

Appendix A: Questionnaire

FIELD - Culpeper_Youth_Risk_Behavior_Survey 2022

Start of Block: Introduction

2022 Culpeper County Public Schools Youth Risk Behavior and Experiences Survey Assent

This survey is about behavior or experiences that impact your physical and mental health. It has been developed so you can tell us about your experiences that may negatively affect your health. The information you give will be used to improve school and community services for young people like yourself.

The survey has been designed to protect your privacy. You will not put your name on the survey and no one will know how you answered the questions. Answer the questions based on what you really do.

Completing the survey is voluntary. It may take as long as 45 minutes. Whether or not you answer the questions will not affect your grade in this class. A number of the questions are highly personal, so if you are uncomfortable answering the question, you may skip it.

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. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Click “yes” to continue.

Q110 I agree to participate in this survey

Yes (1)

No (2)

Skip To: End of Survey If Q110 = No

Page Break

End of Block: Introduction

Start of Block: Default Question Block

1 How old are you?

- 12 years old or younger (1)
 - 13 years old (2)
 - 14 years old (3)
 - 15 years old (4)
 - 16 years old (5)
 - 17 years old (6)
 - 18 years old or older (7)
-

2 What is your gender?

- Female (1)
 - Male (2)
 - I prefer to provide my own description (3)
-

3 In what grade are you?

- 7th grade (1)
 - 8th grade (2)
 - 9th grade (3)
 - 10th grade (4)
 - 11th grade (5)
 - 12th grade (6)
-

4 What is your race/ethnicity? **(Select one or more responses.)**

- Asian (2)
 - Black or African-American (3)
 - Hispanic or Latino (4)
 - Native Hawaiian or Other Pacific Islander (1)
 - White (6)
 - American Indian or Alaskan Native (5)
-

5 Which language(s) are spoken with your parents?

- Only English is spoken with my parents (1)
- Only Spanish is spoken with my parents (2)
- English and Spanish are spoken with my parents (3)
- English and another language (not Spanish) are spoken with my parents (4)
- Only another language is spoken with my parents (5)

End of Block: Default Question Block

Start of Block: The next set of questions ask about vehicle safety.

The next set of questions ask about vehicle safety.

6 How often do you wear a seat belt when **riding** in a car?

- Never (1)
 - Rarely (2)
 - Sometimes (3)
 - Most of the time (4)
 - Always (5)
-

7 How many times have you **ridden** in a car or other vehicle **driven by someone who had been drinking alcohol or was under the influence of drugs?**

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

8 How many times did you **drive** a car or other vehicle **when you had been drinking alcohol or were under the influence of drugs?**

- I do not drive a car or other vehicle (1)
 - 0 times (2)
 - 1 time (3)
 - 2 to 4 times (4)
 - 5 or more times (5)
-

9 How often do you **text, post, or read messages on your phone** while **driving** a car or other vehicle?

- I do not drive a car or other vehicle (1)
- I never text, post, or read messages while driving (2)
- I sometimes text, post, or read messages while driving (3)
- I frequently text, post, or read messages while driving (4)
- I always text, post or read messages while driving (5)

End of Block: The next set of questions ask about vehicle safety.

Start of Block: The next set of questions ask about violence-related behaviors.

The next set of questions ask about violence-related behaviors.

10 How often do you carry a **weapon for self-protection** such as a gun, knife, or club **outside of school?** (Not for hunting or sport purposes)

- I never carry a weapon for self-protection outside of school (1)
 - I have carried a weapon only 1 time (2)
 - I have carried a weapon 2 to 4 times (3)
 - I have carried a weapon 5 or more times (4)
-

11 How many times did you carry a **weapon for self-protection** such as a gun, knife, or club **to school?**

- I never carry a weapon to school (1)
 - I have carried a weapon only 1 time to school (2)
 - I have carried a weapon 2 to 4 times to school (3)
 - I have carried a weapon 5 or more times to school (4)
-

12 How many days did you **not** go to school because you felt you would be unsafe at school, at the bus stop, or on your way to or from school?

- 0 days (1)
 - 1 day (2)
 - 2 to 4 days (3)
 - 5 or more days (4)
-

13 How many times has someone **threatened you with a weapon** such as a gun, knife, or club **outside of school**?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

14 How many times has someone **threatened you with a weapon** such as a gun, knife, or club **at your school**?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

15 How many times have you been in a **physical fight outside of school**?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

16 How many times have you been in a **physical fight at school**?

- 0 times (1)
- 1 time (2)
- 2 to 4 times (3)
- 5 or more times (4)

End of Block: The next set of questions ask about violence-related behaviors.

Start of Block: The next set of questions deal with violence in relationships within your family

The next set of questions deal with violence in relationships within your family or those you date.

17 How many times has a parent or other adult who lives in your home slapped, punched, kicked, or shoved you **causing marks on your body or injuries**?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

18 How many times have you seen **your parents or other adults who live in your home**, engage in a **physical fight**, i.e. slapping, kicking, punching, or throwing objects at each other?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

19 How many times have you seen your **mother** (or other female guardian) be shoved, slapped, kicked, or hit by her **husband, boyfriend, or partner**?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

20 How many times did **someone you were dating or going out with force you to do something sexual** that you did not want to do? (Count such things as kissing, sexual touching, sexual intercourse or other sexual acts.)

- I have not dated or gone out with anyone (1)
 - 0 times (2)
 - 1 time (3)
 - 2 to 4 times (4)
 - 5 or more times (5)
-

21 How many times did **someone you were dating or going out with physically hurt you on purpose?** (Count such things as being hit, shoved, kicked, hit with an object)

- I have not dated or gone out with anyone (1)
 - 0 times (2)
 - 1 time (3)
 - 2 to 4 times (4)
 - 5 or more times (5)
-

22 How many times has **anyone forced you to do something sexual** that you did not want to do? (Count such things as kissing, sexual touching, sexual intercourse or other sexual acts)

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

23 How many times have **you forced someone to do something sexual** they did not want to do? (Count such things as kissing, sexual touching, sexual intercourse or other sexual acts)

- 0 times (1)
- 1 time (2)
- 2 to 4 times (3)
- 5 or more times (4)

End of Block: The next set of questions deal with violence in relationships within your family

Start of Block: The next set of questions ask about bullying.

The next set of questions ask about bullying. Bullying is when one or more persons hurtfully exclude, name-call, spread rumors about, threaten, hit, shove, or hurt another person repeatedly (over and over). (It is not bullying when two persons of about the same strength, status, or power argue, fight or tease each other in a friendly way.)

24 During this school year, have you ever been **bullied in person at school**?

- Yes (1)
 - No (2)
-

25 During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, Twitter, TikTok, Snapchat or other social media at home or at school.)

- Yes (1)
- No (2)

End of Block: The next set of questions ask about bullying.

Start of Block: The next set of questions ask about anxiety, sad feelings, self-harm, and attempt

The next set of questions ask about anxiety, sad feelings, self-harm, and attempted suicide (taking your own life).

26 How often do you have **extreme anxiety**- trouble sleeping, racing thoughts, difficulty concentrating, remembering, or making decisions?

- I have never experienced extreme anxiety. (1)
 - I sometimes have extreme anxiety. (2)
 - I frequently have extreme anxiety. (3)
 - I always have extreme anxiety. (4)
-

27 If you have experienced **extreme anxiety**, did it cause you to **not go to school**?

- I have never experienced extreme anxiety. (1)
 - I did not go to school once due to extreme anxiety. (2)
 - I sometimes don't go to school due to extreme anxiety. (3)
 - I often don't go to school due to extreme anxiety. (4)
-

28 Did you ever **feel so sad or hopeless** for **two weeks or more** that you stopped doing your usual activities?

- Yes (1)
 - No (2)
-

29 Have you engaged in **acts of self-harm** by cutting, burning, or hair pulling, lip biting, picking, pinching, or extreme exercising?

- I have never engaged in acts of self-harm (1)
 - I currently engage in acts of self-harm (2)
 - I used to engage in self-harm, but I have stopped (3)
-

30 Did you ever **seriously** consider attempting suicide?

- Yes (1)
 - No (2)
-

31 Have you ever **made a plan** about how you would attempt suicide?

- Yes (1)
 - No (2)
-

32 How many times did you actually **attempt** suicide?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 or more times (4)
-

Display This Question:

If 32 = 1 time

Or 32 = 2 to 4 times

Or 32 = 5 or more times

32a If you attempted suicide, do your parents or guardians know about your attempt?

