

2021 Springfield Youth Risk Behavior Survey

(untitled)

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

- If you would like to take the survey in Spanish, go to the top right corner of the screen, press the triangle drop-down next to 'English', and select 'Spanish (United States)'. Si quieres tomar la encuesta en español, ve al extremo superior derecho de la pantalla y haz clic al triangulo desplegable al lado de "English" y selecciona a "Spanish (United States)"
- This is a survey, NOT A TEST. It will take 15-20 minutes to complete.
- The purpose of this survey is to gather information from Springfield students 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.
- 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 the answers of other students for statistical purposes.
- The questions that ask about your background are only used to describe the types of students completing this survey. This information will not be used to identify you.
- It is important that you answer each question as honestly and accurately as you can.
- Your teacher/survey administrator will not be monitoring or observing your responses as you take the survey.
- If you find questions in the survey upsetting, you may skip a question or stop answering the survey at any time. Your participation is voluntary.
- If the survey does not automatically advance to the next question, you may need to press the triangle button in the bottom right corner of the screen.
- When you reach the end of the survey please ensure you click 'Next' or 'Submit' 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 and other issues that may concern you.

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

These first questions ask about your background.

1) How old are you?

- ☐ 14 years old or younger
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old
- ☐ 18 years old or older

2) In what grade are you?

- ☐ 10th grade
- ☐ 12th grade
- ☐ Other grade

3) What is your race/ethnicity? (*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

4) What is your sex?

- ☐ Female
- ☐ Male
- ☐ I identify some other way

5) 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 am not sure if I am transgender
- ☐ I do not know what this question is asking

6) Which of the following best describes you?

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

7) What is the highest level of education your parents or guardians completed? (Mark the educational level of the parent or guardian who went the furthest in school.)

- ☐ Did not finish high school
- ☐ Graduated from high school
- ☐ Attended college but did not complete four-year degree
- ☐ Graduated from college
- ☐ Don't know

8) What neighborhood do you live in?

- ☐ Bay
- ☐ Boston Road
- ☐ Brightwood
- ☐ East Forest Park
- ☐ East Springfield
- ☐ Forest Park
- ☐ Indian Orchard
- ☐ Liberty Heights
- ☐ McKnight
- ☐ Memorial Square
- ☐ Metro Center
- ☐ Pine Point
- ☐ Six Corners (Maple High/Six Corners)
- ☐ Sixteen Acres
- ☐ South End
- ☐ Upper Hill
- ☐ I don't know the name of my neighborhood
- ☐ I don't live in Springfield
- ☐ Other (please specify): _____

Now we are going to ask you a series of questions about a variety of topics.

Validation: Must be numeric Whole numbers only

9) How tall are you without your shoes on?

Feet: _____

Inches: _____

Validation: Must be numeric Whole numbers only Max character count = 3

10) How much do you weigh without your shoes on?

11) 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

12) Do you have any physical disabilities or long-term health problems? ("*Long-term*" refers to difficulties that have lasted or are expected to last 6 months or more.)

☐ Yes

☐ No

☐ Not sure

13) How strongly do you agree or disagree with the following statements about this school?

| | | | | |
|--|---------------------------|--------------|-----------------|------------------------------|
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|---------------------------|--------------|-----------------|------------------------------|

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| All students are treated the same, regardless of their race, ethnicity, or culture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boys and girls are treated equally well. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All students are treated the same regardless of their gender identity, gender expression, or perceived sexual orientation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14) During the past 30 days, where did you usually sleep? (*Choose ONE. If more than one place, choose the one where you slept most often.*)

- ☐ 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
- ☐ In a foster home or residential placement
- ☐ I did not have a usual place to sleep
- ☐ Somewhere else

15) 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

16) 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

17) During the past 30 days, on how many days did you have at least one alcoholic drink?

This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, and liquor such as rum, gin, vodka, or whiskey. Drinking alcohol does not include drinking a few sips of wine for religious purposes.

- ☐ 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

18) During the past 30 days, how many times did you use marijuana?

Marijuana is also called dope, grass, hashish, herb, joint, pot, weed, reefer. It includes blunts and cigars filled with marijuana.

