

Before you begin, there are a few important things you need to know.

- This is a survey, NOT A TEST.
- The purpose of this survey is to gather information from students in Springfield Public Schools about health topics such as the use of tobacco, alcohol and drugs, diet and exercise, and more. This information will be used to better understand the concerns and health practices of current students.
- This survey provides critical information to guide programs, policies, and interventions to support students to be healthy, happy, and successful.
- It is important that you answer each question as honestly and accurately as you can.
- While the survey is being given online, no identifying information is tracked and the answers you give will be kept private and confidential. No one will know what you write. Your answers will be combined with other answers for statistical purposes.
- The questions that ask about your background are only used to describe the types of students completing this survey.
- Your teacher/survey administrator will not be monitoring or observing your responses as you take the survey.
- If you are not comfortable answering a question, please just skip that question and go on to the next question.
- Your participation is voluntary.
- If you find the survey upsetting, you may stop answering the questions.
- When you reach the end of the survey please ensure you click the Submit button before shutting down your computer.
- Your participation is greatly appreciated, as this is one of the only ways for students like yourself to anonymously report on health issues that may concern you.

**Thank you for your time and
cooperation! Your voice matters.**

Youth Risk Behavior Survey

1. Where do you go to school? (select school name from dropdown menu)

2. What street do you live on?

Name of Street:

Name of nearest cross-street/intersection:

3. What neighborhood do you live in? (select neighborhood name from dropdown menu)

4. How old are you?

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

5. What is your sex?

- Female
- Male

6. In what grade are you?

- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

7. What is your race, ethnicity and/or origin? **(Select one or more responses.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Some other race, ethnicity, or origin (please specify)

8. How tall are you without your shoes on?

	Feet	Inches
Height Without Shoes	<input type="text"/>	<input type="text"/>

9. How much do you weigh without your shoes on? (write your weight in pounds in the space below)

10. During the past 30 days, where did you usually sleep?

- In my parent's or guardian's home
- 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
- In a shelter or emergency housing
- In a motel or hotel
- In a car, park, campground, or other public place
- I do not have a usual place to sleep
- Somewhere else

11. During the past 30 days, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- Yes
- No

12. Which of the following best describes you?

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Not sure

13. Do you identify as transgender?

Definition: Transgender is an umbrella term that refers to people whose gender identity, expression, or behavior is different from those typically associated with their sex at birth. Other identities that fall under this umbrella include: non-binary, gender fluid, genderqueer, and many more.

- Yes
- No
- I don't know

14. How long have you lived in the **mainland** United States? (Do **not** include US territories such as Puerto Rico.)

- Less than 1 year
- 1 to 3 years
- 4 to 6 years
- More than 6 years but not my whole life
- I have always lived in the mainland United States

15. Where did you live prior to moving to the mainland United States?

Puerto Rico

Iraq

Syria

Bhutan

Somalia

Burma

Other (please specify)

Safety

The next few questions ask about safety.

16. 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

17. 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

18. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been using marijuana (also called grass, pot, or weed)?**

- 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

19. 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

20. 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

Violence-Related Behaviors

21. 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

Violence-Related Behaviors

22. 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

23. **During the past 12 months**, on how many days did you carry **a gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

24. 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

25. 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**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

26. During the past 12 months, how many times were you in **a physical fight**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

Violence-Related Behaviors

27. During the past 12 months, how many times were you in a physical fight **on school property**?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

28. During the past 12 months, have you ever been a member of a gang?

- Yes
- No

Violence-Related Behaviors

29. Have you ever been physically forced to have sexual intercourse when you did not want to?

- Yes
- No

30. 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.)

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

31. 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.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

32. 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.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

Bullying

The next 2 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**?

- Yes
- No

34. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

- Yes
- No

Self Harm

The next question asks about hurting yourself on purpose.

35. 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?

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

Sad Feelings and Suicide

The next 5 questions ask about having sad feeling or attempting suicide, that is, taking some action to end your 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?

