

For distribution

**2009 New York City  
Youth Risk Behavior Survey  
( NYC YRBS)**

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## **2009 Youth Risk Behavior Survey High School Questionnaire**

**This survey is about health behaviors. 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 develop better 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 circles on the answer sheet completely. When you are finished, follow the instructions of the person giving you the survey.**

***Thank you very much for your help.***

**Directions**

- o Use a #2 pencil only.
- o Make dark marks.
- o Fill in a response like this: A B ● D.
- o 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	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

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		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. In what country was your mother or mother figure born? (Mother or mother figure refers to the person **you live with** and who acts in that role.)

- A. United States
- B. China
- C. Dominican Republic
- D. Jamaica
- E. Mexico
- F. Puerto Rico
- G. Other
- H. I do not live with my mother or mother figure

9. In what country was your father or father figure born? (Father or father figure refers to the person **you live with** and who acts in that role.)

- A. United States
- B. China
- C. Dominican Republic
- D. Jamaica
- E. Mexico
- F. Puerto Rico
- G. Other
- H. I do not live with my father or father figure

10. How long have you lived in the US?

- A. Less than one year
- B. 1 to 3 years
- C. 4 to 6 years
- D. 7 or more years

11. What borough of New York do you **live** in?

- A. Bronx
- B. Brooklyn
- C. Manhattan
- D. Queens
- E. Staten Island

12. How often do the people in your home speak a language other than English?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

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

13. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

- A. I did not ride a bicycle during the past 12 months
- B. Never wore a helmet
- C. Rarely wore a helmet
- D. Sometimes wore a helmet
- E. Most of the time wore a helmet
- F. Always wore a helmet

14. How often do you wear a seat belt when **riding in** a car driven by someone else?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

15. During the past 30 days, how many times did you **drive** a car or other vehicle **when you 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

**The next 9 questions ask about violence-related behaviors.**

16. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- 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 30 days, on how many days did you carry **a gun**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
18. 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
19. 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
20. 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
21. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
22. 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
23. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
  - B. No
24. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**The next 2 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.**

25. During the past 12 months, have you ever been bullied on school property?

- A. Yes
- B. No

26. During the past 12 months, have you ever been **electronically bullied**, such as through e-mail, chat rooms, instant messaging, Web sites, or text messaging?

- A. Yes
- B. No

**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.**

27. 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

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

- A. Yes
- B. No

29. 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

30. **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 11 questions ask about tobacco use.**

31. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

32. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- 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

33. 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

34. 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

35. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, or gas station
  - C. I bought them on the Internet
  - D. I bummed them
  - E. Someone gave them to me or bought them for me
  - F. I stole them
  - G. I got them some other way
36. When you bought or tried to buy cigarettes during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy cigarettes in a store during the past 30 days
  - B. Yes, I was asked to show proof of age
  - C. No, I was not asked to show proof of age
37. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- 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
38. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
39. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
  - B. Yes
  - C. No
40. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 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
41. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
- The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**
42. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older

43. 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
44. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
45. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way

**The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.**

46. During your life, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
47. 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
48. 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 8 questions ask about other drugs.**

49. 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

50. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
51. 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
52. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 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
53. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
54. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
55. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
56. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
  - B. No
- The next 15 questions ask about sexual behavior.**
57. Have you ever had sexual intercourse?
- A. Yes
  - B. No
58. 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

59. During your life, with how many people have you had sexual intercourse?
- I have never had sexual intercourse
  - 1 person
  - 2 people
  - 3 people
  - 4 people
  - 5 people
  - 6 or more people
60. During the past 3 months, with how many people did you have sexual intercourse?
- I have never had sexual intercourse
  - I have had sexual intercourse, but not during the past 3 months
  - 1 person
  - 2 people
  - 3 people
  - 4 people
  - 5 people
  - 6 or more people
61. During the past 30 days, how many times have you had sexual intercourse?
- 0 times
  - 1 to 3 times
  - 4 to 7 times
  - 8 or more times
62. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- I have never had sexual intercourse
  - Yes
  - No
63. The **last time** you had sexual intercourse, did you or your partner use a condom?
- I have never had sexual intercourse
  - Yes
  - No
64. 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
  - No method was used to prevent pregnancy
  - Birth control pills
  - Condoms
  - Depo-Provera (injectable birth control)
  - Withdrawal
  - Some other method
  - Not sure
65. If you used some **other** method the **last time** you had sexual intercourse, what one other birth control method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- I have never had sexual intercourse
  - The Patch (Ortho-Evra™)
  - The Ring (Nuva Ring™)
  - The IUD (intrauterine device)
  - Implanon™ (implantable birth control)
  - Emergency Contraception (EC) or the Morning After Pill
  - I did not use any of these methods the last time I had sexual intercourse
  - Not sure
66. The last time you used birth control, from where did you or your partner get it?
- I have never used birth control
  - Hospital
  - School-based health center (school clinic or somewhere else at school)
  - Doctor's office (not in a hospital)
  - Pharmacy or Botanica or bodega
  - Community health center or clinic
  - Someplace else
  - Not sure

