

# 2025 Virginia High School Youth Risk Behavior Survey

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

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

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

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

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

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

**Directions**

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

- 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 sex?
  - Female
  - Male
- In what grade are you?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- What is your race and/or ethnicity? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Middle Eastern or North African
  - Native Hawaiian or Pacific Islander
  - White

- 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	①
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

- 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

**The next 2 questions ask about safety.**

- 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**?
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

8. 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. I drove a car or other vehicle, but not when I had been drinking alcohol
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times

**The next 11 questions ask about violence-related behaviors and experiences.**

9. 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
10. **During the past 12 months**, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
11. 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

12. 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
13. 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
14. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
- A. Yes
  - B. No
15. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No
16. During the past 12 months, how many times did **anyone** 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. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

17. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
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 or 3 times
  - E. 4 or 5 times
  - F. 6 or more times
19. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
- A. Yes
  - B. No

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

20. During your life, how often has a parent or other adult in your home insulted you or put you down?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

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

**The next 3 questions ask about times that you felt you were treated badly or unfairly.**

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

26. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
27. During your life, how often have you felt that you were treated badly or unfairly because you are or people think you are lesbian, gay, bisexual, or questioning? This could include being treated badly because of who you are sexually attracted to or who people think you are sexually attracted to.
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

**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.**

28. During the past 12 months, have you ever been bullied **on school property**?
- Yes
  - No
29. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- Yes
  - No

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

30. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

**The next 5 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.**

31. 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?
- Yes
  - No
32. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
  - No
33. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
  - No
34. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
35. **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?
- I did not attempt suicide** during the past 12 months
  - Yes
  - No

**The next 2 questions ask about cigarette smoking.**

36. How old were you when you first smoked a cigarette, even one or two puffs?
- I have never smoked a cigarette, not even one or two puffs
  - 8 years old or younger
  - 9 or 10 years old
  - 11 or 12 years old
  - 13 or 14 years old
  - 15 or 16 years old
  - 17 years old or older

37. 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

**The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Elf Bar, or Esco Bars. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.**

38. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
39. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
  - B. I got or bought them from a friend, family member, or someone else
  - C. I bought them myself in a vape shop or tobacco shop
  - D. I bought them myself in a convenience store, supermarket, discount store, or gas station
  - E. I bought them myself at a mall or shopping center kiosk or stand
  - F. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - G. I took them from a store or another person
  - H. I got them in some other way

40. During the past 12 months, did you ever try to **quit** using electronic vapor products?
- A. I did not use electronic vapor products during the past 12 months
  - B. Yes
  - C. No

**The next 2 questions ask about other tobacco products.**

41. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches**, such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo? (Do **not** count any electronic vapor products.)
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
42. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?
- 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 question asks about nicotine pouches, such as ZYN, on!, Velo, or Rogue. These small, flavored pouches are filled with a nicotine-containing powder. Users place nicotine pouches in their mouth and do not need to spit. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf. Do not count other forms of smokeless tobacco, such as chewing tobacco, snuff, dip, snus, or dissolvable tobacco when answering this question.

43. During the past 30 days, on how many days did you use a nicotine pouch?
- 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 question asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.

44. During the past 30 days, how did you **usually** get your own tobacco products? (Select only **one** response.)
- A. I did not use tobacco products 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 got them on the Internet
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person who can legally buy tobacco products gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way

The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

45. 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
46. 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

The next 4 questions ask about marijuana use. Marijuana also is called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

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
50. During the past 30 days, how did you **usually** use marijuana? (Select only **one** response.)
- A. I did not use marijuana during the past 30 days
  - B. I smoked it in a joint, bong, pipe, or blunt
  - C. I ate it in food such as brownies, cakes, cookies, or candy
  - D. I drank it in tea, cola, alcohol, or other drinks
  - E. I vaporized it
  - F. I dabbled it using waxes or concentrates
  - G. I used it some other way

**The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, hydrocodone, and Percocet.**

51. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

**The next 2 questions ask about the use of prescription drugs without a doctor's prescription.**

52. 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
53. How many of your 10 closest friends do you think have **ever** used prescription drugs without a doctor's prescription? (Select only **one** response)
- A. 0 friends
  - B. 1 friend
  - C. 2 friends
  - D. 3 friends
  - E. 4 friends
  - F. 5 or more friends
  - G. Not sure

**The next 8 questions ask about sexual behavior.**

54. Have you ever had sexual intercourse?
- A. Yes
  - B. No
55. 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
56. 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



57. 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
58. 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
59. 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
60. The **last time** you had sexual intercourse with an opposite-sex partner, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse with an opposite-sex partner
  - B. No method was used to prevent pregnancy
  - C. Birth control pills (Do **not** count emergency contraception such as Plan B or the "morning after" pill.)
  - D. Condoms
  - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
  - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
  - G. Withdrawal or some other method
  - H. Not sure
61. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
  - B. Females
  - C. Males
  - D. Females and males