I have never attempted suicide (1)

Yes (2)

No (3)

End of Block: The next set of questions ask about anxiety, sad feelings, self-harm, and attempt

Start of Block: The next set of questions ask about tobacco products.

The next set of questions ask about tobacco products.

33 Have you ever tried smoking a cigarette or other tobacco product, even one or two puffs?

Yes (1)

No (2)

Display This Question:

If 33 = Yes

33a During the past 30 days, on how many days did you smoke a cigarette or other tobacco product?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

34 The next question is about electronic cigarettes or e-cigarettes and other vapor devices. You may also know them as vape-pens, hookah-pens, e-hookahs, Juul or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you ever used an electronic vapor product? (that is: have you vaped)?

- Yes (1)
 - No (2)
-

Display This Question:

If 34 = Yes

34a During the past 30 days, on how many days did you use an electronic vapor product that contained nicotine?

- 0 days (1)
 - 1 or 2 days (2)
 - 3 to 5 days (3)
 - 6 to 9 days (4)
 - 10 to 19 days (5)
 - 20 to 29 days (6)
 - All 30 days (7)
-

35 During the past 30 days, on how many days did you use chewing tobacco, snuff, snus, dip, or dissolvable tobacco products or nicotine product? (These include products such as Redman, Levi Garrett, Beech-Nut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, Camel Orbs, or Zyn. Do not count any electronic vapor products.)

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

End of Block: The next set of questions ask about tobacco products.

Start of Block: The next set of questions ask about drinking alcohol.

The next set of questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, hard cider, hard seltzers, 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.

36 During your life, on how many different times have you had **at least one drink** of alcohol?

- I have never drunk alcohol (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

Display This Question:

If 36 != I have never drunk alcohol

37 How old were you when you had your first drink of alcohol?

- I have never had a drink of alcohol (other than wine for religious purposes) (1)
 - 10 years old or younger (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-

Display This Question:

If 36 != I have never drunk alcohol

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

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

Display This Question:

If 36 != I have never drunk alcohol

39 Have you ever **lost consciousness (blacked-out)** or not fully recalled events after drinking alcohol?

- I have never drunk alcohol (1)
- 0 times (6)
- 1 time (2)
- 2 to 4 times (3)
- 5 to 9 times (4)
- 10 or more times (5)

End of Block: The next set of questions ask about drinking alcohol.

Start of Block: The next set of questions ask about marijuana use. Marijuana also is called pot

The next set of questions ask about marijuana use. Marijuana also is called pot, weed, or THC.

40 During your life, how many times have you used marijuana or THC? It can be smoked in a pipe, bong, joint, or THC vape carts. It can be eaten in types of candy called edibles or put in brownies.

- 0 times-I have never used marijuana or THC (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

Display This Question:

If 40 != 0 times-I have never used marijuana or THC

41 How old were you when you tried marijuana or THC for the first time?

- I have never tried marijuana or THC (1)
 - 10 years old or younger (2)
 - 11 or 12 years old (3)
 - 13 or 14 years old (4)
 - 15 or 16 years old (5)
 - 17 years old or older (6)
-

Display This Question:

If 40 != 0 times-I have never used marijuana or THC

42 During the past 30 days, how many days did you use marijuana or THC?

- 0 days (1)
- 1 or 2 days (2)
- 3 to 5 days (3)
- 6 to 9 days (4)
- 10 to 19 days (5)
- 20 to 29 days (6)
- All 30 days (7)

End of Block: The next set of questions ask about marijuana use. Marijuana also is called pot

Start of Block: The next set of questions ask about other drugs.

The next set of questions ask about other drugs.

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

- 0 times-I have never used cocaine in any form (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

44 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?

- 0 times- I have never sniffed or breathed the contents of any product to get high (1)
 - 1 or 2 times (2)
 - 3 to 5 times (3)
 - 6 to 9 times (4)
 - 10 or more times (5)
-

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

- 0 times-I have never used heroin or fentanyl (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

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

- 0 times-I have never used methamphetamines (1)
- 1 or 2 times (2)
- 3 to 5 times (3)
- 6 to 9 times (4)
- 10 or more times (5)

47 During your life, how many times have you used **ecstasy** (also called “X”, “E”, MDMA)?

- 0 times-I have never used ecstasy (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

48 During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?

- 0 times-I have never used hallucinogenic drugs (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

49 During your life, how many times have you used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?

- 0 times- I have never used synthetic marijuana (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

50 During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- 0 times-I have never used steroids without a prescription (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

51 During your life, how many times have you taken **prescription pills** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as Xanax, codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- 0 times- I have never used prescription pills without a prescription (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (4)
 - 10 or more times (5)
-

52 During your life, how many times have you **used a needle to inject any illegal drug** into your body?

- 0 times (1)
 - 1 time (2)
 - 2 to 4 times (3)
 - 5 to 9 times (5)
 - 10 or more times (6)
-

53 Has anyone offered, sold, or given you an illegal drug **outside of school**?

- Yes (1)
 - No (2)
-

54 Has anyone offered, sold, or given you an illegal drug **at school or on a school bus**?

Yes (1)

No (2)

55 Does anyone who lives in your home now use illegal drugs, excessively use alcohol or abuse prescription pills?

Yes (1)

No (2)

56 Has anyone who lives now or did live in your home, been sent to jail or prison for illegal drug use?

Yes (1)

No (2)

End of Block: The next set of questions ask about other drugs.

Start of Block: The next set of questions ask about sexual behavior.

The next set of questions ask about sexual behavior.

57 Have you ever received photos or videos of someone in which the person had exposed private parts of their body? (Commonly called “sexting”)

Yes (1)

No (2)

58 Have you ever sent photos or videos of yourself to anyone in which you were exposing private parts of your body?

Yes (1)

No (2)

59 Have you ever watched videos or movies in which people are clearly seen (not pretending) engaging in sexual acts? (Known as pornography)

Yes (1)

No (2)

Display This Question:

If 59 = Yes

59a How old were you when you first watched videos or movies in which people were clearly seen (not pretending) engaging in sexual acts?

I have never seen a video or movie in which people clearly engaged in sexual acts (1)

11 years old or younger (2)

12 years old (3)

13 years old (4)

14 years old (5)

15 years old (6)

16 years old (7)

17 years old or older (8)

60 Have you ever engaged in sexual intercourse?

- Yes (1)
- No (2)

Display This Question:

If 60 = Yes

60a At what age did you first engage in sexual intercourse?

- I have never had sexual intercourse (1)
- 11 years old or younger (2)
- 12 years old (3)
- 13 years old (4)
- 14 years old (5)
- 15 years old (6)
- 16 years old (7)
- 17 years old or older (8)

Display This Question:

If 60 = Yes

60b How many persons have you had sexual intercourse with?

- I have never had sexual intercourse (1)
- 1 person (2)
- 2 persons (3)
- 3 persons (4)
- 4 persons (5)
- 5 or more persons (6)

Display This Question:

If 60 = Yes

60c The **last time** you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse (1)
- Yes (2)
- No (3)

Display This Question:

If 60 = Yes

60d The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only one response.)

- I have never had sexual intercourse (1)
 - No method was used to prevent pregnancy (2)
 - Birth control pills (3)
 - Condoms (4)
 - An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) (5)
 - A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) (6)
 - Withdrawal or some other method (7)
 - Not sure (8)
-

61 If you have engaged in oral sex, at what age did you first engage in oral sex?

- I have never had oral sex (1)
 - 11 years old or younger (2)
 - 12 years old (3)
 - 13 years old (4)
 - 14 years old (5)
 - 15 years old (6)
 - 16 years old (7)
 - 17 years old or older (8)
-

62 During your life, with whom have you had sexual contact?

- I have never had sexual contact (1)
 - Females (2)
 - Males (3)
 - Females and males (4)
-

63 Which of the following best describes you?

- Heterosexual (straight) (1)
- Gay or lesbian (2)
- Bisexual (3)
- I prefer to give my own description: (5)

- Not sure (4)

End of Block: The next set of questions ask about sexual behavior.

Start of Block: The next set of questions ask about food you ate or drank during the past 7 days

The next set of 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.

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

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

65 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)
 - 1 to 3 times during the past 7 days (2)
 - 4 to 6 times during the past 7 days (3)
 - 7 or more times during the past 7 days (4)
-

66 During the past 7 days, how many times did you eat **vegetables**? (Do **not** count French fries)

- I did not eat vegetables during the past 7 days (1)
 - 1 to 3 times during the past 7 days (2)
 - 4 to 6 times during the past 7 days (3)
 - 7 or more times during the past 7 days (4)
-

67 During the past 7 days, how many times did you drink a **high energy drink** (Red Bull, Kick Start, Monster, 5-Hour, Bang, Reign, G-Fuel)?