☐ 0 times

☐ 1 to 2 times

☐ 3 to 9 times

☐ 10 or 19 times

☐ 20 to 39 times

☐ 40 or more times

19) During the past 30 days, have you taken any of the following prescription drugs that were not your own?

| | Yes | No |
|---|--------------------------|--------------------------|
| Narcotics (such as Methadone, Opium, Morphine, Codeine, OxyContin, Percodan, Demerol, Percocet, Ultram, and Vicodin) | <input type="checkbox"/> | <input type="checkbox"/> |
| Ritalin (also called vitamin R, R-ball, diet | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|-----|-----|
| coke, skittles) or Adderall (also called addys, uppers, beans) | | |
| Steroids (body building hormones in form of pills or shots) | () | () |
| Other prescription drugs | () | () |

The next 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.

20) During the past 7 days, how many times did you eat vegetables?

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 vegetables 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

21) 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

The next questions ask about how you feel and people in your life you can talk to about your feelings.

22) 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

23) 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

24) How often over the last 2 weeks, were you bothered by: Feeling nervous, anxious, or on edge?

- ☐ Never
- ☐ For several days
- ☐ For more than half the days
- ☐ Nearly every day
- ☐ Don't know/Not Sure

25) How often over the last 2 weeks, were you bothered by: Not being able to stop or control worrying?

- ☐ Never
- ☐ For several days
- ☐ For more than half the days
- ☐ Nearly every day
- ☐ Don't know/Not Sure

26) 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

27) During the past 12 months, did you ever seriously consider attempting suicide?

Sometimes people feel so sad or hopeless about their life or their future that they may consider attempting suicide, that is, taking some action to end their own life.

- ☐ Yes
- ☐ No

The next question asks 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.

28) During the past 12 months, have you ever been electronically bullied?

Count being bullied through texting, Instagram, Facebook, or other social media.

| | Yes | No |
|-------------------------|--------------------------|--------------------------|
| During school hours | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside of school hours | <input type="checkbox"/> | <input type="checkbox"/> |

These next few questions ask you about sex. By sex we mean vaginal, oral, or anal sex.

Logic: Show/hide trigger exists.

29) How old were you when you had sex for the first time?

☐ I have never had sex

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

Logic: Show/hide trigger exists. Hidden unless: #29 Question "How old were you when you had sex for the first time?" is one of the following answers ("11 years old or younger", "12 years old", "13 years old", "14 years old", "15 years old", "16 years old", "17 years or older")

30) How would you describe the first time you had sex? Would you say that you...

- ☐ Agreed to have sex?
- ☐ Did not want to have sex, but it happened anyway?
- ☐ Were forced to have sex?

Logic: Hidden unless: #30 Question "How would you describe the first time you had sex? Would you say that you..." is one of the following answers ("Did not want to have sex, but it happened anyway?", "Were forced to have sex?")

31) The first time you had sex, were you...

| | Yes | No |
|--|-----------------------|-----------------------|
| Verbally persuaded? | <input type="radio"/> | <input type="radio"/> |
| Pressured through harassment or threats? | <input type="radio"/> | <input type="radio"/> |

| | | |
|----------------------|-----|-----|
| Too drunk to say no? | () | () |
| Physically forced? | () | () |

The next questions are about gambling. People bet money on many different things such as card games, sports, or video arcade games.

32) In the past 12 months, how often have you ...

| | Not at all | Less than 10 times in total | 1-3 times a month | 1-3 times a week | 4 or more times a week | Refused / don't know |
|--|---------------------------|--|--------------------------------------|-------------------------------------|---|-------------------------------------|
| Purchased lottery tickets, including scratch tickets, powerball, or keno | () | () | () | () | () | () |
| Bet money on sports, including fantasy sports | () | () | () | () | () | () |
| Played card games for money | () | () | () | () | () | () |

| | | | | | | |
|--|-----|-----|-----|-----|-----|-----|
| with friends or family | | | | | | |
| Bet money on games of skill, such as pool or video games | () | () | () | () | () | () |
| Played a gambling-type game online without using money | () | () | () | () | () | () |
| Gambled with money online | () | () | () | () | () | () |
| Bet money on horse races | () | () | () | () | () | () |
| Played bingo for money | () | () | () | () | () | () |
| Played slot machines at a casino or bar | () | () | () | () | () | () |
| Played table games at a casino (such as blackjack, roulette, craps, or baccarat) | () | () | () | () | () | () |

| | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|-----|
| Done any other type of gambling | () | () | () | () | () | () |
|---------------------------------|-----|-----|-----|-----|-----|-----|

