2013 Georgia
Youth Risk Behavior Survey

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

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

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

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

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

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

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

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

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

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

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

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

   Example
   | Height |
   |---|---|
   | Feet | Inches |
   | 5   | 7     |
   | 3   | 0     |
   | 4   | 1     |
   | ●   | 2     |
   | 6   | 3     |
   | 7   | 4     |
   | 5   | 5     |
   | 6   | 6     |
   | 8   | 7     |
   | 9   | 8     |
   | 10  | 9     |

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 5 questions ask about safety.

8. 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

9. 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

10. 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

11. 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

The next 9 questions ask about violence-related behaviors.

12. 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

13. 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

14. 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

15. 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
16. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
A. 0 days  
B. 1 day  
C. 2 or 3 days  
D. 4 or 5 days  
E. 6 or more days

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

18. During the past 12 months, how many times were you in a physical fight?
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or 7 times  
F. 8 or 9 times  
G. 10 or 11 times  
H. 12 or more times

19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or more times

20. 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

21. 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

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.

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

23. 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 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.

24. 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

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

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

27. 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

28. **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 10 questions ask about tobacco use.

29. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No

30. 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

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. 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
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. 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

35. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
A. Yes
B. No

36. 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

37. 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

38. 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 6 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.

39. 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
40. 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

41. 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

42. 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

43. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
   A. I did not drink alcohol during the past 30 days
   B. 1 or 2 drinks
   C. 3 drinks
   D. 4 drinks
   E. 5 drinks
   F. 6 or 7 drinks
   G. 8 or 9 drinks
   H. 10 or more drinks

44. 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.

45. 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

46. 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
47. 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 9 questions ask about other drugs.

48. 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

49. 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

50. 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

51. 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

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 old were you when you took a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription for the first time?
   A. I have never taken a prescription drug without a doctor's prescription  
   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

54. Do you agree or disagree that it is easy to get prescription drugs without a doctor's prescription?
   A. Strongly agree  
   B. Agree  
   C. Not sure  
   D. Disagree  
   E. Strongly disagree
55. Do you agree or disagree that using prescription drugs without a doctor's prescription is harmful to your health?
   A. Strongly agree
   B. Agree
   C. Not sure
   D. Disagree
   E. Strongly disagree

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 3 questions ask about health education.

57. Have you ever had sex education in school?
   A. Yes
   B. No
   C. Not sure

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

59. Have you ever been taught in school about sexually transmitted diseases (STDs)?
   A. Yes
   B. No
   C. Not sure

The next 3 questions ask about body weight.

60. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
   A. Yes
   B. No

61. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast.)
   A. Yes
   B. No

62. 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 19 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.

63. 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
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 **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
   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

67. 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

68. 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

69. 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
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.)
A. I did not drink milk during the past 7 days 
B. 1 to 3 glasses during the past 7 days 
C. 4 to 6 glasses during the past 7 days 
D. 1 glass per day 
E. 2 glasses per day 
F. 3 glasses per day 
G. 4 or more glasses per day 

71. What kind of milk do you usually drink? (Select only one response.)
A. I do not drink milk 
B. Whole milk 
C. 2% milk 
D. 1% milk 
E. Skim or non-fat milk 
F. Not sure 

72. 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.)
A. I did not drink water 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 drink a cup, can, or bottle of coffee, coffee drinks, or any kind of tea?
A. I did not drink coffee, coffee drinks, or tea 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 drink a can, bottle, or glass of a sports drink such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2.)
A. I did not drink sports 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 

75. During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull or Jolt? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
A. I did not drink energy 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
76. During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
A. I did not drink 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

77. 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

78. 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, or KFC?
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. Which of these statements best describes healthy eating to you? (Select only one response.)
A. Eating fruits and vegetables
B. Avoiding "junk" food
C. Limiting sugary foods and drinks
D. Not eating very much

80. Why are you most likely to eat healthy foods? (Select only one response.)
A. I do not eat healthy foods
B. My friends are watching
C. I like how healthy foods taste
D. My family eats healthy foods
E. My doctor told me to
F. I want to look good
G. I want to be healthy
H. Some other reason

81. Where are you most likely to eat healthy foods? (Select only one response.)
A. I do not eat healthy foods
B. At home
C. At school
D. At a restaurant
E. Some other place

The next 10 questions ask about physical activity.