- I did not drink a high energy drink during the past 7 days (1)
 - 1 to 3 times during the past 7 days (2)
 - 4 to 6 times during the past 7 days (3)
 - 7 or more times during the past 7 days (4)
-

68 During the past 7 days, how many times did you drink a **can, bottle, or cup of soda or pop**, such as Coke, Pepsi, or Sprite?

- I did not drink soda or pop during the past 7 days (1)
 - 1 to 3 times during the past 7 days (2)
 - 4 to 6 times during the past 7 days (3)
 - 7 or more times during the past 7 days (4)
-

69 During the past 7 days, how many times did you drink a **bottle or glass of plain water**? (Count tap, bottled, and unflavored sparkling water.)

- I did not drink water during the past 7 days (1)
 - 1 to 3 times during the past 7 days (2)
 - 4 to 6 times during the past 7 days (3)
 - 7 or more times during the past 7 days (4)
-

70 During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- I did not drink milk during the past 7 days (1)
 - 1 to 3 glasses during the past 7 days (2)
 - 4 to 6 glasses during the past 7 days (3)
 - 7 or more glasses during the past 7 days (4)
-

71 During the last 7 days how often did you eat food from a “fast food” restaurant (like McDonald’s, Wendy’s, Chick-Fil-A, Arby’s, Burger King, K.F.C., Taco Bell)

- I did not eat fast food during the past 7 days (1)
 - 1 to 3 times during the past 7 days (2)
 - 4 to 6 times during the past 7 days (3)
 - 7 or more times during the past 7 days (4)
-

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

- 0 days (1)
 - 1 day (2)
 - 2 days (3)
 - 3 days (4)
 - 4 days (5)
 - 5 days (6)
 - 6 days (7)
 - 7 days (8)
-

73 During the past 7 days, on how many days did you eat **dinner**?

- 0 days (1)
 - 1 day (2)
 - 2 days (3)
 - 3 days (4)
 - 4 days (5)
 - 5 days (6)
 - 6 days (7)
 - 7 days (8)
-

74 Are there any foods that you have to avoid because eating the food could cause an allergic reaction, like skin rashes, swelling, itching, vomiting, coughing, or trouble breathing?

- Yes (1)
- No (2)
- Not sure (3)

End of Block: The next set of questions ask about food you ate or drank during the past 7 days

Start of Block: The next set of questions ask about physical activity.

You are nearing the end of the survey!
The next set of questions ask about physical activity.

75 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)
 - 1 day (2)
 - 2 days (3)
 - 3 days (4)
 - 4 days (5)
 - 5 days (6)
 - 6 days (7)
 - 7 days (8)
-

76 During the past 7 days, on how many days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

- 0 days (1)
 - 1 day (2)
 - 2 days (3)
 - 3 days (4)
 - 4 days (5)
 - 5 days (6)
 - 6 days (7)
 - 7 days (8)
-

77 On an average school day, how many hours do you watch or stream TV shows or movies? (Include shows or movies on Netflix, YouTube, Hulu, Disney Plus, Peacock, Amazon Prime etc.)

- I do not watch or stream TV or movies on an average school day (1)
 - Less than 1 hour per day (2)
 - 1-2 hours per day (3)
 - 3-4 hours per day (4)
 - 5 or more hours per day (5)
-

78 On an average school day, how many hours do you play computer games, post and read messages or view pictures and short videos on social media? (Count your time spent on things

such as Xbox, PlayStation, an iPad or laptop, a smartphone, texting, Snapchat, Twitter, TikTok, Instagram, Twitch, YouTube, Discord, dating apps etc.)

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

79 Which of the following Internet access options are available at your home address (check all that apply)?

- No access (1)
 - DSL (2)
 - Cable Modem (3)
 - Fiber (4)
 - Mobile Phone/ Hot Spot (5)
 - Satellite (6)
 - Not sure which (7)
-

80 Does your parent or guardian monitor or have control over your internet access or cell phone use?

- Yes (1)
 - No (2)
 - Not sure (3)
-

81 During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- 0 teams (1)
 - 1 team (2)
 - 2 teams (3)
 - 3 or more teams (4)
-

82 During the past 30 days, how often did you engage in recreational activities such as skateboarding, riding bikes, walking, running, dancing, bowling, climbing, or playing basketball or soccer with friends at a park or at home? (DO NOT count any teams run by your school or community groups.)

- 0 times (1)
- 1-3 times (2)
- 4-7 times (3)
- 8 or more times (4)
- Almost every day (5)

End of Block: The next set of questions ask about physical activity.

Start of Block: The next set of questions ask about other health-related topics.

The next set of questions ask about other health-related topics.

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

- 4 or less hours (1)
 - 5 hours (2)
 - 6 hours (3)
 - 7 hours (4)
 - 8 hours (5)
 - 9 hours (6)
 - 10 or more hours (7)
-

84 During the past 12 months, how many times have you had a **sunburn**? (Count the number of times even a small part of your skin turned red or hurt for 12 hours or more after being outside in the sun or after using a sunlamp or other indoor tanning device.)

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

85 When was the last time you saw a **dentist** for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months (1)
 - Between 12 and 24 months ago (2)
 - More than 24 months ago (3)
 - Never (4)
 - Not sure (5)
-

86 When was the last time you had a **physical exam by a medical professional**?

- During the past 12 months (1)
 - Between 12 and 24 months ago (2)
 - More than 24 months ago (3)
 - Never (4)
 - Not sure (5)
-

87 When was the last time you had a counseling or therapy session with a **mental health professional outside of school**? (Do not count your school counselors or other person who works at your school)

- During the past 12 months (1)
- Between 12 and 24 months ago (2)
- More than 24 months ago (3)
- Never (4)
- Not sure (5)

88 How do you feel about your current weight?

- I feel good about my current weight and want to maintain it. (1)
 - I need to lose a few pounds (5 pounds or less). (2)
 - I need to lose several pounds (6 to 10 pounds). (3)
 - I need to lose many pounds (11 pounds or more). (4)
 - I need to gain weight. (5)
-

89 How do you feel about how your body looks (your body image)?

- I feel good about how my body looks nearly all the time. (1)
 - I feel good about how my body looks most of the time. (2)
 - I feel bad about how my body looks sometimes. (3)
 - I feel bad about how my body looks most of the time. (4)
 - I feel bad about how my body looks nearly all the time. (5)
-

Q109 **This is the end of the survey.** Thank you very much for your help. When you are finished, be sure to turn off and close your Chromebook.

End of Block: The next set of questions ask about other health-related topics.

Appendix B: Qualtrics Illustrative Screenshots



This survey requires a password.

✓ English
Español

>>



CSR

Center for Survey Research
University of Virginia

A UNIT OF THE WELDON COOPER CENTER FOR PUBLIC SERVICE

English ▼

**2022 Culpeper County
Public Schools
Youth Risk Behavior and Experiences Survey Assent**

This survey is about behavior or experiences that impact your physical and mental health. It has been developed so you can tell us about your experiences that may negatively affect your health. The information you give will be used to improve school and community services for young people like yourself.

The survey has been designed to protect your privacy. You will not put your name on the survey and no one will know how you answered the questions. Answer the questions based on what you really do.

Completing the survey is voluntary. It may take as long as 45 minutes. Whether or not you answer the questions will not affect your grade in this class. A number of the questions are highly personal, so if you are uncomfortable answering the question, you may skip it.

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. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Click "yes" to continue.



How old are you?

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

What is your gender?

- Female
 - Male
 - I prefer to provide my own description
-

In what grade are you?

- 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
-

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

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

Which language(s) are spoken with your parents?

- Only English is spoken with my parents
- Only Spanish is spoken with my parents
- English and Spanish are spoken with my parents
- English and another language (not Spanish) are spoken with my parents
- Only another language is spoken with my parents

The next set of questions ask about vehicle safety.

How often do you wear a seat belt when **riding** in a car?

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

How many times have you **ridden** in a car or other vehicle **driven by someone who had been drinking alcohol or was under the influence of drugs?**

- 0 times
 - 1 time
 - 2 to 4 times
 - 5 or more times
-

How many times did you **drive** a car or other vehicle **when you had been drinking alcohol or were under the influence of drugs?**

- I do not drive a car or other vehicle
 - 0 times
 - 1 time
 - 2 to 4 times
 - 5 or more times
-

How often do you **text, post, or read messages on your phone** while **driving** a car or other vehicle?