**The next question asks about sexual identity.**

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

**The next question asks about body weight.**

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

**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.**

64. 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

65. 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

66. During the past 7 days, how many times did you eat other **vegetables**, such as carrots, broccoli, or potatoes? (Do not count green salad.)
- 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

67. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

68. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar-sweetened beverage** such as sports drinks (for example, Gatorade or Powerade), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop or 100% fruit juice.)
- A. I did not drink these sugar-sweetened beverages during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

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

70. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant such as McDonald's, Taco Bell, KFC, or convenience stores?
- 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 2 questions ask about physical activity.**

71. 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

72. On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do **not** count time spent doing schoolwork.)
- A. Less than 1 hour per day
  - B. 1 hour per day
  - C. 2 hours per day
  - D. 3 hours per day
  - E. 4 hours per day
  - F. 5 or more hours per day

**The next 2 questions ask about social media, such as Instagram, TikTok, Snapchat, and X (formerly known as Twitter).**

73. How often do you use social media?
- A. I do not use social media
  - B. A few times a month
  - C. About once a week
  - D. A few times a week
  - E. About once a day
  - F. Several times a day
  - G. About once an hour
  - H. More than once an hour
74. How much time per day do you spend on social media?
- A. I do not use social media
  - B. Less than an 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 hours per day
  - H. 6 or more hours per day

**The next 12 questions ask about other health-related topics.**

75. During the past 12 months, have you been tested for a sexually transmitted infection (STI) other than HIV, such as chlamydia or gonorrhea?
- A. Yes
  - B. No
  - C. Not sure

76. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. Not sure
77. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
78. During the past 12 months, when you have felt sad, empty, hopeless, angry, or anxious, how often did you get the kind of help you needed?
- A. I did not need help with any of these emotions during the past 12 months
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
79. During the past 12 months, which of the following best describes your experience with counseling or therapy from a health professional, such as a doctor, nurse, psychologist, or therapist to help with emotions, concentration, behavior, or mental health?
- A. I did not receive counseling or therapy because I did not need it
  - B. I needed counseling or therapy but did not get it because of cost, not knowing how or where to get help, or another reason
  - C. I received counseling or therapy
80. When something stressful happens to you, how often can you deal with it in positive ways?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

81. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?  
A. Yes  
B. No
82. Has a doctor, nurse, or counselor ever told you that you have attention-deficit/hyperactivity disorder or ADHD, also called attention deficit disorder or ADD?  
A. Yes  
B. No  
C. Not sure
83. When you are outside for more than one hour on a sunny day, how often do you wear sunscreen with an SPF of 15 or higher?  
A. Never  
B. Rarely  
C. Sometimes  
D. Most of the time  
E. Always
84. On an average school night, how many hours of sleep do you get?  
A. 4 or less hours  
B. 5 hours  
C. 6 hours  
D. 7 hours  
E. 8 hours  
F. 9 hours  
G. 10 or more hours
85. During the past 12 months, where did you usually sleep?  
A. In my parent's or guardian's home  
B. In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing  
C. In a shelter or emergency housing  
D. In a motel or hotel  
E. In a car, park, campground, or other public place  
F. I do not have a usual place to sleep  
G. Somewhere else

86. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?  
A. Never  
B. Rarely  
C. Sometimes  
D. Most of the time  
E. Always

**The next 11 questions ask about other experiences you may have had during your life.**

87. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?  
A. Yes  
B. No
88. Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?  
A. Yes  
B. No
89. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?  
A. Yes  
B. No
90. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?  
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

91. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure
92. During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
93. During your life, how often have you felt that you were able to talk to a friend about your feelings?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

94. Do you agree or disagree that you feel close to people at your school?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
95. Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
96. Do you agree or disagree that you can resist peer pressure and dangerous situations?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
97. Are either of your parents or other adults in your family serving on active duty in the military?
- A. Yes
  - B. No

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

**The following questions ask you to think about how you would describe yourself.**

1. Which of the following statements **BEST** describes you? Please select TWO statements total by selecting **ONE** statement that #1 best describes you, and **ONE** statement that #2 second best describes you.

	#1 Best Describes Me	#2 Second Best Describes Me
I care about standing up for those who do not have a voice.	<input type="radio"/>	<input type="radio"/>
I care about protecting my personal liberties and freedoms.	<input type="radio"/>	<input type="radio"/>
I know I will overcome the struggles I face.	<input type="radio"/>	<input type="radio"/>
I try to help others when I can.	<input type="radio"/>	<input type="radio"/>
I want to live a life full of fun and excitement.	<input type="radio"/>	<input type="radio"/>

2. Which of the following statements **BEST** describes you? Please select TWO statements total by selecting **ONE** statement that #1 best describes you, and **ONE** statement that #2 second best describes you.