- Yes
- No

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

- Yes
- No

38. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

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

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

Sad Feelings and Suicide

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?

Yes

No

Cigarette Smoking

The next few questions ask about cigarette smoking.

41. Have you ever tried cigarette smoking, even one or two puffs?

Yes

No

Cigarette Smoking

42. How old were you when you first tried cigarette smoking, even one or two puffs?

- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old

43. During the past 30 days, on how many days did you smoke cigarettes?

- 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

Electronic Vapor Products

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?

Yes

No

Electronic Vapor Products

45. During the past 30 days, on how many days did you use an electronic vapor product?

- 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

Other Tobacco Products

The next 2 questions ask about other tobacco products.

46. 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.)

- 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

47. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

- 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

Alcohol

The next few 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.

48. During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days

Alcohol

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

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

Alcohol

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

- 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

Alcohol

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.

51. 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**)?

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

Marijuana

The next 5 questions ask about marijuana use. Marijuana also is called grass, pot, or weed.

52. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times

Marijuana

53. How old were you when you tried marijuana for the first time?

- 8 years old or younger
- 9 or 10 years old
- 11 or 12 years old
- 13 or 14 years old
- 15 or 16 years old
- 17 years old or older

54. During the past 30 days, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

Marijuana

55. During the past 30 days, how many times did you use marijuana **on school property?**

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

56. How would your parents or other adults in your family feel if you smoked marijuana?

- Approve
- Would not care
- Disapprove
- Not sure

Other Drugs

The next few questions ask about other drugs.

57. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

58. 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?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 29 times
- 40 or more times

59. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

60. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

Other Drugs

61. During your life, how many times have you used **ecstasy** (also called MDMA)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

62. 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)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

63. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- Yes
- No

64. In your **lifetime**, have you ever taken prescription drugs that weren't your own?

- Yes
- No

Other Drugs

65. In your **lifetime**, which of the following prescription drugs have you taken that weren't your own?

	Yes	No
Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>
Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="radio"/>	<input type="radio"/>
Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
Other prescription drugs	<input type="radio"/>	<input type="radio"/>

66. In the **past 30 days**, have you taken prescription drugs that weren't your own?

- Yes
- No

Other Drugs

67. In the **past 30 days**, which of the following prescription drugs have you taken that weren't your own?

	Yes	No
Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram and Vicodin)	<input type="radio"/>	<input type="radio"/>
Ritalin (also called vitamin R, R-ball, diet coke, skittles) or Adderall (also called addys, uppers, beans)	<input type="radio"/>	<input type="radio"/>
Steroids (body building hormones in form of pills or shots)	<input type="radio"/>	<input type="radio"/>
Other prescription drugs	<input type="radio"/>	<input type="radio"/>

Sexual Behavior

The next few questions ask about sexual behavior.

68. Have you ever had sexual intercourse?

Yes

No

Sexual Behavior

69. How old were you when you had sexual intercourse for the first time?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

70. During your life, with how many people have you had sexual intercourse?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

71. During the past 3 months, with how many people did you have sexual intercourse?

- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

72. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

Yes

No

Sexual Behavior

73. The **last time** you had sexual intercourse, did you or your partner use a condom?

- Yes
- No

74. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy?** (Select only **one** response.)

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as Nuva Ring)
- Withdrawal or some other method
- Not sure

75. How many times have you been pregnant or gotten someone pregnant?

- 0 times
- 1 time
- 2 or more times
- Not sure

Body Weight

The next 2 questions ask about body weight.

76. How do **you** describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

77. Which of the following are you trying to do about your weight?

- Lose** weight
- Gain** weight
- Stay** the same weight
- I am **not trying to do anything** about my weight

Diet

The next few 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.

78. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

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

79. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

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

80. During the past 7 days, how many times did you eat **vegetables**?

Definition: Count all cooked and uncooked vegetables; salads; and boiled, baked, and mashed potatoes. Do NOT count: French fries, potato chips, or lettuce that is on a sandwich or sub.