- I do not drive a car or other vehicle
- I never text, post, or read messages while driving
- I sometimes text, post, or read messages while driving
- I frequently text, post, or read messages while driving
- I always text, post or read messages while driving

This is the end of the survey. Thank you very much for your help. When you are finished, be sure to turn off and close your Chromebook.



Appendix C: Frequencies

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 12 years old or younger	211	6.4	6.4	6.4
	2 13 years old	584	17.6	17.6	24.0
	3 14 years old	616	18.6	18.6	42.6
	4 15 years old	577	17.4	17.4	60.0
	5 16 years old	515	15.5	15.5	75.5
	6 17 years old	517	15.6	15.6	91.1
	7 18 years old or older	294	8.9	8.9	100.0
	Total	3314	99.9	100.0	
Missing	System	4	0.1		
Total		3318	100.0		

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Female	1523	45.9	46.0	46.0
	2 Male	1637	49.3	49.5	95.5
	3 Prefer to provide own description	28	0.8	0.8	96.4
	4 Prefer not to answer	27	0.8	0.8	97.2
	5 Agender/Neither	4	0.1	0.1	97.3
	6 Non- binary/Genderfluid/Genderqueer	75	2.3	2.3	99.6
	7 Transgender	9	0.3	0.3	99.8
	8 I don't know	5	0.2	0.2	100.0
	Total	3308	99.7	100.0	
Missing	System	10	0.3		
Total		3318	100.0		

Grade Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 7th grade	582	17.5	17.6	17.6
	2 8th grade	607	18.3	18.3	35.9
	3 9th grade	675	20.3	20.4	56.2
	4 10th grade	542	16.3	16.3	72.6
	5 11th grade	469	14.1	14.1	86.7
	6 12th grade	440	13.3	13.3	100.0
	Total	3315	99.9	100.0	
Missing	System	3	0.1		
Total		3318	100.0		

\$Race Frequencies

		Responses		Percent of Cases
		N	Percent	
\$Race Race ^a	A4_1 Race/ethnicity- Native Hawaiian or Other Pacific Islander	33	0.8%	1.0%
	A4_2 Race/ethnicity- Asian	128	3.3%	3.9%
	A4_3 Race/ethnicity- Black or African-American	663	16.9%	20.1%
	A4_4 Race/ethnicity- Hispanic or Latino	1036	26.4%	31.4%
	A4_5 Race/ethnicity- American Indian or Alaskan Native	110	2.8%	3.3%
	A4_6 Race/ethnicity- White	1949	49.7%	59.1%
Total		3919	100.0%	118.8%

a. Dichotomy group tabulated at value 1.

Language(s) spoken with parents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Only English is spoken with my parents	2226	67.1	67.2	67.2
	2 Only Spanish is spoken with my parents	341	10.3	10.3	77.5
	3 English and Spanish are spoken with my parents	583	17.6	17.6	95.1
	4 English and another language (not Spanish) are spoken with my parents	127	3.8	3.8	98.9
	5 Only another language is spoken with my parents	37	1.1	1.1	100.0
	Total	3314	99.9	100.0	
Missing	System	4	0.1		
Total		3318	100.0		

Seat-belt wearing frequency

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Never	54	1.6	1.6	1.6
	2 Rarely	134	4.0	4.0	5.7
	3 Sometimes	312	9.4	9.4	15.1
	4 Most of the time	929	28.0	28.0	43.1
	5 Always	1886	56.8	56.9	100.0
	Total	3315	99.9	100.0	
Missing	System	3	0.1		
Total		3318	100.0		

Times ridden in a car or other vehicle driven by someone who had been drinking alcohol or was under the influence of drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2331	70.3	70.6	70.6
	2 1 time	296	8.9	9.0	79.6
	3 2 to 4 times	335	10.1	10.2	89.8
	4 5 or more times	338	10.2	10.2	100.0
	Total	3300	99.5	100.0	
Missing	System	18	0.5		
Total		3318	100.0		

Times driving a car or other vehicle after drinking alcohol or under the influence of drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I do not drive a car or other vehicle	1948	58.7	58.8	58.8
	2 0 times	1238	37.3	37.4	96.2
	3 1 time	53	1.6	1.6	97.8
	4 2 to 4 times	33	1.0	1.0	98.8
	5 5 or more times	39	1.2	1.2	100.0
	Total	3311	99.8	100.0	
Missing	System	7	0.2		
Total		3318	100.0		

Frequency of texting while driving

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I do not drive a car or other vehicle	2180	65.7	65.8	65.8
	2 I never text, post, or read messages while driving	706	21.3	21.3	87.1
	3 I sometimes text, post, or read messages while driving	331	10.0	10.0	97.1
	4 I frequently text, post, or read messages while driving	70	2.1	2.1	99.2
	5 I always text, post or read messages while driving	25	0.8	0.8	100.0
	Total	3312	99.8	100.0	
Missing	System	6	0.2		
Total		3318	100.0		

Frequency of carrying a weapon for self-protection outside of school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I never carry a weapon for self-protection outside of school	2626	79.1	79.3	79.3
	2 I have carried a weapon only 1 time	175	5.3	5.3	84.6
	3 I have carried a weapon 2 to 4 times	167	5.0	5.0	89.6
	4 I have carried a weapon 5 or more times	343	10.3	10.4	100.0
	Total	3311	99.8	100.0	
Missing	System	7	0.2		
Total		3318	100.0		

Frequency of carrying a weapon for self-protection to school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I never carry a weapon to school	3186	96.0	96.3	96.3
	2 I have carried a weapon only 1 time to school	61	1.8	1.8	98.1
	3 I have carried a weapon 2 to 4 times to school	26	0.8	0.8	98.9
	4 I have carried a weapon 5 or more times to school	37	1.1	1.1	100.0
	Total	3310	99.8	100.0	
Missing	System	8	0.2		
Total		3318	100.0		

Days did not go to school because felt unsafe

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	2303	69.4	69.6	69.6
	2 1 day	498	15.0	15.1	84.7
	3 2 to 4 days	355	10.7	10.7	95.4
	4 5 or more days	151	4.6	4.6	100.0
	Total	3307	99.7	100.0	
Missing	System	11	0.3		
Total		3318	100.0		

Times threatened with a weapon outside of school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2676	80.7	81.1	81.1
	2 1 time	250	7.5	7.6	88.7
	3 2 to 4 times	250	7.5	7.6	96.2
	4 5 or more times	124	3.7	3.8	100.0
	Total	3300	99.5	100.0	
Missing	System	18	0.5		
Total		3318	100.0		

Times threatened with a weapon at school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2933	88.4	88.7	88.7
	2 1 time	191	5.8	5.8	94.4
	3 2 to 4 times	136	4.1	4.1	98.5
	4 5 or more times	48	1.4	1.5	100.0
	Total	3308	99.7	100.0	
Missing	System	10	0.3		
Total		3318	100.0		

Times been in a physical fight outside of school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2328	70.2	70.4	70.4
	2 1 time	352	10.6	10.6	81.0
	3 2 to 4 times	392	11.8	11.9	92.9
	4 5 or more times	236	7.1	7.1	100.0
	Total	3308	99.7	100.0	
Missing	System	10	0.3		
Total		3318	100.0		

Times been in a physical fight at school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2735	82.4	82.6	82.6
	2 1 time	308	9.3	9.3	91.9
	3 2 to 4 times	205	6.2	6.2	98.0
	4 5 or more times	65	2.0	2.0	100.0
	Total	3313	99.8	100.0	
Missing	System	5	0.2		
Total		3318	100.0		

Times a parent or other adult who lives in your home slapped, punched, kicked, or shoved causing marks on body or injuries

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2632	79.3	80.0	80.0
	2 1 time	231	7.0	7.0	87.1
	3 2 to 4 times	251	7.6	7.6	94.7
	4 5 or more times	174	5.2	5.3	100.0
	Total	3288	99.1	100.0	
Missing	System	30	0.9		
Total		3318	100.0		

Times seen parents or other adults who live in home, engage in a physical fight

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2652	79.9	80.7	80.7
	2 1 time	247	7.4	7.5	88.2
	3 2 to 4 times	229	6.9	7.0	95.1
	4 5 or more times	160	4.8	4.9	100.0
	Total	3288	99.1	100.0	
Missing	System	30	0.9		
Total		3318	100.0		

