# 2021 San Diego Unified 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.

#### **Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B D.
- If you change your answer, erase your old answer completely.
- 1. 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		
Feet	Inches	
5	7	
3	0	
4	①	
•	2	
6	3	
7	4	
	(5)	
	6	
	•	
	8	
	9	
	100	
_	①	

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			
<b>Pounds</b>			
1	5	2	
0	0	<b>2</b>	
	①	①	
3	① ②		
3	3	3	
	4	4	
	•	<b>4 5</b>	
	6	6	
	7	7	
	8	8	
	9	9	

- 8. Which of the following best describes you?
  - A. Heterosexual (straight)
  - B. Gay or lesbian
  - C. Bisexual
  - D. I describe my sexual identity some other way
  - E. I am not sure about my sexual identity (questioning)
  - F. I do not know what this question is asking

- 9. 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
- 10. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?
  - A. Very feminine
  - B. Mostly feminine
  - C. Somewhat feminine
  - D. Equally feminine and masculine
  - E. Somewhat masculine
  - F. Mostly masculine
  - G. Very masculine

#### The next 3 questions ask about safety.

- 11. 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
- 12. 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

- 13. 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 and experiences.

- 14. 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
- 15. **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
- 16. 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

- 17. 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
- 18. 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
- 19. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
  - A. Yes
  - B. No
- 20. Have you ever been physically forced to have sexual intercourse when you did not want to?
  - A. Yes
  - B. No
- 21. 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

- 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 purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)
  - 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
- 24. Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?
  - A. Yes
  - B. No
- 25. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
  - A. Yes
  - B. No

# The next 5 questions ask about experiences with parents or other adults in your home.

- 26. During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 27. During the past 12 months, how many times has a parent or other adult in your home sworn at you, insulted you, or put you down?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
- 28. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 29. During the past 12 months, how many times has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
- 30. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

The next 4 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.

- 31. During the past 12 months, have you ever been bullied **on school property**?
  - A. Yes
  - B. No
- 32. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
  - A. Yes
  - B. No
- 33. During the past 12 months, how many times have you been harassed because someone thought you were gay, lesbian or bisexual?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
- 34. During the past 12 months, have you ever teased or called someone names because you thought they were gay, lesbian, or bisexual?
  - A. Yes
  - B. No

#### The next 2 questions ask about sexting.

- 35. During the past 30 days, have you texted, emailed, or posted electronically a revealing or sexual photo of yourself?
  - A. Yes
  - B. No
- 36. During the past 30 days, has a revealing or sexual photo of you been texted, e-mailed, or posted electronically without your permission?
  - A. Yes
  - B. No
  - C. Not sure

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

- 37. 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 2 questions ask about times that you felt you were treated badly or unfairly.

- 38. During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 39. During your life, how often have you felt that you were treated badly or unfairly because of your sexual orientation?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

The next 4 questions ask about sad feelings 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.

- 40. 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
- 41. During the past 12 months, did you ever **seriously** consider attempting suicide?
  - A. Yes
  - B. No

- 42. 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
- 43. **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 2 questions ask about cigarette smoking.

- 44. 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
- 45. 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 3 questions ask about electronic vapor products, such as JUUL, SMOK, Suorin, Vuse, and blu. Electronic vapor products include ecigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

- 46. Have you ever used an electronic vapor product?
  - A. Yes
  - B. No

- 47. 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
- 48. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
  - A. I did not use any electronic vapor products during the past 30 days
  - B. I got or bought them from a friend, family member, or someone else
  - C. I bought them myself in a vape shop or tobacco shop
  - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
  - E. I bought them myself at a mall or shopping center kiosk or stand
  - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - G. I took them from a store or another person
  - H. I got them in some other way

The next question asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, and pipe tobacco when answering this question.

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

The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, 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.

- 50. 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
- 51. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
  - 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

The next 2 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

- 52. How old were you when you tried marijuana for the first time?
  - A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older

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

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.