67. 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

68. During the past 12 months, have you been pregnant or gotten someone pregnant?

- A. Yes
- B. No
- C. Not sure

69. Have you or your partner ever used emergency contraceptive pills, sometimes called morning after pills or Plan B?

- A. Yes
- B. No
- C. Not sure

70. 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

71. Which of the following best describes you?

- A. Heterosexual or straight
- B. Gay or lesbian
- C. Bisexual
- D. Not sure

**The next 5 questions ask about body weight.**

72. How do **you** describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

73. Which of the following are you trying to do about your weight?

- A. **Lose** weight
- B. **Gain** weight
- C. **Stay** the same weight
- D. I am **not trying to do anything** about my weight

74. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

75. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

76. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

**The next 7 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.**

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

- A. I did not drink 100% fruit juice during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

78. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
79. During the past 7 days, how many times did you eat vegetables such as green salad, carrots, green beans, or other vegetables? (Do **not** count potatoes.)
- A. I did not eat vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
80. During the past 7 days, how many times did you eat french fries, fried potatoes, or potato chips?
- A. I did not eat french fries, fried potatoes, or potato chips during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
81. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
82. During the past 7 days, how many times did you drink other sweetened drinks such as sports drinks, fruit punch, other fruit-flavored drinks, or chocolate or other flavored milk? (Do **not** count diet or sugar free drinks.)
- A. I did not drink other sweetened drinks during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
83. What kind of milk do you **usually** drink? (Select only **one** response.)
- A. I do not drink milk
  - B. Whole milk
  - C. 2% milk or reduced fat milk
  - D. 1% milk or low-fat milk
  - E. Skim milk or non-fat milk
  - F. Soy milk
  - G. Not sure

**The next 9 questions ask about physical activity.**

84. During the last week you were in school, on how many days did you walk or bike to school or walk or bike to public transportation to get to school?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 or more days
85. If you regularly walk or bike to school or walk or bike to public transportation to get to school, which do you do the most of?
- A. I do not regularly walk or bike to school or walk or bike to public transportation to get to school
  - B. I mostly walk to school
  - C. I mostly bike to school
  - D. I mostly walk to public transportation to get to school
  - E. I mostly bike to public transportation to get to school
86. In the past 12 months, how often have you ridden a bicycle in one of the five boroughs of New York City?
- A. Never
  - B. A few times a year
  - C. At least once a month
  - D. Several times a month
87. 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 spend in any kind of physical activity that increases your heart rate and makes 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
88. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
89. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day

90. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

91. During an average physical education (PE) class, how many minutes do you spend actually exercising in a way that makes you sweat or breathe hard, or playing sports that make you sweat or breathe hard?

- A. I do not take PE
- B. Less than 10 minutes
- C. 10 to 20 minutes
- D. 21 to 30 minutes
- E. 31 to 40 minutes
- F. 41 to 50 minutes
- G. 51 to 60 minutes
- H. More than 60 minutes

92. During the past 12 months, on how many sports teams did you play? (Include 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 7 questions ask about other health-related topics.**

93. 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

94. Has a doctor or nurse ever told you that you have asthma?

- A. Yes
- B. No
- C. Not sure

95. During the past 12 months, have you had an episode of asthma or an asthma attack?

- A. I have never had asthma
- B. Yes
- C. No
- D. Not sure

96. The last time you needed to see a doctor or get advice (counseling) on a sexual, physical, or mental health problem where did you go?

- A. I have never needed to see a doctor or get advice on a sexual, physical, or mental health problem
- B. I needed to, but did not go anywhere the last time
- C. Family planning center (such as planned parenthood)
- D. Private doctor's office
- E. Public health clinic, health center, or community health center
- F. Hospital or emergency room
- G. School-based health center (school clinic)
- H. Other

97. Have you ever used the school-based health center (school clinic) at your school?

- A. My school does not have a school-based health center
- B. Yes
- C. No

98. During the **past 12 months**, how many times have you gone to the emergency room for medical care?
- A. 0 times
  - B. 1 to 2 times
  - C. 3 to 5 times
  - D. 6 to 10 times
  - E. 11 to 20 times
  - F. 20 or more times

99. Do you agree or disagree that you feel connected to at least one teacher or other adult in this school you can talk to if you have a problem?
- 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.**