# High School

## Spring 2013 Maryland

# Youth Tobacco and Risk Behavior Survey

**(MD2013H-YTRBS)**

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

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

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

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

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

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

**Directions**

- **Use a #2 pencil only.**
- **Make dark marks.**
- **Fill in a response like this: A B ● D.**
- **If you change your answer, erase your old answer completely.**

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

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

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

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

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

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

Example

| Height | |
|---|---|
| **Feet** | **Inches** |
| ***5*** | ***7*** |
| ③ | ⓪ |
| ④ | ① |
| ● | ② |
| ⑥ | ③ |
| ⑦ | ④ |
| | ⑤ |
| | ⑥ |
| | ● |
| | ⑧ |
| | ⑨ |
| | 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*** |
| ⓪ | ⓪ | ⓪ |
| ● | ① | ① |
| ② | ② | ● |
| ③ | ③ | ③ |
| | ④ | ④ |
| | ● | ⑤ |
| | ⑥ | ⑥ |
| | ⑦ | ⑦ |
| | ⑧ | ⑧ |
| | ⑨ | ⑨ |

**The next 4 questions ask about safety.**

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

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

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

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

**The next 8 questions ask about violence-related behaviors.**

12. 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

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

14. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
   A. 0 days
   B. 1 day
   C. 2 or 3 days
   D. 4 or 5 days
   E. 6 or more days

15. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or 7 times
   F. 8 or 9 times
   G. 10 or 11 times
   H. 12 or more times

16. During the past 12 months, how many times were you in a physical fight **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

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

18. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
   A. I did not date or go out with anyone during the past 12 months
   B. 0 times
   C. 1 time
   D. 2 to 3 times
   E. 4 to 5 times
   F. 6 or more times

19. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
   A. I did not date or go out with anyone during the past 12 months
   B. 0 times
   C. 1 time
   D. 2 to 3 times
   E. 4 to 5 times
   F. 6 or more times

**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.**

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

21. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
   A. Yes
   B. No

**The next 3 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.**

22. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
   A. Yes
   B. No

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

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

**The next 4 questions ask about any tobacco use. This could include use of cigarettes, smokeless tobacco, cigars, or any other product that includes tobacco.**

25. During the past 12 months, did you try or use **any tobacco products** for the first time?
    A. Yes
    B. No

26. During the past 12 months, did you **quit using all tobacco products**?
    A. I did not use any tobacco products during the past 12 months
    B. Yes, I quit using all tobacco products during the past 12 months
    C. No, I did not quit using all tobacco products during the past 12 months

27. During the past 30 days, which flavored tobacco products (such as fruit flavored, candy flavored, spice flavored, or alcoholic drink flavored.) did you use? (Do not count menthol cigarettes.)
    A. None
    B. Only flavored cigars, cigarillos, or little cigars
    C. Only flavored smokeless tobacco products
    D. Both flavored cigar products and flavored smokeless tobacco products

28. During the past 30 days, what tobacco product flavor did you use most often?
    A. I did not use a flavored tobacco product during the past 30 days
    B. Fruit flavored
    C. Candy or dessert flavored
    D. Spice flavored, such as vanilla or cinnamon
    E. Alcoholic beverage flavored
    F. Mint of wintergreen flavored
    G. Some other flavor

**The next 7 questions ask only about cigarette use.**

29. 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

30. About how many cigarettes have you smoked in your entire life?
    A. None
    B. 1 or more puffs but never a whole cigarette
    C. 1 cigarette
    D. 2 to 5 cigarettes
    E. 6 to 15 cigarettes (about ½ pack total)
    F. 16 to 25 cigarettes (about 1 pack total)
    G. 26 to 99 cigarettes (more than 1 pack but less than 5 packs)
    H. 100 or more cigarettes (5 or more packs)

31. 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

32. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, did you **usually** smoke menthol cigarettes?
    A. I did not smoke cigarettes during the past 30 days
    B. Yes
    C. No
    D. Not sure

33. 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, discount store, or gas station
   C. I bought them from a vending machine
   D. I gave someone else money to buy them for me
   E. I borrowed (or bummed) them from someone else
   F. A person 18 years old or older gave them to me
   G. I took them from a store or family member
   H. I got them some other way

34. When you bought or tried to buy cigarettes in a store 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

35. During the past 30 days, did anyone refuse to sell you cigarettes because of your age?
   A. I did not try to buy cigarettes during the past 30 days
   B. Yes
   C. No

**The next question asks only about smokeless tobacco use.**

36. 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

**The next 2 questions ask only about cigar use.**

37. 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

38. During the past 30 days, what type of cigar did you **usually** smoke?
   A. I did not smoke any type of cigar during the past 30 days
   B. Cigarillos or small cigars (with or without tips), such as Black & Mild's, Phillies, or Swisher Sweets.
   C. Blunts (only with tobacco)
   D. Little cigars that look like brown cigarettes
   E. Some other type of cigar

**The next 3 questions ask about secondhand smoke.**

39. Does anyone who lives with you now smoke cigarettes or cigars?
    A. Yes
    B. No

40. How often is smoking allowed inside your home? (Do not count decks, garages, or porches)
    A. Always allowed
    B. Sometimes allowed
    C. Never allowed

41. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
    A. 0 days
    B. 1 day
    C. 2 days
    D. 3 days
    E. 4 days
    F. 5 days
    G. 6 days
    H. 7 days