Times seen mother (or other female guardian) shoved, slapped, kicked, or hit by her husband, boyfriend, or partner

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2824	85.1	86.0	86.0
	2 1 time	233	7.0	7.1	93.1
	3 2 to 4 times	126	3.8	3.8	96.9
	4 5 or more times	102	3.1	3.1	100.0
	Total	3285	99.0	100.0	
Missing	System	33	1.0		
Total		3318	100.0		

Times someone you were dating or going out with force you to do something sexual that you did not want to do

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have not dated or gone out with anyone	1113	33.5	33.9	33.9
	2 0 times	1738	52.4	52.9	86.7
	3 1 time	181	5.5	5.5	92.2
	4 2 to 4 times	155	4.7	4.7	96.9
	5 5 or more times	101	3.0	3.1	100.0
	Total	3288	99.1	100.0	
Missing	System	30	0.9		
Total		3318	100.0		

Times someone you were dating or going out with physically hurt you on purpose

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have not dated or gone out with anyone	1091	32.9	33.2	33.2
	2 0 times	1953	58.9	59.4	92.5
	3 1 time	111	3.3	3.4	95.9
	4 2 to 4 times	87	2.6	2.6	98.5
	5 5 or more times	48	1.4	1.5	100.0
	Total	3290	99.2	100.0	
Missing	System	28	0.8		
Total		3318	100.0		

Times anyone forced you to do something sexual that you did not want to do

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2668	80.4	81.2	81.2
	2 1 time	253	7.6	7.7	88.9
	3 2 to 4 times	227	6.8	6.9	95.8
	4 5 or more times	137	4.1	4.2	100.0
	Total	3285	99.0	100.0	
Missing	System	33	1.0		
Total		3318	100.0		

Times you forced someone to do something sexual they did not want to do

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	3243	97.7	98.2	98.2
	2 1 time	36	1.1	1.1	99.2
	3 2 to 4 times	14	0.4	0.4	99.7
	4 5 or more times	11	0.3	0.3	100.0
	Total	3304	99.6	100.0	
Missing	System	14	0.4		
Total		3318	100.0		

During this school year been bullied in person at school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	718	21.6	21.7	21.7
	2 No	2593	78.1	78.3	100.0
	Total	3311	99.8	100.0	
Missing	System	7	0.2		
Total		3318	100.0		

During the past 12 months, been electronically bullied

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	611	18.4	18.5	18.5
	2 No	2698	81.3	81.5	100.0
	Total	3309	99.7	100.0	
Missing	System	9	0.3		
Total		3318	100.0		

Frequency of extreme anxiety

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never experienced extreme anxiety.	1149	34.6	34.9	34.9
	2 I sometimes have extreme anxiety.	1121	33.8	34.0	68.9
	3 I frequently have extreme anxiety.	631	19.0	19.1	88.0
	4 I always have extreme anxiety.	395	11.9	12.0	100.0
	Total	3296	99.3	100.0	
Missing	System	22	0.7		
Total		3318	100.0		

If you experienced extreme anxiety, did it cause you to not go to school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never experienced extreme anxiety.	1681	50.7	51.7	51.7
	2 I did not go to school once due to extreme anxiety.	957	28.8	29.4	81.1
	3 I sometimes don't go to school due to extreme anxiety.	499	15.0	15.3	96.4
	4 I often don't go to school due to extreme anxiety.	117	3.5	3.6	100.0
	Total	3254	98.1	100.0	
Missing	System	64	1.9		
Total		3318	100.0		

Ever feel so sad or hopeless for two weeks or more that you stopped doing your usual activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1497	45.1	45.4	45.4
	2 No	1797	54.2	54.6	100.0
	Total	3294	99.3	100.0	
Missing	System	24	0.7		
Total		3318	100.0		

Engaged in acts of self-harm

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never engaged in acts of self-harm	2284	68.8	69.9	69.9
	2 I currently engage in acts of self-harm	322	9.7	9.9	79.7
	3 I used to engage in self-harm, but I have stopped	663	20.0	20.3	100.0
	Total	3269	98.5	100.0	
Missing	System	49	1.5		
Total		3318	100.0		

Seriously consider attempting suicide

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	762	23.0	23.4	23.4
	2 No	2498	75.3	76.6	100.0
	Total	3260	98.3	100.0	
Missing	System	58	1.7		
Total		3318	100.0		

Ever made a plan about how you would attempt suicide

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	773	23.3	23.7	23.7
	2 No	2488	75.0	76.3	100.0
	Total	3261	98.3	100.0	
Missing	System	57	1.7		
Total		3318	100.0		

Times attempted suicide

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	2827	85.2	86.4	86.4
	2 1 time	221	6.7	6.8	93.2
	3 2 to 4 times	176	5.3	5.4	98.5
	4 5 or more times	48	1.4	1.5	100.0
	Total	3272	98.6	100.0	
Missing	System	46	1.4		
Total		3318	100.0		

If you attempted suicide, do your parents or guardians know about your attempt

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never attempted suicide	12	0.4	2.7	2.7
	2 Yes	193	5.8	43.8	46.5
	3 No	236	7.1	53.5	100.0
	Total	441	13.3	100.0	
Missing	System	2877	86.7		
Total		3318	100.0		

Ever tried smoking a cigarette or other tobacco product, even one or two puffs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	554	16.7	16.8	16.8
	2 No	2741	82.6	83.2	100.0
	Total	3295	99.3	100.0	
Missing	System	23	0.7		
Total		3318	100.0		

Days in last 30 smoked a cigarette or other tobacco product

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	359	10.8	65.5	65.5
	2 1 or 2 days	74	2.2	13.5	79.0
	3 3 to 5 days	30	0.9	5.5	84.5
	4 6 to 9 days	14	0.4	2.6	87.0
	5 10 to 19 days	17	0.5	3.1	90.1
	6 20 to 29 days	9	0.3	1.6	91.8
	7 All 30 days	45	1.4	8.2	100.0
	Total	548	16.5	100.0	
Missing	System	2770	83.5		
Total		3318	100.0		

Used an electronic vapor product

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	905	27.3	27.5	27.5
	2 No	2384	71.9	72.5	100.0
	Total	3289	99.1	100.0	
Missing	System	29	0.9		
Total		3318	100.0		

Days in last 30 used an electronic vapor product that contained nicotine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	453	13.7	50.7	50.7
	2 1 or 2 days	149	4.5	16.7	67.3
	3 3 to 5 days	57	1.7	6.4	73.7
	4 6 to 9 days	45	1.4	5.0	78.7
	5 10 to 19 days	42	1.3	4.7	83.4
	6 20 to 29 days	31	0.9	3.5	86.9
	7 All 30 days	117	3.5	13.1	100.0
	Total	894	26.9	100.0	
Missing	System	2424	73.1		
Total		3318	100.0		

Days in last 30 used chewing tobacco, snuff, snus, dip, or dissolvable tobacco products or nicotine product

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	3204	96.6	97.4	97.4
	2 1 or 2 days	33	1.0	1.0	98.4
	3 3 to 5 days	14	0.4	0.4	98.8
	4 6 to 9 days	3	0.1	0.1	98.9
	5 10 to 19 days	8	0.2	0.2	99.2
	7 All 30 days	27	0.8	0.8	100.0
	Total	3289	99.1	100.0	
	Missing	System	29	0.9	
Total		3318	100.0		

In life, on how many different times have you had at least one drink of alcohol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never drunk alcohol	1789	53.9	54.3	54.3
	2 1 time	415	12.5	12.6	66.9
	3 2 to 4 times	508	15.3	15.4	82.4
	4 5 to 9 times	242	7.3	7.3	89.7
	5 10 or more times	339	10.2	10.3	100.0
	Total	3293	99.2	100.0	
Missing	System	25	0.8		
Total		3318	100.0		

Age of first drink of alcohol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never had a drink of alcohol (other than wine for religious purposes)	33	1.0	2.2	2.2
	2 10 years old or younger	349	10.5	23.2	25.4
	3 11 or 12 years old	321	9.7	21.4	46.8
	4 13 or 14 years old	427	12.9	28.4	75.2
	5 15 or 16 years old	309	9.3	20.6	95.8
	6 17 years old or older	63	1.9	4.2	100.0
	Total	1502	45.3	100.0	
Missing	System	1816	54.7		
Total		3318	100.0		