	#1 Best Describes Me	#2 Second Best Describes Me
I like having friends who are exciting and outgoing.	<input type="radio"/>	<input type="radio"/>
I'm not afraid to stand up for causes I believe in, like the environment or LGBTQ rights.	<input type="radio"/>	<input type="radio"/>
I think it's important to give back to the community.	<input type="radio"/>	<input type="radio"/>
I focus on my grind to overcome the struggle.	<input type="radio"/>	<input type="radio"/>
I think it's important to know and defend my rights as an American.	<input type="radio"/>	<input type="radio"/>

3. Which of the following statements **BEST** describes you? Please select TWO statements total by selecting **ONE** statement that #1 best describes you, and **ONE** statement that #2 second best describes you.

	#1 Best Describes Me	#2 Second Best Describes Me
Attending concerts and art events is important to me.	<input type="radio"/>	<input type="radio"/>
I focus on my grind, because it's the ticket to the life I want.	<input type="radio"/>	<input type="radio"/>
I try to be polite and kind to other people.	<input type="radio"/>	<input type="radio"/>
I prefer what some people might call a simple way of life.	<input type="radio"/>	<input type="radio"/>
People would describe me as energetic or outgoing.	<input type="radio"/>	<input type="radio"/>

4. Which of the following statements **BEST** describes you? Please select TWO statements total by selecting **ONE** statement that #1 best describes you, and **ONE** statement that #2 second best describes you.

	#1 Best Describes Me	#2 Second Best Describes Me
I usually try to follow the rules.	<input type="radio"/>	<input type="radio"/>
Being confident and bold is important to me.	<input type="radio"/>	<input type="radio"/>
I enjoy going out and getting to know new people.	<input type="radio"/>	<input type="radio"/>
Some people would describe the things I like as weird, but I don't care.	<input type="radio"/>	<input type="radio"/>
Having adventures outside, like hunting or fishing, is an important part of who I am.	<input type="radio"/>	<input type="radio"/>

5. Which of the following statements **BEST** describes you? Please select TWO statements total by selecting **ONE** statement that #1 best describes you, and **ONE** statement that #2 second best describes you.

**I'm someone who...**

	#1 Best Describes Me	#2 Second Best Describes Me
Will overcome the struggle, is confident and bold, and grinds for something better.	<input type="radio"/>	<input type="radio"/>
Tries to help others, follows the rules, and enjoys learning.	<input type="radio"/>	<input type="radio"/>
Stands up for causes I believe in, isn't afraid to be weird, and is creative.	<input type="radio"/>	<input type="radio"/>
Looks for fun and excitement, enjoys meeting new people, and lives life to the fullest.	<input type="radio"/>	<input type="radio"/>
Is proud to be American, is outdoorsy, and works hard and gets dirty.	<input type="radio"/>	<input type="radio"/>

6. Which of the following statements **BEST** describes you? Please select TWO statements total by selecting **ONE** statement that #1 best describes you, and **ONE** statement that #2 second best describes you.

**I'm someone who...**

	#1 Best Describes Me	#2 Second Best Describes Me
Is the life of the party, enjoys meeting new people, and looks for fun and excitement.	<input type="radio"/>	<input type="radio"/>
Is outdoorsy, proud to be American, and values my personal rights.	<input type="radio"/>	<input type="radio"/>
Is strong-minded, will overcome the struggle, and has my family's back.	<input type="radio"/>	<input type="radio"/>
Isn't afraid to be weird, stands up for causes I believe in, and goes against the norm.	<input type="radio"/>	<input type="radio"/>
Follows the rules, tries to help others, and is expected to achieve.	<input type="radio"/>	<input type="radio"/>

**The following question asks you to think about how your 3 closest friends would describe themselves. If you are unsure, please answer with your best guess.**

7. Which of the following statements **BEST** describes your 3 closest friends? Please select TWO statements total by selecting **ONE** statement that #1 best describes your friends, and **ONE** statement that #2 second best describes your friends.

	#1 Best Describes My Friends	#2 Second Best Describes My Friends
They think it's important to learn and grow as people.	<input type="radio"/>	<input type="radio"/>
They enjoy a country way of life.	<input type="radio"/>	<input type="radio"/>
They want to be respected for their hustle.	<input type="radio"/>	<input type="radio"/>
They have a deep connection to the music and art in their lives.	<input type="radio"/>	<input type="radio"/>
They try to live life to the fullest and have fun.	<input type="radio"/>	<input type="radio"/>

**Thanks for completing the survey! Please double-check that for each question, you have selected only ONE answer for #1 best describes, and only ONE answer for #2 second best describes.**