2017 Wisconsin Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.
1. How old are you?
   A. 12 years old or younger
   B. 13 years old
   C. 14 years old
   D. 15 years old
   E. 16 years old
   F. 17 years old
   G. 18 years old or older

2. What is your sex?
   A. Female
   B. Male

3. In what grade are you?
   A. 9th grade
   B. 10th grade
   C. 11th grade
   D. 12th grade
   E. Ungraded or other grade

4. Are you Hispanic or Latino?
   A. Yes
   B. No

5. What is your race? (Select one or more responses.)
   A. American Indian or Alaska Native
   B. Asian
   C. Black or African American
   D. Native Hawaiian or Other Pacific Islander
   E. White

6. How tall are you without your shoes on?
   Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

   Example
   ![Height Table]

   Height
   Feet | Inches
   ---|---
   5 | 7
   4 | 1
   3 | 2
   6 | 3
   7 | 4
   5 | 6
   6 | 7
   8 | 9
   9 | 10

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

   Example
   ![Weight Table]

   Weight
   Pounds
   1 | 5 | 2
   10 | 10 | 10
   9 | 1 | 1
   2 | 2 | 2
   3 | 3 | 3
   4 | 4
   5 | 5
   6 | 6
   7 | 7
   8 | 8
   9 | 9
The next 4 questions ask about safety.

8. How often do you wear a seat belt when riding in a car driven by someone else?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

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

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

11. During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?
    A. I did not drive a car or other vehicle during the past 30 days
    B. 0 days
    C. 1 or 2 days
    D. 3 to 5 days
    E. 6 to 9 days
    F. 10 to 19 days
    G. 20 to 29 days
    H. All 30 days

The next 12 questions ask about violence-related behaviors.

12. 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.)
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
    A. 0 days
    B. 1 day
    C. 2 or 3 days
    D. 4 or 5 days
    E. 6 or more days

14. During the past 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

15. 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
16. 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

17. 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

18. During the past 12 months, how many times has someone tried to hurt you by hitting, punching, or kicking you while 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

19. When you are at school, how often do you feel safe from physical harm?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always

20. Do you agree or disagree that violence is a problem at your school?
A. Strongly agree
B. Agree
C. Not sure
D. Disagree
E. Strongly disagree

21. Have you ever been physically forced to have sexual intercourse when you did not want to?
A. Yes
B. No

22. 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

23. 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 5 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.

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

25. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
   A. Yes
   B. No

26. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
   A. Yes
   B. No

27. During the past 12 months, have you ever been the victim of teasing or name calling because of your gender?
   A. Yes
   B. No

28. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
   A. Strongly agree
   B. Agree
   C. Not sure
   D. Disagree
   E. Strongly disagree

The next question asks about hurting yourself on purpose.

29. 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 7 questions ask about sad feelings, anxiety, and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

30. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
   A. I do not feel sad, empty, hopeless, angry, or anxious
   B. Never
   C. Rarely
   D. Sometimes
   E. Most of the time
   F. Always

31. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
   A. I do not feel sad, empty, hopeless, angry, or anxious
   B. Parent or other adult family member
   C. Teacher or other adult in this school
   D. Other adult
   E. Friend
   F. Sibling
   G. Not sure
32. 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

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

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

35. 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

36. **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 4 questions ask about cigarette smoking.

37. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No

38. How old were you when you first tried cigarette smoking, even one or two puffs?
   A. I have never tried cigarette smoking, not even one or two puffs
   B. 8 years old or younger
   C. 9 or 10 years old
   D. 11 or 12 years old
   E. 13 or 14 years old
   F. 15 or 16 years old
   G. 17 years old or older

39. 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

40. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   A. I did not smoke cigarettes during the past 30 days
   B. Less than 1 cigarette per day
   C. 1 cigarette per day
   D. 2 to 5 cigarettes per day
   E. 6 to 10 cigarettes per day
   F. 11 to 20 cigarettes per day
   G. More than 20 cigarettes per day
The next question asks about electronic vapor products, such as blu, NJoy, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

41. 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 3 questions ask about other tobacco products.

42. During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)
A. 0 days  
B. 1 or 2 days  
C. 3 to 5 days  
D. 6 to 9 days  
E. 10 to 19 days  
F. 20 to 29 days  
G. All 30 days

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

44. During the past 12 months, did you ever try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
A. I did not use any tobacco products during the past 12 months  
B. Yes  
C. No

The next 5 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.