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

81. When you eat vegetables, where do you usually eat them?

- Only at home
- Only at school
- At both home and school
- Other (please specify)

82. 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.)

- I did not drink soda or pop during the past 7 days.
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Diet

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

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

84. Do you participate in breakfast in the classroom?

- Yes
- No
- Not Sure

Physical Activity

The next few questions are about physical activity.

85. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

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

86. 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.)

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

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

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

88. How much do you agree or disagree with the following statement? I can easily access opportunities to be physically active.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

89. Listed below are some factors that may make it difficult for people to get physical activity. What challenges do you face when you try to be physically active? (Select **one or more** of the options below. If you don't experience any challenges getting physical activity, select "does not apply" below.)

- I don't enjoy it
- I am worried about being judged or made fun of
- I don't feel safe being physically active in my neighborhood
- I don't know of any physical activity opportunities available
- The physical activity opportunities at school or in the community do not appeal to me
- There aren't any parks or other places nearby to be physically active
- Does not apply
- Other (please specify)

Sexual Education and Communications

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

90. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)

- Yes
- No
- Not sure

91. Have you ever been told by a doctor or nurse that you had HIV?

- Yes
- No
- Not Sure

92. Have you ever been tested for Hepatitis C? (Do **not** count tests done if you donated blood.)

- Yes
- No
- Not Sure

93. Have you ever been told by a doctor or nurse that you had Hepatitis C?

- Yes
- No
- Not Sure

94. Have you ever been tested for other sexually transmitted infections (STIs) such as genital herpes, chlamydia, syphilis, or genital warts?

- Yes
- No
- Not sure

95. Have you ever been told by a doctor or nurse that you had genital herpes, chlamydia, syphilis, genital warts, or other sexually transmitted infection (STI)?

- Yes
- No
- Not Sure

Sexual Education and Communications

96. Have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not sure

97. Have you ever been taught about Hepatitis C in school?

- Yes
- No
- Not sure

98. Have you ever been taught in school about how to use condoms?

- Yes
- No
- Not sure

99. Have you ever been taught in school about birth control methods?

- Yes
- No
- Not sure

100. 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 infections (STIs), or pregnancy?

- Not at all during the past 12 months
- About once during the past 12 months
- About once every few months
- About once a month
- More than once a month

101. Is there an adult in your school who you feel comfortable speaking to who can help you find sexual health services such as HIV, STI and pregnancy testing, access to birth control, or support around your sexuality?

- Yes
- No
- Not sure

Other Health-Related Topics

The next few questions ask about other health-related topics.

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

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

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

- Yes
- No
- Not Sure

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

- Yes
- No
- Not Sure

105. Are either of your parents or other adults in your family serving on active duty in the military?

- Yes
- No

106. How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?

- Definitely will not
- Probably will not
- Probably will
- Definitely will
- Not sure

107. Has a doctor, nurse, or other healthcare provider ever told you that you have asthma?

- Yes
- No
- Not Sure

Other Health-Related Topics

108. During the **past 30 days**, on how many days of school did you miss because of your asthma?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

109. During the **past 12 months**, how many times did you go to an emergency room or urgent care center because of your asthma?

- 0 times
- 1 to 3 times
- 4 to 9 times
- 10 to 12 times
- 13 or more times

Other Health-Related Topics

110. During the **past 12 months**, have you participated in any community garden or school garden activities or programs?

- Yes
- No
- Not Sure

111. **On average** during the **past 12 months**, how frequently did you participate in music activities or programs (such as choir, band, music lessons, or any other music-related programs or activities)?

- Not at all
- Less than once a month
- At least once a month
- At least once a week
- Most or all days

This is the end of the survey. Thank you very much for your help!
PLEASE DO NOT FORGET TO PRESS THE SUBMIT BUTTON BELOW!