

2023 Springfield Youth Health Survey

(untitled)

1. How old are you?

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

2. What grade are you in?

- ☐ 8th grade
- ☐ Other

3. What is your race/ethnicity? (**Select all** responses that you identify with.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

4. What is your current gender identity? (**Select all that apply**)

- ☐ Female
- ☐ Male
- ☐ Nonbinary, genderqueer, not exclusively male or female
- ☐ I am questioning/I am not sure of my gender identity
- ☐ I identify another way (please specify)
- ☐ I do not understand what this question is asking

5. Some people describe themselves as transgender, an umbrella term for persons whose gender identity and expression does not conform to that typically associated with the sex to which they were assigned at birth. Are you transgender?

- ☐ No, I am not transgender
- ☐ Yes, I am transgender
- ☐ I am not sure if I am transgender
- ☐ I do not know what this question is asking

6. This question asks about sexual identity. Which of the following best describes you?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ Heterosexual or Straight
- ☐ Pansexual
- ☐ Queer
- ☐ I describe my sexual identity some other way
- ☐ Questioning or Not Sure
- ☐ I don't understand what this question is asking

(untitled)

7. Which neighborhood(s) do you live in? If you live in more than one home, **select all that apply.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Bay | <input type="checkbox"/> Liberty Heights | <input type="checkbox"/> Sixteen Acres |
| <input type="checkbox"/> Boston Road | <input type="checkbox"/> McKnight | <input type="checkbox"/> South End |
| <input type="checkbox"/> Brightwood | <input type="checkbox"/> Memorial Square | <input type="checkbox"/> Upper Hill |
| <input type="checkbox"/> East Forest Park | <input type="checkbox"/> Metro Center | <input type="checkbox"/> I don't know the name of my neighborhood |
| <input type="checkbox"/> East Springfield | <input type="checkbox"/> Old Hill | <input type="checkbox"/> I don't live in Springfield |
| <input type="checkbox"/> Forest Park | <input type="checkbox"/> Pine Point | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Indian Orchard | <input type="checkbox"/> Six Corners (Maple High/Six Corners) | <input type="text"/> |

8. 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 on any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.*)

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

9. **Yesterday**, 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 yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

10. **Yesterday**, how many times did you eat fruit? (*Do **NOT** count fruit juice*).

- ☐ I did not eat fruit yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

11. **Yesterday**, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite, or 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 100% fruit juice or diet soda.*)

- ☐ I did not drink soda or sugar-sweetened beverages yesterday
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

12. Do you have any physical disabilities or long-term health problems? (*Long-term means 6 months or more*)?

- ☐ Yes
- ☐ No
- ☐ Not sure

13. The next set of questions ask how you think students are generally treated at school. How strongly do you agree or disagree with the following statements about **this school**?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Students are treated differently or unfairly because of their race, ethnicity, or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are treated differently or unfairly because of their gender identity or expression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are treated differently or unfairly because of their sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. The next questions ask about feelings of belonging at school. How strongly do you agree or disagree with the following statements about **this school**?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel like I belong at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My identities are represented in the things I learn in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. During the **past 12 months**, have you felt you needed to talk to someone about how you were feeling, how things were going in your life, or problems you might have had?

- ☐ Yes
- ☐ No

16. **Right now**, if you needed help with a personal problem, is there someone who you feel you could talk to? (**Select all that apply**)

- ☐ Yes - an adult in my home
- ☐ Yes - a school psychologist, school counselor, or school nurse
- ☐ Yes - a teacher or other adult at school not mentioned above
- ☐ Yes - a psychologist, therapist, counselor, doctor, or nurse (outside of school)
- ☐ Yes - an adult in the community
- ☐ Yes - a friend or non-adult family member (e.g. cousin, sibling)
- ☐ No - there is no one I could talk to

17. 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

18. 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

19. Rank your agreement with the following statement. 'I tend to bounce back or recover quickly after hard or stressful times.'

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

20. Rank your agreement with the following statement. 'If a friend is sad, I want to do something to make it better'.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

21. 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

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?

- ☐ Yes
- ☐ No

(untitled)

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

- ☐ Yes
- ☐ No

LOGIC Show/hide trigger exists.

24. 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: #24 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")

25. 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

26. During the **past 12 months**, have you ever been bullied at school or on your way to or from school?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

28. Did **you** do any of the following in the past **12 months**?

	Yes	No
Bully or push someone around	<input type="radio"/>	<input type="radio"/>
Use texting, e-mail, or social networking sites to make fun of, threaten, or insult another kid, or try to hurt another kid's reputation	<input type="radio"/>	<input type="radio"/>

29. If you have had sex, how old were you when you had sex for the **first time**? *(If you have never had sex, select "I have never had sex".)*

- ☐ 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

(untitled)

30. In the past 12 months, how often have you...

[illegible]