Days in last 30 had at least one drink of alcohol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	1038	31.3	69.0	69.0
	2 1 or 2 days	292	8.8	19.4	88.4
	3 3 to 5 days	103	3.1	6.8	95.3
	4 6 to 9 days	38	1.1	2.5	97.8
	5 10 to 19 days	14	0.4	0.9	98.7
	6 20 to 29 days	6	0.2	0.4	99.1
	7 All 30 days	13	0.4	0.9	100.0
	Total	1504	45.3	100.0	
Missing	System	1814	54.7		
Total		3318	100.0		

Lost consciousness (blacked-out) or not fully recalled events after drinking alcohol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never drunk alcohol	49	1.5	3.2	3.2
	2 1 time	134	4.0	8.9	12.1
	3 2 to 4 times	80	2.4	5.3	17.4
	4 5 to 9 times	20	0.6	1.3	18.7
	5 10 or more times	21	0.6	1.4	20.1
	6 0 times	1207	36.4	79.9	100.0
	Total	1511	45.5	100.0	
Missing	System	1807	54.5		
Total		3318	100.0		

In life, times used marijuana or THC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used marijuana or THC	2625	79.1	79.8	79.8
	2 1 time	139	4.2	4.2	84.0
	3 2 to 4 times	170	5.1	5.2	89.2
	4 5 to 9 times	76	2.3	2.3	91.5
	5 10 or more times	280	8.4	8.5	100.0
	Total	3290	99.2	100.0	
Missing	System	28	0.8		
Total		3318	100.0		

Age tried marijuana or THC for the first time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never tried marijuana or THC	2	0.1	0.3	0.3
	2 10 years old or younger	29	0.9	4.3	4.6
	3 11 or 12 years old	102	3.1	15.3	19.9
	4 13 or 14 years old	257	7.7	38.5	58.5
	5 15 or 16 years old	220	6.6	33.0	91.5
	6 17 years old or older	57	1.7	8.5	100.0
	Total	667	20.1	100.0	
Missing	System	2651	79.9		
Total		3318	100.0		

Days in last 30 used marijuana or THC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	314	9.5	47.1	47.1
	2 1 or 2 days	118	3.6	17.7	64.8
	3 3 to 5 days	60	1.8	9.0	73.8
	4 6 to 9 days	43	1.3	6.4	80.2
	5 10 to 19 days	42	1.3	6.3	86.5
	6 20 to 29 days	29	0.9	4.3	90.9
	7 All 30 days	61	1.8	9.1	100.0
	Total	667	20.1	100.0	
Missing	System	2651	79.9		
Total		3318	100.0		

In life, times used any form of cocaine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used cocaine in any form	3245	97.8	98.6	98.6
	2 1 time	22	0.7	0.7	99.3
	3 2 to 4 times	8	0.2	0.2	99.5
	4 5 to 9 times	3	0.1	0.1	99.6
	5 10 or more times	13	0.4	0.4	100.0
	Total	3291	99.2	100.0	
Missing	System	27	0.8		
Total		3318	100.0		

In life, times sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times- I have never sniffed or breathed the contents of any product to get high	3126	94.2	95.2	95.2
	2 1 or 2 times	89	2.7	2.7	98.0
	3 3 to 5 times	26	0.8	0.8	98.8
	4 6 to 9 times	9	0.3	0.3	99.0
	5 10 or more times	32	1.0	1.0	100.0
	Total	3282	98.9	100.0	
Missing	System	36	1.1		
Total		3318	100.0		

In life, times used heroin or fentanyl

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used heroin or fentanyl	3248	97.9	99.0	99.0
	2 1 time	15	0.5	0.5	99.5
	3 2 to 4 times	7	0.2	0.2	99.7
	5 10 or more times	11	0.3	0.3	100.0
	Total	3281	98.9	100.0	
Missing	System	37	1.1		
Total		3318	100.0		

In life, times used methamphetamines

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used methamphetamines	3237	97.6	98.9	98.9
	2 1 or 2 times	16	0.5	0.5	99.4
	3 3 to 5 times	1	0.0	0.0	99.4
	4 6 to 9 times	3	0.1	0.1	99.5
	5 10 or more times	16	0.5	0.5	100.0
	Total	3273	98.6	100.0	
Missing	System	45	1.4		
Total		3318	100.0		

In life, times used ecstasy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used ecstasy	3227	97.3	99.0	99.0
	2 1 time	9	0.3	0.3	99.2
	3 2 to 4 times	7	0.2	0.2	99.4
	4 5 to 9 times	3	0.1	0.1	99.5
	5 10 or more times	15	0.5	0.5	100.0
	Total	3261	98.3	100.0	
Missing	System	57	1.7		
Total		3318	100.0		

In life, times used hallucinogenic drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used hallucinogenic drugs	3151	95.0	96.3	96.3
	2 1 time	55	1.7	1.7	98.0
	3 2 to 4 times	38	1.1	1.2	99.1
	4 5 to 9 times	13	0.4	0.4	99.5
	5 10 or more times	15	0.5	0.5	100.0
	Total	3272	98.6	100.0	
Missing	System	46	1.4		
Total		3318	100.0		

In life, times used synthetic marijuana

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times- I have never used synthetic marijuana	3169	95.5	96.9	96.9
	2 1 time	51	1.5	1.6	98.4
	3 2 to 4 times	29	0.9	0.9	99.3
	4 5 to 9 times	7	0.2	0.2	99.5
	5 10 or more times	16	0.5	0.5	100.0
	Total	3272	98.6	100.0	
Missing	System	46	1.4		
Total		3318	100.0		

In life, times taken steroid pills or shots without a doctor's prescription

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times-I have never used steroids without a prescription	3221	97.1	98.4	98.4
	2 1 time	25	0.8	0.8	99.2
	3 2 to 4 times	12	0.4	0.4	99.6
	4 5 to 9 times	2	0.1	0.1	99.6
	5 10 or more times	12	0.4	0.4	100.0
	Total	3272	98.6	100.0	
Missing	System	46	1.4		
Total		3318	100.0		

In life, times taken prescription pills without a doctor's prescription or differently than how a doctor told you to use it

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times- I have never used prescription pills without a prescription	3062	92.3	93.6	93.6
	2 1 time	79	2.4	2.4	96.1
	3 2 to 4 times	61	1.8	1.9	97.9
	4 5 to 9 times	29	0.9	0.9	98.8
	5 10 or more times	39	1.2	1.2	100.0
	Total	3270	98.6	100.0	
Missing	System	48	1.4		
Total		3318	100.0		

In life, times used a needle to inject any illegal drug into your body

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	3252	98.0	99.2	99.2
	2 1 time	12	0.4	0.4	99.6
	3 2 to 4 times	5	0.2	0.2	99.7
	5 5 to 9 times	1	0.0	0.0	99.8
	6 10 or more times	8	0.2	0.2	100.0
	Total	3278	98.8	100.0	
Missing	System	40	1.2		
Total		3318	100.0		

Anyone offered, sold, or given you an illegal drug outside of school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	691	20.8	21.1	21.1
	2 No	2580	77.8	78.9	100.0
	Total	3271	98.6	100.0	
Missing	System	47	1.4		
Total		3318	100.0		

Anyone offered, sold, or given you an illegal drug at school or on a school bus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	531	16.0	16.2	16.2
	2 No	2742	82.6	83.8	100.0
	Total	3273	98.6	100.0	
Missing	System	45	1.4		
Total		3318	100.0		

Anyone who lives in home now use illegal drugs, excessively use alcohol or abuse prescription pills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	205	6.2	6.3	6.3
	2 No	3061	92.3	93.7	100.0
	Total	3266	98.4	100.0	
Missing	System	52	1.6		
Total		3318	100.0		

Anyone who lives now or did live in home, been sent to jail or prison for illegal drug use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	318	9.6	9.7	9.7
	2 No	2951	88.9	90.3	100.0
	Total	3269	98.5	100.0	
Missing	System	49	1.5		
Total		3318	100.0		

Received photos or videos of someone in which the person had exposed private parts of their body

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1253	37.8	38.3	38.3
	2 No	2018	60.8	61.7	100.0
	Total	3271	98.6	100.0	
Missing	System	47	1.4		
Total		3318	100.0		

Sent photos or videos of yourself to anyone in which you were exposing private parts of your body

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	485	14.6	14.9	14.9
	2 No	2773	83.6	85.1	100.0
	Total	3258	98.2	100.0	
Missing	System	60	1.8		
Total		3318	100.0		

