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
64. 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
65. 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
66. 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

67. 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

68. 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 Nuva Ring)
- G. Withdrawal or some other method
- H. Not sure

69. 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

70. 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 2 questions ask about body weight.**

71. How do you describe your weight?

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

72. 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 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

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 **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 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
77. 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
78. 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
79. 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

80. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
  - B. 1 to 3 glasses during the past 7 days
  - C. 4 to 6 glasses during the past 7 days
  - D. 1 glass per day
  - E. 2 glasses per day
  - F. 3 glasses per day
  - G. 4 or more glasses per day
81. 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 are about physical activity.**

82. 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

83. On an average school day, how many hours do you play video or computer games or use a computer for something that is not schoolwork? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
84. 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
85. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next 6 questions ask about communication and education on sexuality, sexual health services, and AIDS prevention.**

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 taught in school about how to use condoms?
- A. Yes
  - B. No
  - C. Not sure

88. Have you ever been taught in school about birth control methods?
- A. Yes
  - B. No
  - C. Not sure
89. During the past 12 months, how often did you talk with your parents or other adults in your family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy?
- A. Not at all during the past 12 months
  - B. About once during the past 12 months
  - C. About once every few months
  - D. About once a month
  - E. More than once a month
90. Is there an adult in your school who can help you find sexual health services such as HIV, STD and pregnancy testing, access to birth control, or support around your sexuality?
- A. Yes
  - B. No
  - C. Not sure
91. If you needed help finding sexual health services, would you feel comfortable asking an adult at your school?
- A. Yes
  - B. No
  - C. Not sure

**The next 9 questions ask about other health-related topics.**

92. 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
93. Have you ever been tested for other sexually transmitted diseases (STDs) such as genital herpes, Chlamydia, syphilis, or genital warts?
- A. Yes
  - B. No
  - C. Not Sure

94. Have you ever been told by a doctor or nurse that you had HIV infection or any other sexually transmitted diseases (STD)?

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

95. 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

96. 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

97. Do you have any long-term learning disabilities? (Long-term means 6 months or more.)

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

98. 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

99. Is there at least one teacher or other adult in your school that you can talk to if you have a problem?

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

100. Can you talk with at least one of your parents or other adult family members about things that are important to you?

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

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