

2005 North Dakota Youth 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 develop better health education for young people like yourself.

Do NOT write your name on the answer sheet or survey booklet. 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 asked about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you have completed the survey, put your answer sheet in the envelope provided. Return the envelope to the individual who handed out 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
- To change your answer, erase 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. How do you describe yourself?
(Select one or more responses.)
A. American Indian or Alaska Native
B. Asian
C. Black or African American
D. Hispanic or Latino
E. Native Hawaiian or Other Pacific Islander
F. White

5. Are you limited in any activities because of disabilities or long term health problems, including physical health, emotional, or learning problems? (Long-term means six months or more.)
A. Yes
B. No
6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes on your answer sheet. Fill in the matching circle below each number.

Example:

Height	
Feet	Inches
5	11
3	0
4	1
●	2
6	3
7	4
	5
	6
	7
	8
	9
	10
	●

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes on your answer sheet. Fill in the matching circle below each number.

Example:

Weight		
Pounds		
1	5	2
0	0	0
●	1	1
2	2	●
3	3	3
	4	4
	●	5
	6	6
	7	7
	8	8
	9	9

The next 4 questions ask about personal safety.

8. **When you rode a motorcycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a motorcycle 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. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 7 questions ask about violence-related behaviors.

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

14. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
16. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
17. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
 - B. No

18. Have you ever been physically forced to have sexual intercourse when you did not want to?
- 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.

19. 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
20. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
21. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
22. 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

23. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
 - B. Yes
 - C. No

The next 11 questions ask about tobacco use.

24. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
 - B. No
25. 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
26. 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

27. 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
28. **When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy cigarettes in a store during the past 30 days
 - B. Yes, I was asked to show proof of age
 - C. No, I was **not** asked to show proof of age
29. 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

30. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
B. No
31. 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
32. 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
33. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip 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
34. 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 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

35. 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
36. 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
37. 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

38. During the past 30 days, on how many days did you have at least one drink of alcohol **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

39. During the past 30 days, how did you **usually** get your alcoholic beverage? (Select only **one** response.)
- A. I did not drink alcohol during the past 30 days
 - B. I bought it at a liquor establishment such as a liquor store or bar
 - C. I gave someone else money to buy it for me
 - D. A friend or family member gave it to me
 - E. I took it from a friend or family member's home
 - F. I got it some other way

The next 3 questions ask about marijuana use. Marijuana is also called grass, pot, weed, and hashish.

40. 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

41. 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

42. During the past 30 days, how many times did you use marijuana **on school property**?
- 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 11 questions ask about other drugs.

43. 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

44. How old were you when you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high for the first time?
- A. I have never tried inhalants
 - 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

45. 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
46. During the past 30 days, 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
47. During the past 30 days, how many times have you purchased over-the-counter drugs 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
48. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
49. During the past 30 days, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
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 used **hallucinogens** (such as LSD, PCP, and mushrooms)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
52. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
53. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

The next 4 questions ask about body weight.

54. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
55. 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
56. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
57. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 12 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.

58. 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
59. 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

60. 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
61. 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
62. 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
63. 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
64. During the past 7 days, how many **glasses of milk** did you drink? (Include 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
65. What type of milk do you usually drink or use on cereal?
- A. I do not drink milk
 - B. Skim milk
 - C. 1% milk
 - D. 2% milk
 - E. Whole or regular milk
 - F. Not sure
 - G. Other

66. 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

67. During the past 7 days, how many sugar containing beverages did you drink per day? (Include soda pop, sweetened ice teas, lemonade, Powerade/Gatorade, Kool-Aid, and fruit drinks like Hawaiian Punch that are not 100% pure fruit juice. Count cans, bottles, and fountain drinks - small, medium, large or super-sized cups.)
- A. I did not drink any sugar containing beverages during the past 7 days
 - B. Less than 12 ounces (1 can) per day
 - C. 12 ounces (about 1 can) per day
 - D. 13 to 24 ounces (about 2 cans) per day
 - E. 25 to 36 ounces (about 3 cans) per day
 - F. 37 to 48 ounces (about 4 cans) per day
 - G. 49 or more ounces (more than 4 cans) per day

68. Yesterday, did you eat a meal with your family?
- A. Yes
 - B. No

69. During the past 7 days, how many times did you eat at a fast food restaurant?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 or more times

The next 7 questions ask about physical activity.

70. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
71. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- 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 watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
73. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, computer games, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour
 - C. 1 hour
 - D. 2 hours
 - E. 3 hours
 - F. 4 hours
 - G. 5 or more hours
74. **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

75. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
 - B. Less than 10 minutes
 - C. 10 to 20 minutes
 - D. 21 to 30 minutes
 - E. 31 to 40 minutes
 - F. 41 to 50 minutes
 - G. 51 to 60 minutes
 - H. More than 60 minutes
76. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next 3 questions ask about oral health.

77. 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
78. How many cavities have you had in your permanent teeth?
- A. I have never gone to the dentist
 - B. 0
 - C. 1
 - D. 2 or 3
 - E. 4 or 5
 - F. 6 or more
 - G. Not sure

79. During the past 7 days, on how many days did you brush your teeth?
- 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 AIDS education.

80. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure
81. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?
- A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about absenteeism.

82. During the past 30 days, on how many days did you miss classes or school **without permission**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 or more days

83. During the past 30 days, on how many days did you not go to school because you were sick?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 or more days

The next 5 questions ask about asthma.

84. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
85. During the past 12 months, have you had an episode of asthma or an asthma attack?
- A. I do not have asthma
 - B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months
 - C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months
 - D. Not sure

86. Symptoms of asthma include coughing, wheezing, difficulty breathing or chest tightness when you don't have a cold or other infection. During the past 12 months, about **how many days per month** did you have symptoms of asthma while awake?
- A. I do not have asthma
 - 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
87. During the past 12 months, about **how many nights per month** did you have symptoms of asthma while sleeping?
- A. I do not have asthma
 - B. 0 nights
 - C. 1 or 2 nights
 - D. 3 to 5 nights
 - E. 6 to 9 nights
 - F. 10 to 19 nights
 - G. 20 to 29 nights
 - H. All 30 nights
88. During the past 12 months, about **how many days per month** did you take medication to relieve your asthma symptoms like coughing, wheezing, difficulty breathing, or chest tightness?
- A. I do not have asthma
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 3 questions ask about help you may have received for feelings of sadness, emptiness, hopelessness, anger or anxiety.

89. During the past 30 days, on how many days did you feel so much stress that you had difficulty sleeping, lost your appetite, or had difficulty enjoying your usual activities?
- 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
90. During the past 12 months, did you **want** to talk about feelings of sadness, emptiness, hopelessness, anger or anxiety with a counselor or mental health worker?
- A. I did not have feelings of sadness, emptiness, hopelessness, anger or anxiety in the past 12 months
 - B. I wanted to talk to a counselor or mental health worker
 - C. I had those feelings, but I did not want to talk to a counselor or mental health worker

91. During the past 12 months, **were you able** to talk about feelings of sadness, emptiness, hopelessness, anger or anxiety with a counselor or mental health worker?
- A. I did not have feelings of sadness, emptiness, hopelessness, anger or anxiety in the past 12 months
 - B. I talked to a counselor or mental health worker
 - C. I was not able to talk to a counselor or mental health worker
 - D. I did not want to talk to a counselor or mental health worker

The next 8 questions ask about sexual behavior.

92. Have you ever had sexual intercourse?
- A. Yes
 - B. No
93. To what extent is sexual abstinence a priority for you at this time in your life?
- A. Very important
 - B. Quite important
 - C. Important
 - D. Slightly important
 - E. Not important at all
94. 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

95. 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
96. 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
97. 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
98. 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

99. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. Depo-Provera (injectable birth control)
 - F. Withdrawal
 - G. Some other method
 - H. Not sure

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