33) In the past 12 months, how often have you...

| | Not at all | Only sometimes | Quite a lot | Don't know |
|---|-------------------|-----------------------|--------------------|-------------------|
| Found yourself thinking about gambling or planning to gamble? | () | () | () | () |
| Tried to cut down how much you gamble? | () | () | () | () |
| Lied to your family, friends, or anyone else about how much you gamble? | () | () | () | () |

Action: Percent Branch: Randomized Modules

Module 1

The next questions ask about safety.

34) 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

35) During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana (also called pot, weed, or cannabis)?

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

36) 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

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

- ☐ 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

38) During the past 30 days, 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

The next questions ask about carrying weapons and experiencing violence.

39) During the past 30 days, 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

40) During the past 12 months, 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

41) In the past 12 months has anyone ever...

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| Tried to make you have sex or engage in other sexual activity against your will | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| but did not succeed? They might have tried to physically force you to have sex or engage in other sexual activity or they might have tried to pressure you to have sex or engage in other sexual activity through harassment or threats. | | | |
| Physically forced you to have sex or engage in other sexual activity against your will and did succeed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressured you to have sex or engage in other sexual activity, through | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|-----|-----|-----|
| harassment or threats and did succeed? | | | |
| Had sex or engaged in other sexual activity with you when you were too drunk to say no? | () | () | () |

Logic: Hidden unless: (((Question "Tried to make you have sex or engage in other sexual activity against your will but did not succeed? They might have tried to physically force you to have sex or engage in other sexual activity or they might have tried to pressure you to have sex or engage in other sexual activity through harassment or threats." is one of the following answers ("Yes", "Don't Know") OR Question "Physically forced you to have sex or engage in other sexual activity against your will and did succeed?" is one of the following answers ("Yes", "Don't Know") OR Question "Pressured you to have sex or engage in other sexual activity, through harassment or threats and did succeed?" is one of the following answers ("Yes", "Don't Know") OR Question "Had sex or engaged in other sexual activity with you when you were too drunk to say no?" is one of the following answers ("Yes", "Don't Know")

42) In the past 12 months, has someone you were dating or going out with ever ...

| | Yes | No | Don't Know |
|---|-----|-----|------------|
| Tried to make you have sex or engage in other sexual activity | () | () | () |

| | | | |
|---|-----|-----|-----|
| <p>against your will but did not succeed? They might have tried to physically force you to have sex or engage in other sexual activity or they might have tried to pressure you to have sex or engage in other sexual activity through harassment or threats.</p> | | | |
| <p>Physically forced you to have sex or engage in other sexual activity against your will and did succeed?</p> | () | () | () |
| <p>Pressured you to have sex or engage in other sexual</p> | () | () | () |

| | | | |
|---|-----|-----|-----|
| activity, through harassment or threats and did succeed? | | | |
| Had sex or engaged in other sexual activity with you when you were too drunk to say no? | () | () | () |

43) In the past 12 months, has someone you were dating or going out with ever done any of the following to you?

| | Yes | No | Don't Know |
|--|------------|-----------|-------------------|
| Slapped, pushed, shook, punched, kicked, beat you with an object, choked, burned you intentionally, threw something at you to hurt you, or used or threatened you with any | () | () | () |

| | | | |
|---------------------------|--|--|--|
| sharp object or weapon | | | |
|---------------------------|--|--|--|

44) In the past 12 months, has someone you were dating or going out with ever...