LOGIC Hidden unless: (Question "Opened or bought a loot box? (refer to previous question for description of loot box)" is one of the following answers ("Less than 10 times in total", "1-3 times a month", "1-3 times a week", "4 or more times a week", "Don't know") OR Question "Played a video game with loot boxes? (A loot box, also called a loot crate or lock box, contains a prize of unknown value, especially one offered for sale to players as part of an online game.)" is one of the following answers ("Less than 10 times in total", "1-3 times a month", "1-3 times a week", "4 or more times a week", "Don't know"))

31. What is the age at which you **first** opened a loot box? (*A loot box, also called a loot crate or lock box, contains a prize of unknown value, especially one offered for sale to players as part of an online game.*)

- ☐ I have never opened a loot box
- ☐ 11 years or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years or older

LOGIC Hidden unless: (Question "Opened or bought a loot box? (refer to previous question for description of loot box)" is one of the following answers ("Less than 10 times in total", "1-3 times a month", "1-3 times a week", "4 or more times a week", "Don't know") OR Question "Played a video game with loot boxes? (A loot box, also called a loot crate or lock box, contains a prize of unknown value, especially one offered for sale to players as part of an online game.)" is one of the following answers ("Less than 10 times in total", "1-3 times a month", "1-3 times a week", "4 or more times a week", "Don't know"))

32. What is the age at which you **first** bought a loot box? (*A loot box, also called a loot crate or lock box, contains a prize of unknown value, especially one offered for sale to players as part of an online game.*)

- ☐ I have never bought a loot box
- ☐ 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 Hidden unless: (Question "Opened or bought a loot box? (refer to previous question for description of loot box)" is one of the following answers ("Less than 10 times in total","1-3 times a month","1-3 times a week","4 or more times a week","Don't know") OR Question "Played a video game with loot boxes? (A loot box, also called a loot crate or lock box, contains a prize of unknown value, especially one offered for sale to players as part of an online game.)" is one of the following answers ("Less than 10 times in total","1-3 times a month","1-3 times a week","4 or more times a week","Don't know"))

33. Have you **ever** sold items that you won in a loot box? (*A loot box, also called a loot crate or lock box, contains a prize of unknown value, especially one offered for sale to players as part of an online game.*)

- ☐ Yes
- ☐ No

34. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to cut down how much you gamble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lied to your family, friends, or anyone else about how much you gamble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Action: Percent Branch
Randomization

(untitled)

LOGIC Show/hide trigger exists.

35. The **last time** you had sex, did you drink alcohol or use drugs beforehand?

- ☐ I have never had sex
- ☐ Yes
- ☐ No

LOGIC Hidden unless: #35 Question "The **last time** you had sex, did you drink alcohol or use drugs beforehand?"

" is one of the following answers ("Yes","No")

36. The **last time** you had vaginal and/or anal sex, did you or your partner use a condom?

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

LOGIC Hidden unless: #35 Question "The **last time** you had sex, did you drink alcohol or use drugs beforehand?

" is one of the following answers ("Yes","No")

37. The **last time** you had vaginal sex, what method(s) 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

38. 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

39. Have you **ever** been physically forced, pressured, or coerced to have sex or engage in other sexual activities when you did not want to?

- ☐ Yes
- ☐ No
- ☐ Don't Know

LOGIC Hidden unless: #35 Question "The **last time** you had sex, did you drink alcohol or use drugs beforehand?"

" is one of the following answers ("Yes","No")

40. 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?	<input type="radio"/>	<input type="radio"/>
Physically forced?	<input type="radio"/>	<input type="radio"/>

(untitled)

LOGIC Show/hide trigger exists.

41. Have you dated or gone out with anyone during the **past 12 months**?

- ☐ Yes
- ☐ No

LOGIC Hidden unless: #41 Question "Have you dated or gone out with anyone during the **past 12 months?**" is one of the following answers ("Yes")

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

	Yes	No	Don't Know
Tried to control what you wore, who you spoke to or spent time with, or kept track of your activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulted, humiliated, or made fun of you in front of others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forced or pressured 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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LOGIC Hidden unless: #41 Question "Have you dated or gone out with anyone during the **past 12 months?**" is one of the following answers ("Yes")

43. During the **past 12 months**, did **you** threaten to hurt, physically hurt, or try to hurt a date or someone you were going out with?

- ☐ Yes
- ☐ No

44. How often do you use social media?

- ☐ I do not use social media
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ About once a day
- ☐ Several times a day
- ☐ About once an hour
- ☐ More than once an hour

45. In general, does what you see on social media make you feel...

	Yes, a lot	Yes, a little	No	Don't know
Worse about your own life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overwhelmed by what you see/hear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure to post content that will get lots of comments or likes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure to only post content that makes you look good to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. What emotions do you experience when using social networking/social media apps? (**Select all that apply**)

- ☐ Rejection
- ☐ Happiness
- ☐ Boost self esteem
- ☐ Jealousy
- ☐ Motivation
- ☐ Inspiration
- ☐ Fear of missing out
- ☐ Lower self esteem
- ☐ Sense of belonging

47. How do your parents or guardians monitor your social media accounts or how you use social media? (**Select all that apply**)

- ☐ They don't
- ☐ Following accounts weekly or more often
- ☐ Requiring a contract and ground rules for devices
- ☐ Requiring that you use devices only at certain times
- ☐ Using parental controls on devices
- ☐ Using monitoring, blocking, or filtering software
- ☐ Requiring that you use devices only in certain places in the home

48. Have you ever found yourself in a risky/unwanted situation because of information you shared electronically? *(Count communication by texting, online gaming, Snapchat, Instagram, Facebook, or other social media)?*

- ☐ Yes
- ☐ No

(untitled)

49. During the **past 12 months**, did a parent, adult caregiver, or other adult relative do any of the following to you?

