

# **2022 Maryland High School Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)**

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
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other 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	⑩
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

8. 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
9. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?
- A. No, I am not transgender
  - B. Yes, I am transgender
  - C. I am not sure if I am transgender
  - D. I do not know what this question is asking

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

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. 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

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. I drove a car or other vehicle, but did not text or e-mail while driving
  - 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 6 questions ask about violence-related behaviors and experiences.**

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. 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
18. 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 question asks about times that you felt you were treated badly or unfairly.**

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

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 texting, Instagram, Facebook, or other social media.)
- 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.**

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
25. 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

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

26. How old were you when you first smoked a cigarette, even one or two puffs?
- A. I have never smoked a cigarette, not even one or two puffs
  - 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
27. 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 5 questions ask about electronic vapor products, such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick. Electronic vapor products include e-cigarettes, vapes, mods, e-cigs, e-hookahs, or vape pens.**

28. Have you ever used an electronic vapor product?
- A. Yes
  - B. No
29. 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

30. What kind of flavoring do you **usually** use with an electronic vapor product?
- A. I have never used an electronic vapor product
  - B. Tobacco flavor
  - C. Fruit flavor, such as grape, peach, or apple
  - D. Candy flavor, such as chocolate
  - E. Spice flavor, such as vanilla or cinnamon
  - F. Alcoholic beverage flavor
  - G. Menthol, mint, or wintergreen flavor
  - H. Some other flavor
31. What is the **main** reason you have used electronic vapor products? (Select only **one** response.)
- A. I have never used an electronic vapor product
  - B. Friend or family member used them
  - C. To try to quit using other tobacco products
  - D. They cost less than other tobacco products
  - E. They are easier to get than other tobacco products
  - F. They are less harmful than other forms of tobacco
  - G. They are available in flavors, such as mint, candy, fruit, or chocolate
  - H. I used them for some other reason
32. Have you ever used an electronic vapor product to smoke marijuana, THC or hash oil, or THC wax?
- A. I have never used an electronic vapor product
  - B. Yes
  - C. No
  - D. Not sure

**The next 3 questions ask about other tobacco products.**

33. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (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
34. 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
35. During the past 30 days, which flavored tobacco products (such as fruit-, candy-, or alcohol-flavored tobacco products) did you use? (Do not count menthol cigarettes.)
- A. I did not use any flavored tobacco products during the past 30 days
  - B. Only flavored cigars, cigarillos, or little cigars
  - C. Only flavored smokeless tobacco products
  - D. Both flavored cigar products and flavored smokeless tobacco products

**The next question is about smoking tobacco in a hookah or narghile, which are types of waterpipes. Shisha is tobacco that is smoked in a hookah, narghile, or other type of waterpipe.**

36. During the past 30 days, on how many days did you smoke tobacco in a hookah, narghile, or other type of waterpipe?
- 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 any tobacco use. This could include cigarettes, waterpipes, electronic vapor products, smokeless tobacco, cigars, or any other product that includes tobacco.**

37. During the past 12 months, did you try or use tobacco products for the first time?
- A. Yes
  - B. No
38. During the past 12 months, did you completely quit using all tobacco products?
- A. I did not use any tobacco products during the past 12 months
  - B. Yes, I completely quit using all tobacco products during the past 12 months
  - C. No, I did not completely quit using all tobacco products during the past 12 months

39. 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 myself in a convenience store, supermarket, discount store, gas station, tobacco shop, or vape shop
  - C. I bought them myself on the Internet, such as from a product website, vape or tobacco shop website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
  - D. I bought them myself at a mall or shopping center kiosk or stand
  - E. I bought them from a friend, family member, or someone else
  - F. I borrowed (or bummed) them from someone else
  - G. I took them from a store or another person
  - H. I got them in some other way
40. Menthol tobacco products are tobacco products that taste like mint. During the past 30 days, were the tobacco products that you **usually** used menthol?
- A. I did not use tobacco products during the past 30 days
  - B. Yes
  - C. No

41. **When you bought or tried to buy tobacco products** in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy tobacco products 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
42. During the past 30 days, did anyone refuse to sell you tobacco products because of your age?
- A. I did not try to buy tobacco products during the past 30 days
  - B. Yes
  - C. No

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

43. Does anyone who lives with you now smoke cigarettes or cigars?
- A. Yes
  - B. No
44. Which statement best describes the rules about smoking inside your home? (Do **not** count decks, garages, or porches.)
- A. Smoking is not allowed anywhere inside my home
  - B. Smoking is allowed in some places or at some times inside my home
  - C. Smoking is allowed anywhere inside my home
  - D. There are no rules about smoking inside my home

45. During the past 7 days, on how many days were you in the same room with someone who was smoking?
- 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 3 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.**

46. 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
47. 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

48. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- 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 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.**

49. 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
50. 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



51. 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 synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, or Black Mamba.**

52. During your life, how many times have you used **synthetic 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 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.**

53. 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 5 questions ask about other drugs.**

54. 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
55. 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
56. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- 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 your life, how many times have you used **ecstasy** (also called MDMA or Molly)?
- 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

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

59. Have you ever had sexual intercourse?  
A. Yes  
B. No
60. 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
61. 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
62. 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
63. 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
64. 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
65. 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

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

66. 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 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.

67. 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
68. 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
69. 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
70. 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
71. 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
72. 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
73. 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

**The next 3 questions ask about physical activity.**

74. 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
75. 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
76. 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

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

77. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
  - B. 1 time
  - C. 2 times
  - D. 3 times
  - E. 4 or more times

**The next 8 questions ask about other health-related topics.**

78. 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
79. 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
80. 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
81. During the past 12 months, did you or anyone in your home test positive for COVID-19?
- A. Yes
  - B. No
  - C. Not sure

82. 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
83. During the past 30 days, 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
84. 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
85. 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 question asks about having a disability or long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision, or attention problems.**

86. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing schoolwork, playing sports, or being with friends?
- A. Yes
  - B. No
  - C. Not sure

**The next 2 questions are about the food situation in your home during the past 12 months.**

87. During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?
- A. Never
  - B. Sometimes
  - C. Often
88. During the past 12 months, how often did the food your family bought not last and they did not have money to get more?
- A. Never
  - B. Sometimes
  - C. Often

**The next 3 questions ask about experiences with parents or other adults in your home.**

89. 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

90. 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
91. 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 other experiences you may have had during your life.**

92. Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
- A. Yes
  - B. No
93. 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
94. Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?
- A. Yes
  - B. No

**The next question asks about a school-related topic.**

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

**The next 2 questions ask about your attitudes and beliefs about tobacco use.**

96. Do you think young people who smoke have more friends?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
97. Do you think smoking makes young people look cool or fit in?
- A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

**The next 2 questions ask about whether adults are available to talk to you when you need to.**

98. 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
99. 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

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