| | Yes | No | Don't Know |
|--|------------|-----------|-----------------------|
| Insulted, humiliated, or made fun of you in front of others? | () | () | () |
| Kept you from having your own money? | () | () | () |
| Tried to keep you from seeing or talking to your family or friends? | () | () | () |
| Kept track of you by demanding to know where you were and what you were doing? | () | () | () |

| | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Made threats to physically harm you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|

45) In the past 12 months, have you ever done any of the following to someone you were dating or going out with:

| | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| Slapped, pushed, shook, punched, kicked, beat them with an object, choked, burned them intentionally, threw something at them to hurt them, or used or threatened them with any sharp object or weapon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions ask about hurting yourself on purpose and attempting suicide.

46) During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?

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

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

- ☐ Yes
- ☐ No

Logic: Show/hide trigger exists.

48) 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

Logic: Hidden unless: #48 Question "During the past 12 months, how many times did you actually attempt suicide?" is one of the following answers ("1 time","2 or 3 times","4 or 5 times","6 or more times")

49) 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

Logic: Hidden unless: #48 Question "During the past 12 months, how many times did you actually attempt suicide?" is one of the following answers ("1 time", "2 or 3 times", "4 or 5 times", "6 or more times")

50) If you attempted suicide during the past 12 months, did you ask for help from someone such as a doctor, counselor, or hotline at any of these times?

| | Yes | No |
|-------------------|--------------------------|--------------------------|
| Before my attempt | <input type="checkbox"/> | <input type="checkbox"/> |
| After my attempt | <input type="checkbox"/> | <input type="checkbox"/> |

Module 2

These next questions ask you about sex. By sex we mean vaginal, oral, or anal sex.

Logic: Show/hide trigger exists.

51) During your life, with how many people have you had sex?

☐ I have never had sex

☐ 1 person

- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

Logic: Hidden unless: #51 Question "During your life, with how many people have you had sex?"
" is one of the following answers ("1 person","2 people","3 people","4 people","5 people","6 or more people")

52) The last time you had sex, did you drink alcohol or use drugs beforehand?

- ☐ Yes
- ☐ No

Logic: Hidden unless: #51 Question "During your life, with how many people have you had sex?"
" is one of the following answers ("1 person","2 people","3 people","4 people","5 people","6 or more people")

53) The last time you had vaginal and/or anal sex, did you or your partner use a condom?

- ☐ I have never had vaginal and/or anal sex
- ☐ Yes
- ☐ No

Logic: Hidden unless: #51 Question "During your life, with how many people have you had sex?"
" is one of the following answers ("1 person","2 people","3 people","4 people","5 people","6 or more people")

54) The last time you had vaginal sex, what methods did you or your partner use to prevent pregnancy? (Select ALL methods that you or your partner used.)

- ☐ I have never had vaginal sex
- ☐ 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 NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

Logic: Hidden unless: #51 Question "During your life, with how many people have you had sex?"

" is one of the following answers ("1 person","2 people","3 people","4 people","5 people","6 or more people")

55) How many times have you been pregnant or gotten someone pregnant?

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

56) Have your parents or other adults in your family ever talked to you about what they expect you to do or not to do when it comes to sex?

- ☐ Yes
- ☐ No
- ☐ Not sure

The next questions ask about other health-related topics.

57) During the past 7 days, how many days did you eat breakfast?

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

58) 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

59) During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?

- ☐ Yes
- ☐ No

60) 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 or attending class.)

- ☐ 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

61) 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

62) Over the past year, on average how frequently did you take part in an art or music program, class or club in school or after school (such as choir, music lessons, painting, drawing, pottery, sculpture, photography, graphic design, theater, acting, dance)?

- ☐ Not at all
 - ☐ Less than 10 times in total
 - ☐ 1-3 times a month
 - ☐ 1-3 times a week
 - ☐ 4 or more times a week
 - ☐ refused/don't know
-

This is the end of the survey. Thank you very much for your participation. Your answers are important and will help make our community a happier, healthier place to live.

If after completing the survey you feel like you need to speak with someone, please speak with your teacher or visit your school's counselor. They are available to speak with you and/or connect you to additional resources.