Watched pornography

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1148	34.6	35.7	35.7
	2 No	2066	62.3	64.3	100.0
	Total	3214	96.9	100.0	
Missing	System	104	3.1		
Total		3318	100.0		

Age when first watched pornography

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 11 years old or younger	457	13.8	41.5	41.5
	3 12 years old	230	6.9	20.9	62.5
	4 13 years old	202	6.1	18.4	80.8
	5 14 years old	116	3.5	10.5	91.4
	6 15 years old	56	1.7	5.1	96.5
	7 16 years old	28	0.8	2.5	99.0
	8 17 years old or older	11	0.3	1.0	100.0
	Total	1100	33.2	100.0	
Missing	System	2218	66.8		
Total		3318	100.0		

Engaged in sexual intercourse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	599	18.1	18.5	18.5
	2 No	2645	79.7	81.5	100.0
	Total	3244	97.8	100.0	
Missing	System	74	2.2		
Total		3318	100.0		

Age first engaged in sexual intercourse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 11 years old or younger	43	1.3	7.3	7.3
	3 12 years old	30	0.9	5.1	12.4
	4 13 years old	67	2.0	11.4	23.9
	5 14 years old	104	3.1	17.7	41.6
	6 15 years old	157	4.7	26.7	68.3
	7 16 years old	111	3.3	18.9	87.2
	8 17 years old or older	75	2.3	12.8	100.0
	Total	587	17.7	100.0	
Missing	System	2731	82.3		
Total		3318	100.0		

Number of persons have you had sexual intercourse with

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never had sexual intercourse	3	0.1	0.5	0.5
	2 1 person	284	8.6	48.7	49.2
	3 2 persons	125	3.8	21.4	70.7
	4 3 persons	73	2.2	12.5	83.2
	5 4 persons	38	1.1	6.5	89.7
	6 5 or more persons	60	1.8	10.3	100.0
	Total	583	17.6	100.0	
Missing	System	2735	82.4		
Total		3318	100.0		

Last time you had sexual intercourse, did you or your partner use a condom

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never had sexual intercourse	2	0.1	0.3	0.3
	2 Yes	314	9.5	53.6	53.9
	3 No	270	8.1	46.1	100.0
	Total	586	17.7	100.0	
Missing	System	2732	82.3		
Total		3318	100.0		

Last time you had sexual intercourse, method used to prevent pregnancy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never had sexual intercourse	2	0.1	0.3	0.3
	2 No method was used to prevent pregnancy	106	3.2	18.2	18.5
	3 Birth control pills	116	3.5	19.9	38.4
	4 Condoms	240	7.2	41.2	79.6
	5 An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)	23	0.7	3.9	83.5
	6 A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)	16	0.5	2.7	86.3
	7 Withdrawal or some other method	53	1.6	9.1	95.4
	8 Not sure	27	0.8	4.6	100.0
	Total	583	17.6	100.0	
Missing	System	2735	82.4		
Total		3318	100.0		

Age first engaged in oral sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never had oral sex	2605	78.5	81.1	81.1
	2 11 years old or younger	53	1.6	1.7	82.8
	3 12 years old	38	1.1	1.2	84.0
	4 13 years old	77	2.3	2.4	86.4
	5 14 years old	108	3.3	3.4	89.7
	6 15 years old	159	4.8	5.0	94.7
	7 16 years old	118	3.6	3.7	98.3
	8 17 years old or older	53	1.6	1.7	100.0
	Total	3211	96.8	100.0	
Missing	System	107	3.2		
Total		3318	100.0		

In life, with whom have you had sexual contact

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I have never had sexual contact	2135	64.3	66.1	66.1
	2 Females	536	16.2	16.6	82.6
	3 Males	402	12.1	12.4	95.1
	4 Females and males	159	4.8	4.9	100.0
	Total	3232	97.4	100.0	
Missing	System	86	2.6		
Total		3318	100.0		

Sexuality

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Heterosexual (straight)	2361	71.2	72.9	72.9
	2 Gay or Lesbian	94	2.8	2.9	75.8
	3 Bisexual	347	10.5	10.7	86.5
	4 Not Sure	223	6.7	6.9	93.4
	5 Prefer to provide own description	51	1.5	1.6	94.9
	6 Prefer not to answer	26	0.8	0.8	95.7
	7 Asexual/aromantic	20	0.6	0.6	96.4
	8 Omnisexual	18	0.5	0.6	96.9
	9 Pansexual	75	2.3	2.3	99.2
	10 Queer	15	0.5	0.5	99.7
	11 Fluid/Don't care/Don't label	10	0.3	0.3	100.0
	Total	3240	97.6	100.0	
Missing	System	78	2.4		
Total		3318	100.0		

In past 7 days, times drank 100% fruit juices

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not drink 100% fruit juice during the past 7 days	1094	33.0	33.3	33.3
	2 1 to 3 times during the past 7 days	1506	45.4	45.9	79.2
	3 4 to 6 times during the past 7 days	424	12.8	12.9	92.1
	4 7 or more times during the past 7 days	258	7.8	7.9	100.0
	Total	3282	98.9	100.0	
Missing	System	36	1.1		
Total		3318	100.0		

In past 7 days, times eaten fruit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not eat fruit during the past 7 days	523	15.8	16.0	16.0
	2 1 to 3 times during the past 7 days	1496	45.1	45.7	61.7
	3 4 to 6 times during the past 7 days	789	23.8	24.1	85.9
	4 7 or more times during the past 7 days	462	13.9	14.1	100.0
	Total	3270	98.6	100.0	
Missing	System	48	1.4		
Total		3318	100.0		

In past 7 days, times eaten vegetables

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not eat vegetables during the past 7 days	453	13.7	13.9	13.9
	2 1 to 3 times during the past 7 days	1309	39.5	40.0	53.9
	3 4 to 6 times during the past 7 days	974	29.4	29.8	83.7
	4 7 or more times during the past 7 days	533	16.1	16.3	100.0
	Total	3269	98.5	100.0	
Missing	System	49	1.5		
Total		3318	100.0		

In past 7 days, times drank a high energy drink

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not drink a high energy drink during the past 7 days	2358	71.1	72.0	72.0
	2 1 to 3 times during the past 7 days	662	20.0	20.2	92.2
	3 4 to 6 times during the past 7 days	150	4.5	4.6	96.8
	4 7 or more times during the past 7 days	104	3.1	3.2	100.0
	Total	3274	98.7	100.0	
Missing	System	44	1.3		
Total		3318	100.0		

In past 7 days, times drank soda

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not drink soda or pop during the past 7 days	682	20.6	20.8	20.8
	2 1 to 3 times during the past 7 days	1584	47.7	48.4	69.2
	3 4 to 6 times during the past 7 days	647	19.5	19.7	88.9
	4 7 or more times during the past 7 days	363	10.9	11.1	100.0
	Total	3276	98.7	100.0	
Missing	System	42	1.3		
Total		3318	100.0		

In past 7 days, times drank a plain water

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not drink water during the past 7 days	130	3.9	4.0	4.0
	2 1 to 3 times during the past 7 days	457	13.8	14.0	18.0
	3 4 to 6 times during the past 7 days	622	18.7	19.0	37.0
	4 7 or more times during the past 7 days	2059	62.1	63.0	100.0
	Total	3268	98.5	100.0	
Missing	System	50	1.5		
Total		3318	100.0		

In past 7 days, number of glasses of milk drank

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not drink milk during the past 7 days	1215	36.6	37.1	37.1
	2 1 to 3 glasses during the past 7 days	1239	37.3	37.8	74.9
	3 4 to 6 glasses during the past 7 days	486	14.6	14.8	89.8
	4 7 or more glasses during the past 7 days	335	10.1	10.2	100.0
	Total	3275	98.7	100.0	
Missing	System	43	1.3		
Total		3318	100.0		

In past 7 days, how often did you eat food from a “fast food” restaurant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I did not eat fast food during the past 7 days	609	18.4	18.6	18.6
	2 1 to 3 times during the past 7 days	2081	62.7	63.6	82.2
	3 4 to 6 times during the past 7 days	453	13.7	13.8	96.0
	4 7 or more times during the past 7 days	130	3.9	4.0	100.0
	Total	3273	98.6	100.0	
Missing	System	45	1.4		
Total		3318	100.0		