82. 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>83. On an average school day, how many hours do you watch TV?</td>
<td>A. I do not watch TV on an average school day</td>
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<td></td>
<td>B. Less than 1 hour per day</td>
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<td>C. 1 hour per day</td>
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<td>D. 2 hours per day</td>
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<td>E. 3 hours per day</td>
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<td>F. 4 hours per day</td>
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<td>G. 5 or more hours per day</td>
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<td>84. On an average school day, how many hours do you play video or</td>
<td>A. I do not play video or computer games or use a computer for</td>
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<tr>
<td>computer games or use a computer for something that is not school</td>
<td>something that is not school work? (Count time spent on things such</td>
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<td>work? (Count time spent on things such as Xbox, PlayStation, an iPod,</td>
<td>as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone,</td>
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<td>an iPad or other tablet, a smartphone, YouTube, Facebook or other</td>
<td>YouTube, Facebook or other social networking tools, and the Internet.)</td>
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<td>social networking tools, and the Internet.)</td>
<td>A. I do not play video or computer games or use a computer for</td>
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<td></td>
<td>something that is not school work</td>
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<td></td>
<td>B. Less than 1 hour per day</td>
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<td>C. 1 hour per day</td>
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<td>D. 2 hours per day</td>
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<td>E. 3 hours per day</td>
</tr>
<tr>
<td></td>
<td>F. 4 hours per day</td>
</tr>
<tr>
<td></td>
<td>G. 5 or more hours per day</td>
</tr>
<tr>
<td>85. In an average week when you are in school, on how many days do you</td>
<td>A. 0 days</td>
</tr>
<tr>
<td>go to physical education (PE) classes?</td>
<td>B. 1 day</td>
</tr>
<tr>
<td></td>
<td>C. 2 days</td>
</tr>
<tr>
<td></td>
<td>D. 3 days</td>
</tr>
<tr>
<td></td>
<td>E. 4 days</td>
</tr>
<tr>
<td></td>
<td>F. 5 days</td>
</tr>
<tr>
<td>86. On how many of the past 7 days did you do stretching exercises,</td>
<td>A. 0 days</td>
</tr>
<tr>
<td>such as toe touching, knee bending, or leg stretching?</td>
<td>B. 1 day</td>
</tr>
<tr>
<td></td>
<td>C. 2 days</td>
</tr>
<tr>
<td></td>
<td>D. 3 days</td>
</tr>
<tr>
<td></td>
<td>E. 4 days</td>
</tr>
<tr>
<td></td>
<td>F. 5 days</td>
</tr>
<tr>
<td></td>
<td>G. 6 days</td>
</tr>
<tr>
<td></td>
<td>H. 7 days</td>
</tr>
<tr>
<td>87. On how many of the past 7 days did you do exercises to strengthen</td>
<td>A. 0 days</td>
</tr>
<tr>
<td>or tone your muscles, such as push-ups, sit-ups, or weight lifting?</td>
<td>B. 1 day</td>
</tr>
<tr>
<td></td>
<td>C. 2 days</td>
</tr>
<tr>
<td></td>
<td>D. 3 days</td>
</tr>
<tr>
<td></td>
<td>E. 4 days</td>
</tr>
<tr>
<td></td>
<td>F. 5 days</td>
</tr>
<tr>
<td></td>
<td>G. 6 days</td>
</tr>
<tr>
<td></td>
<td>H. 7 days</td>
</tr>
<tr>
<td>88. Why are you most likely to exercise? (Select only one response.)</td>
<td>A. I do not exercise</td>
</tr>
<tr>
<td></td>
<td>B. My friends exercise</td>
</tr>
<tr>
<td></td>
<td>C. I enjoy exercise</td>
</tr>
<tr>
<td></td>
<td>D. My family exercises</td>
</tr>
<tr>
<td></td>
<td>E. My doctor told me to</td>
</tr>
<tr>
<td></td>
<td>F. I want to look good</td>
</tr>
<tr>
<td></td>
<td>G. I want to be healthy</td>
</tr>
<tr>
<td></td>
<td>H. Some other reason</td>
</tr>
<tr>
<td>89. Where are you most likely to exercise? (Select only one response.)</td>
<td>A. I do not exercise</td>
</tr>
<tr>
<td></td>
<td>B. At home</td>
</tr>
<tr>
<td></td>
<td>C. At school</td>
</tr>
<tr>
<td></td>
<td>D. At a fitness center</td>
</tr>
<tr>
<td></td>
<td>E. Some other place</td>
</tr>
</tbody>
</table>
90. Who are you most likely to exercise with? (Select only one response.)
   A. I do not exercise
   B. My friends
   C. Myself
   D. Someone in my family
   E. Someone else

91. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
   A. 0 teams
   B. 1 team
   C. 2 teams
   D. 3 or more teams

The next 6 questions ask about other health-related topics.

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

93. 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

94. How many cavities have you had in your permanent teeth?
   A. 0 cavities
   B. 1 cavity
   C. 2 or 3 cavities
   D. 4 or 5 cavities
   E. 6 or more cavities
   F. Not sure

95. During the past 12 months, how many times have your teeth or mouth been painful or sore?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

96. During the past 12 months, how many times have you missed school because of problems with your teeth or mouth?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

97. During the past 12 months, how many times did you go to an emergency room or urgent care center for problems with your teeth or mouth?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

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