- 54. During your life, how many times have you used synthetic 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 question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

- 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?
  - 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.

- 56. 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

- 57. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 58. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
  - 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
- 59. During your life, how many times have you used **ecstasy** (also called MDMA or Molly)?
  - 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
- 60. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
  - A. 0 times
  - B. 1 time
  - C. 2 or more times
- 61. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
  - A. Yes
  - B. No

The next 11 questions ask about sexual behavior.

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

- 63. How old were you when you had sexual intercourse for the first time?
  - A. I have never had sexual intercourse
  - B. 11 years old or younger
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old
  - H. 17 years old or older
- 64. The **first time** you had sexual intercourse, how many years younger or older than you was your partner?
  - A. I have never had sexual intercourse
  - 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
- 65. 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
- 66. 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
- 67. 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

- 68. 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
- 69. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
  - A. I have never had sexual intercourse with an opposite-sex partner
  - B. No method was used to prevent pregnancy
  - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
  - 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
- 70. How many times have you been pregnant or gotten someone pregnant?
  - A. 0 times
  - B. 1 time
  - C. 2 or more times
  - D. Not sure
- 71. Have you ever participated in oral sex?
  - A. Yes
  - B. No
- 72. 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

#### The next 3 questions ask about physical activity.

- 73. 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
- 74. 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.)
  - A. Less than 1 hour per day
  - B. 1 hour per day
  - C. 2 hours per day
  - D. 3 hours per day
  - E. 4 hours per day
  - F. 5 or more hours per day
- 75. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
  - A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

- 76. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
  - A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 or more times

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 3 questions ask about your experiences during this time, whether in the past or continuing now.

- 77. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 78. Do you agree or disagree that doing your schoolwork was more difficult during the COVID-19 pandemic than before the pandemic started?
  - A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

- 79. During the COVID-19 pandemic, how often were you able to spend time with family, friends, or other groups, such as clubs or religious groups, by using a computer, phone, or other device? (Do **not** count attending school online.)
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

### The next 6 questions ask about sexual health education that you have received in school.

- 80. Have you ever had sex education in school?
  - A. Yes
  - B. No
  - C. Not sure
- 81. Have you ever been taught about AIDS or HIV infection in school?
  - A. Yes
  - B. No
  - C. Not sure
- 82. Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?
  - A. Yes
  - B. No
  - C. Not sure
- 83. Have you ever been taught in school about where you could get sexual health services, such as birth control, condoms, or HIV or other sexually transmitted disease (STD) testing or treatment?
  - A. Yes
  - B. No
  - C. Not sure

- 84. During the past 12 months, has a teacher or other adult in your school helped you find a place where you could get tested for HIV or other sexually transmitted diseases (STD)?
  - A. I did not need to find a place for HIV or other STD testing during the past 12 months
  - B. Yes
  - C. No
- 85. During the past 12 months, has a teacher or other adult in your school helped you find a place where you could get birth control?
  - A. I did not need to find a place to get birth control during the past 12 months
  - B. Yes
  - C. No.

### The next 8 questions ask about other health-related topics.

- 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, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
  - A. Yes
  - B. No
  - C. Not sure
- 88. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

- 89. 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
- 90. 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
- 91. Do you agree or disagree that your school has clear consequences for students who bully or harass other students?
  - A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
- 92. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 93. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
  - A. Yes
  - B. No
  - C. Not sure

### The next 6 questions ask about other experiences you may have had during your life.

- 94. Have you ever lived with someone who was having a problem with alcohol or drug use?
  - A. Yes
  - B. No
- 95. Have you ever lived with someone who was depressed, mentally ill, or suicidal?
  - A. Yes
  - B. No
- 96. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
  - A. Yes
  - B. No
- 97. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 98. During your life, how often have you felt that you were able to talk to a friend about your feelings?
  - A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
- 99. Do you agree or disagree that you feel close to people at your school?
  - A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

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