45. 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

46. 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

47. 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
48. 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 of 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

49. During the past 30 days, how did you usually get the alcohol you drank?
   A. I did not drink alcohol during the past 30 days
   B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
   C. I bought it at a restaurant, bar, or club
   D. I bought it at a public event such as a concert or sporting event
   E. I gave someone else money to buy it for me
   F. Someone gave it to me
   G. I took it from a store or family member
   H. I got it some other way

50. 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

51. 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

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

The next 6 questions ask about other drugs.

53. 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

54. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled 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 39 times
   F. 40 or more times
55. During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)
   A. 0 times
   B. 1 or 2 times
   C. 3 to 9 times
   D. 10 to 19 times
   E. 20 to 39 times
   F. 40 or more times

56. During your life, how many times have you taken an over-the-counter drug to get high?
   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 the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?
   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

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

The next 11 questions ask about sexual behavior.

59. It is important to me to delay having sexual intercourse until … (Select only one response.)
   A. I am married
   B. I am engaged
   C. I am an adult and in a long-term committed relationship
   D. I am in love
   E. I finish high school
   F. It is not important to me to delay having sexual intercourse
   G. Not sure

60. Have you ever had sexual intercourse?
   A. Yes
   B. No

61. 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

62. 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
63. 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

64. 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

65. 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

66. 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 NuvaRing)
   G. Withdrawal or some other method
   H. Not sure

67. 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

68. The last time you had sexual contact, how many years younger or older than you was your partner?
   A. I have never had sexual contact
   B. 5 or more years younger
   C. 3 to 4 years younger
   D. About the same age
   E. 3 to 4 years older
   F. 5 or more years older
   G. Not sure

69. Which of the following best describes you?
   A. Heterosexual (straight)
   B. Gay or lesbian
   C. Bisexual
   D. Not sure

The next question asks about body weight.

70. 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 10 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.

71. 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

72. 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

73. 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

74. 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

75. 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

76. 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

77. 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
78. During the past 7 days, how many times did you have a drink that was **high in caffeine**, including coffee, espresso, or energy drinks (such as Red Bull, Monster, or Rockstar)? (Do **not** count soda, pop, or tea.)
   A. I did not drink a drink that was high in caffeine or an energy drink 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 a sugar-sweetened beverage** such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
   A. I did not drink these sugar-sweetened beverages during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

80. 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

81. 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

82. On an average school day, how many hours do you watch TV?
   A. I do not watch TV on an average school day
   B. Less than 1 hour per day
   C. 1 hour per day
   D. 2 hours per day
   E. 3 hours per day
   F. 4 hours per day
   G. 5 or more hours per day

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 school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)
   A. I do not play video or computer games or use a computer for something that is not school work
   B. Less than 1 hour per day
   C. 1 hour per day
   D. 2 hours per day
   E. 3 hours per day
   F. 4 hours per day
   G. 5 or more hours per day
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

The next 14 questions ask about other health-related topics.

85. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes
   B. No
   C. Not sure

86. 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

87. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do not count getting a spray-on tan.)
   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

88. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

89. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
   A. During the past 12 months
   B. Between 12 and 24 months ago
   C. More than 24 months ago
   D. Never
   E. Not sure

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

91. 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

92. 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

93. Do you agree or disagree that you feel like you belong at your school?
   A. Strongly agree
   B. Agree
   C. Not sure
   D. Disagree
   E. Strongly disagree

94. 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
95. During the past 30 days, where did you usually sleep?
   A. In my parent's or guardian's home
   B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing
   C. In a shelter or emergency housing
   D. In a motel or hotel
   E. In a car, park, campground, or other public place
   F. I do not have a usual place to sleep
   G. Somewhere else

96. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
   A. No, I am not transgender
   B. Yes, I am transgender
   C. I am not sure if I am transgender
   D. I do not know what this question is asking

97. How do you describe your health in general?
   A. Excellent
   B. Very good
   C. Good
   D. Fair
   E. Poor

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

   Problems are considered significant when you have them for two or more weeks, they keep coming back, they keep you from doing what you are supposed to do, or they make you feel like you cannot go on. The next question asks about significant problems.

99. During the past 12 months have you had significant problems with feeling very anxious, nervous, tense, scared, or like something bad was going to happen?
   A. Yes
   B. No

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