**The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

42. During your life, on how many days have you had at least one drink of alcohol?
    A. 0 days
    B. 1 or 2 days
    C. 3 to 9 days
    D. 10 to 19 days
    E. 20 to 39 days
    F. 40 to 99 days
    G. 100 or more days

43. 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

44. 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

45. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
    A. I did not drink alcohol during the past 30 days
    B. I do not have a usual type
    C. Beer
    D. Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
    E. Wine coolers, such as Bartles & Jaymes or Seagrams
    F. Wine
    G. Liquor, such as vodka, rum, scotch, bourbon, or whiskey
    H. Some other type

46. 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

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

47. 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

48. 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

49. 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 10 questions ask about other drugs.**

50. 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

51. 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

52. 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

53. 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

54. 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

55. During your life, how many times have you taken **steroid pills or shots** 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

56. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, 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

57. During **the past 30 days**, how many times did you take a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, 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

58. 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

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

**The next 7 questions ask about sexual behavior.**

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

61. How old were you when you had sexual intercourse for the first time?
A. I have never had sexual intercourse
B. 11 years old or younger
C. 12 years old
D. 13 years old
E. 14 years old
F. 15 years old
G. 16 years old
H. 17 years old or older

62. During your life, with how many people have you had sexual intercourse?
A. I have never had sexual intercourse
B. 1 person
C. 2 people
D. 3 people
E. 4 people
F. 5 people
G. 6 or more people

63. During the past 3 months, with how many people did you have sexual intercourse?
A. I have never had sexual intercourse
B. I have had sexual intercourse, but not during the past 3 months
C. 1 person
D. 2 people
E. 3 people
F. 4 people
G. 5 people
H. 6 or more people

64. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
   A. I have never had sexual intercourse
   B. Yes
   C. No

65. The **last time** you had sexual intercourse, did you or your partner use a condom?
   A. I have never had sexual intercourse
   B. Yes
   C. No

66 The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
   A. I have never had sexual intercourse
   B. No method was used to prevent pregnancy
   C. Birth control pills
   D. Condoms
   E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
   F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
   G. Withdrawal or some other method
   H. Not sure

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

**The next 2 questions ask about body weight.**

68. How do **you** describe your weight?
   A. Very underweight
   B. Slightly underweight
   C. About the right weight
   D. Slightly overweight
   E. Very overweight

69. Which of the following are you trying to do about your weight?
   A. **Lose** weight
   B. **Gain** weight
   C. **Stay** the same weight
   D. I am **not trying to do anything** about my weight

**The next 8 questions ask about food you eat or drink during an average school day. Think about all the meals and snacks you had from the time you get up until you go to bed. Be sure to include food you eat at home, at school, at restaurants, or anywhere else.**

70. 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 do 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

71. 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

72. During the past 7 days, how many times did you eat **green salad**?
   A. I did not eat green salad during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

73. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count French fries.)
   A. I did not eat potatoes during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

74. During the past 7 days, how many times did you eat **carrots**?
   A. I did not eat carrots during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

75. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
   A. I did not eat other vegetables during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

76. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
   A. I do 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

77. During the past 7 days, on how many days do you eat **breakfast**?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

**The next 5 questions ask about physical activity.**

78. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

79. 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

80. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, 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

81. 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

82. During an average physical education class, how many minutes do you spend actually exercising or playing sports?
   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

**The next 5 questions ask about other health-related topics.**

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

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

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

86. During the past 12 months, did you have any mild, moderate, or severe asthma symptoms, or did you take any medication for asthma?
    A. I did not have asthma during the past 12 months
    B. Yes
    C. No
    D. Not sure

87. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do not include getting a spray-on tan.)
    A. 0 times
    B. 1 or 2 times
    C. 3 to 9 times
    D. 10 to 19 times
    E. 20 to 39 times
    F. 40 or more times

**The next 4 questions ask about your attitudes and beliefs about tobacco use.**

88. Do you think young people who smoke have more friends?
    A. Definitely yes
    B. Probably yes
    C. Probably not
    D. Definitely not

89. Do you think smoking makes young people look cool or fit in?
    A. Definitely yes
    B. Probably yes
    C. Probably not
    D. Definitely not

90. Do you think smokers have shorter lives than non-smokers?
    A. Definitely yes
    B. Probably yes
    C. Probably not
    D. Definitely not

91. During the last school year (2011-2012), were you taught in any of your classes about the dangers of tobacco use?
    A. Yes
    B. No
    C. Not sure

**The next 3 questions ask about your attitudes and beliefs about drinking alcohol.**

92. How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor (such as, vodka, whiskey, or gin) at least once or twice a month?
    A. Very wrong
    B. Wrong
    C. A little wrong
    D. Not at all wrong

93. How much do people risk harming themselves (physically and in other ways) if they have one or two drinks of alcohol (beer, wine, or liquor) nearly every day?
    A. No risk
    B. Slight risk
    C. Moderate risk
    D. Great risk

94. How much do people risk harming themselves physically and in other ways if they have five or more drinks of alcohol once or twice a week?
    A. No risk
    B. Slight risk
    C. Moderate risk
    D. Great risk

**The next 5 questions ask about whether adults are available for you to talk to when you need to.**

95. Outside of school, is there an adult you can talk to about things that are important to you?
    A. Yes
    B. No

96. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
    A. 0 adults
    B. 1 adult
    C. 2 adults
    D. 3 adults
    E. 4 adults
    F. 5 or more adults

97. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?
    A. Yes
    B. No

98. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
    A. Strongly agree
    B. Agree
    C. No sure
    D. Disagree
    E. Strongly disagree

99. Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?
    A. Yes
    B. No

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