	Yes	No
Slap, push, shake, punch, kick, beat you with an object, choke, burn you intentionally, throw something at you to hurt you, or use or threaten you with any sharp object or weapon.	<input type="radio"/>	<input type="radio"/>
Shout, yell, scream, swear, or curse at you.	<input type="radio"/>	<input type="radio"/>
Ridicule, humiliate, or put you down, for example say that you are stupid, lazy, or useless.	<input type="radio"/>	<input type="radio"/>

50. During the **past 12 months**, did you witness violence in your family?

- ☐ Yes
- ☐ No
- ☐ Don't Know

51. How safe from crime do you consider your neighborhood to be?

- ☐ Extremely safe
- ☐ Safe
- ☐ Unsafe
- ☐ Extremely unsafe

52. Have you ever witnessed someone being physically harmed in your neighborhood *(for example, with a gun, knife or other weapon, or in a physical fight)*?

- ☐ Yes
- ☐ No

(untitled)

53. 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

54. Do you participate in any of the following activities **after school OR** on the **weekends**?

	Yes	No
Organized sports (e.g. basketball, soccer, martial arts, cheerleading, football)	<input type="radio"/>	<input type="radio"/>
Clubs (e.g. drama, debate, 4H, teen/peer groups)	<input type="radio"/>	<input type="radio"/>
Music program (e.g. band, orchestra, choir, music lessons)	<input type="radio"/>	<input type="radio"/>
Art program (e.g. dance class, painting class)	<input type="radio"/>	<input type="radio"/>
Volunteering	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>

55. During the **past 30 days**, how often did you go to bed hungry because there was not enough food in your home?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

(untitled)

LOGIC Show/hide trigger exists.

56. How old were you when you **first** smoked a cigarette, even one or two puffs?

- ☐ I have never smoked a cigarette, even one or two puffs
- ☐ 8 years 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

LOGIC Hidden unless: #56 Question "How old were you when you **first** smoked a cigarette, even one or two puffs?" is one of the following answers ("8 years 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")

57. 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

LOGIC Show/hide trigger exists.

58. Have you **ever** used an electronic vapor product, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick? *(Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.)*

- ☐ Yes
- ☐ No

LOGIC Hidden unless: #58 Question "Have you **ever** used an electronic vapor product, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick? *(Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.)*

" is one of the following answers ("Yes")

59. During the **past 30 days**, on how many days did you use an electronic vapor product such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick? *Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.*

- ☐ 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

 Show/hide trigger exists.

60. How old were you when you had your **first** drink of alcohol other than a few sips? *This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, jello shots, and liquor such as rum, gin, vodka, or whiskey.*

- ☐ I have never had a drink of alcohol OR I have only had a few sips in my life
- ☐ 8 years or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years or older

LOGIC Hidden unless: #60 Question "How old were you when you had your **first** drink of alcohol other than a few sips? *This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, jello shots, and liquor such as rum, gin, vodka, or whiskey.*" is one of the following answers ("8 years or younger", "9 or 10 years old", "11 or 12 years old", "13 or 14 years old", "15 or 16 years old", "17 years or older")

61. During the **past 30 days**, how many days have you had at least one alcoholic drink? *This includes drinking beer, wine, wine coolers, hard lemonade, hard cider, jello shots, and liquor such as rum, gin, vodka, or whiskey. For the purposes of this question, 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

LOGIC Show/hide trigger exists.

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

- ☐ I have never tried marijuana
- ☐ 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

LOGIC Hidden unless: #62 Question "How old were you when you tried marijuana for the **first time**?"

" is one of the following answers ("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")

63. During the **past 30 days**, how many times did you use marijuana or cannabis products? *Marijuana is also called grass, hashish, herb, joint, pot, weed, reefer. Include blunts and cigars filled with marijuana; vape cartridges with THC; and edibles or drinks with THC*

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

64. During the **past 30 days**, have you seen an advertisement for marijuana products or stores:

	Yes	No	Don't Know/Not Sure
In a magazine or newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a storefront (such as a sign posted in the window of a store)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online on your cellphone, tablet, or computer through email, websites, or social media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a billboard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the sidewalk (like signs or people wearing or waving signs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. During the **past 30 days**, have you taken any of the following prescription drugs that were **not your own** OR used your own prescription drugs in a way that your doctor **did not** prescribe (*such as taking more than directed*)?

	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"/>