In past 7 days, number of days ate breakfast

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	587	17.7	17.9	17.9
	2 1 day	284	8.6	8.7	26.6
	3 2 days	389	11.7	11.9	38.4
	4 3 days	354	10.7	10.8	49.3
	5 4 days	311	9.4	9.5	58.7
	6 5 days	298	9.0	9.1	67.8
	7 6 days	206	6.2	6.3	74.1
	8 7 days	848	25.6	25.9	100.0
	Total	3277	98.8	100.0	
Missing	System	41	1.2		
Total		3318	100.0		

In past 7 days, number of days ate dinner

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	76	2.3	2.3	2.3
	2 1 day	33	1.0	1.0	3.3
	3 2 days	67	2.0	2.0	5.4
	4 3 days	144	4.3	4.4	9.8
	5 4 days	192	5.8	5.9	15.6
	6 5 days	326	9.8	9.9	25.6
	7 6 days	345	10.4	10.5	36.1
	8 7 days	2094	63.1	63.9	100.0
	Total	3277	98.8	100.0	
Missing	System	41	1.2		
Total		3318	100.0		

Any foods allergic to

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	498	15.0	15.2	15.2
	2 No	2277	68.6	69.4	84.6
	3 Not sure	505	15.2	15.4	100.0
	Total	3280	98.9	100.0	
Missing	System	38	1.1		
Total		3318	100.0		

In past 7 days, days physically active for a total of at least 60 minutes per day

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	434	13.1	13.3	13.3
	2 1 day	202	6.1	6.2	19.5
	3 2 days	278	8.4	8.5	28.1
	4 3 days	421	12.7	12.9	41.0
	5 4 days	407	12.3	12.5	53.5
	6 5 days	441	13.3	13.5	67.0
	7 6 days	218	6.6	6.7	73.7
	8 7 days	856	25.8	26.3	100.0
	Total	3257	98.2	100.0	
Missing	System	61	1.8		
Total		3318	100.0		

In past 7 days, days did exercises to strengthen or tone muscles

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	1110	33.5	34.0	34.0
	2 1 day	267	8.0	8.2	42.2
	3 2 days	329	9.9	10.1	52.3
	4 3 days	390	11.8	12.0	64.3
	5 4 days	314	9.5	9.6	73.9
	6 5 days	272	8.2	8.3	82.3
	7 6 days	129	3.9	4.0	86.2
	8 7 days	449	13.5	13.8	100.0
	Total	3260	98.3	100.0	
Missing	System	58	1.7		
Total		3318	100.0		

On an average school day, number of hours watch or stream TV shows or movies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I do not watch or stream TV or movies on an average school day	409	12.3	12.5	12.5
	2 Less than 1 hour per day	466	14.0	14.3	26.8
	3 1-2 hours per day	1023	30.8	31.3	58.1
	4 3-4 hours per day	870	26.2	26.7	84.8
	5 5 or more hours per day	496	14.9	15.2	100.0
	Total	3264	98.4	100.0	
Missing	System	54	1.6		
Total		3318	100.0		

On an average school day, number of hours play computer games, post and read messages or view pictures and short videos on social media

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I do not play video or computer games or use a computer for something that is not school work	372	11.2	11.4	11.4
	2 Less than 1 hour per day	356	10.7	10.9	22.3
	3 1-2 hours per day	611	18.4	18.7	41.1
	4 3-4 hours per day	898	27.1	27.6	68.6
	5 5 or more hours per day	1022	30.8	31.4	100.0
	Total	3259	98.2	100.0	
Missing	System	59	1.8		
Total		3318	100.0		

\$access Frequencies

		Responses		Percent of Cases
		N	Percent	
\$access Internet Access ^a	A79_1 Internet options available at home- No access	108	2.2%	3.4%
	A79_2 Internet options available at home- DSL	70	1.5%	2.2%
	A79_3 Internet options available at home- Cable Modem	690	14.3%	21.4%
	A79_4 Internet options available at home- Fiber	139	2.9%	4.3%
	A79_5 Internet options available at home- Mobile Phone/ Hot Spot	1417	29.4%	44.0%
	A79_6 Internet options available at home- Satellite	624	13.0%	19.4%
	A79_7 Internet options available at home- Not sure which	1770	36.7%	55.0%
Total		4818	100.0%	149.6%

a. Dichotomy group tabulated at value 1.

Parent or guardian monitors or controls internet access or cell phone use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1200	36.2	36.9	36.9
	2 No	1627	49.0	50.1	87.0
	3 Not sure	422	12.7	13.0	100.0
	Total	3249	97.9	100.0	
Missing	System	69	2.1		
Total		3318	100.0		

In past 12 months, number of sports teams played on

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 teams	1787	53.9	54.9	54.9
	2 1 team	637	19.2	19.6	74.4
	3 2 teams	436	13.1	13.4	87.8
	4 3 or more teams	396	11.9	12.2	100.0
	Total	3256	98.1	100.0	
Missing	System	62	1.9		
Total		3318	100.0		

In the past 30 days, frequency engaged in recreational activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	537	16.2	16.5	16.5
	2 1-3 times	932	28.1	28.6	45.1
	3 4-7 times	588	17.7	18.0	63.1
	4 8 or more times	445	13.4	13.7	76.7
	5 Almost every day	758	22.8	23.3	100.0
	Total	3260	98.3	100.0	
Missing	System	58	1.7		
Total		3318	100.0		

On an average school night, number of hours of sleep

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 4 or less hours	358	10.8	11.0	11.0
	2 5 hours	463	14.0	14.2	25.1
	3 6 hours	807	24.3	24.7	49.8
	4 7 hours	814	24.5	24.9	74.7
	5 8 hours	620	18.7	19.0	93.7
	6 9 hours	141	4.2	4.3	98.0
	7 10 or more hours	64	1.9	2.0	100.0
	Total	3267	98.5	100.0	
Missing	System	51	1.5		
Total		3318	100.0		

In the past 12 months, number of times sunburned

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 times	1514	45.6	46.5	46.5
	2 1 time	503	15.2	15.4	61.9
	3 2 times	480	14.5	14.7	76.7
	4 3 times	310	9.3	9.5	86.2
	5 4 times	136	4.1	4.2	90.4
	6 5 or more times	314	9.5	9.6	100.0
	Total	3257	98.2	100.0	
Missing	System	61	1.8		
Total		3318	100.0		

Last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 During the past 12 months	2226	67.1	68.6	68.6
	2 Between 12 and 24 months ago	332	10.0	10.2	78.8
	3 More than 24 months ago	189	5.7	5.8	84.6
	4 Never	76	2.3	2.3	87.0
	5 Not sure	423	12.7	13.0	100.0
	Total	3246	97.8	100.0	
Missing	System	72	2.2		
Total		3318	100.0		

Last time had a physical exam by a medical professional

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 During the past 12 months	1834	55.3	56.5	56.5
	2 Between 12 and 24 months ago	487	14.7	15.0	71.5
	3 More than 24 months ago	228	6.9	7.0	78.6
	4 Never	124	3.7	3.8	82.4
	5 Not sure	571	17.2	17.6	100.0
	Total	3244	97.8	100.0	
Missing	System	74	2.2		
Total		3318	100.0		

Last time had a counseling or therapy session with a mental health professional outside of school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 During the past 12 months	544	16.4	16.8	16.8
	2 Between 12 and 24 months ago	139	4.2	4.3	21.1
	3 More than 24 months ago	300	9.0	9.3	30.4
	4 Never	1942	58.5	60.0	90.3
	5 Not sure	313	9.4	9.7	100.0
	Total	3238	97.6	100.0	
Missing	System	80	2.4		
Total		3318	100.0		

Feelings about current weight

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I feel good about my current weight and want to maintain it.	1075	32.4	33.3	33.3
	2 I need to lose a few pounds (5 pounds or less).	530	16.0	16.4	49.8
	3 I need to lose several pounds (6 to 10 pounds).	451	13.6	14.0	63.8
	4 I need to lose many pounds (11 pounds or more).	711	21.4	22.0	85.8
	5 I need to gain weight.	458	13.8	14.2	100.0
	Total	3225	97.2	100.0	
Missing	System	93	2.8		
Total		3318	100.0		

Feelings about how your body looks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 I feel good about how my body looks nearly all the time.	783	23.6	24.2	24.2
	2 I feel good about how my body looks most of the time.	955	28.8	29.5	53.7
	3 I feel bad about how my body looks sometimes.	765	23.1	23.7	77.4
	4 I feel bad about how my body looks most of the time.	357	10.8	11.0	88.4
	5 I feel bad about how my body looks nearly all the time.	374	11.3	11.6	100.0
	Total	3234	97.5	100.0	
Missing	System	84	2.5		
Total		3318	100.0		