

2013 VERMONT 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.

MARKING INSTRUCTIONS

- a. Use a No. 2 pencil only.
- b. Do not use pens.
- c. Make solid marks that fill the response completely.
- d. Make no stray marks on this form.

This kind of mark will work:
Correct Mark

These kinds of marks will NOT work:
Incorrect Marks

101. If you were at a party with other students from your high school, where **people your age** were drinking alcohol, how likely is it that it would be broken up by the police?
- a Very likely
 - b Likely
 - c Unlikely
 - d Very unlikely
 - e Not sure

The next 7 questions ask about a variety of behaviors.

102. 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
103. How often does one of your parents talk with you about what you are doing in school?
- a Never
 - b Less than once a month
 - c About once or twice a month
 - d About once or twice a week
 - e About every day
104. During an average week, how many hours do you spend helping other people without getting paid (such as helping out at a hospital, daycare center, food shelf, youth program, community service agency, or doing other things) to make your community a better place for people to live?
- a 0 hours
 - b 1 hour
 - c 2 hours
 - d 3 to 5 hours
 - e 6 to 10 hours
 - f 11 or more hours

105. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- a Strongly agree
 - b Agree
 - c Not sure
 - d Disagree
 - e Strongly disagree
106. Do you agree or disagree that students help decide what goes on in your school?
- a Strongly agree
 - b Agree
 - c Not sure
 - d Disagree
 - e Strongly disagree
107. Do you agree or disagree that in your community you feel like you matter to people?
- a Strongly agree
 - b Agree
 - c Not sure
 - d Disagree
 - e Strongly disagree
108. How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college?
- a Definitely will not
 - b Probably will not
 - c Probably will
 - d Definitely will
 - e Not sure

This is the end of the survey.

THANK YOU VERY MUCH FOR YOUR HELP.

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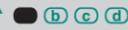
IMPORTANT

• Use a No. 2 pencil only.

• Do not use ink, ballpoint, or felt tip pens.

• Make dark marks.

• Fill in a response like this.



• To change your answer, erase completely.

• Select only one response per question (unless otherwise noted).

Where do you live? Directions: Please use the four digit town code from the blackboard. Fill in the matching oval below each number.

Example:

1	2	3	4
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input checked="" type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input checked="" type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input checked="" type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

- 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
- What is your sex?
 - a Female
 - b Male
- In what grade are you?
 - a 9th grade
 - b 10th grade
 - c 11th grade
 - d 12th grade
 - e Ungraded or other grade
- Are you Hispanic or Latino?
 - a Yes
 - b No
- 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 blank boxes. Fill in the matching oval below each number.

Example:

Height	
ft.	in.
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
ft.	in.
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. How much do you weigh without your shoes on? Directions: Write your weight in the blank boxes. Fill in the matching oval below each number.

Example:

Weight		
Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

8. 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

The next 13 questions ask about your attitudes and perceptions towards cigarettes; alcohol including beer, wine, liquor (such as rum, gin, vodka, or whiskey), and other alcoholic beverages (such as Smirnoff Ice, Bacardi Silver, Mike's Hard Lemonade, or Twisted Tea); and marijuana.

- If you wanted to get cigarettes, how hard or easy would it be for you to get some?
 - a Very hard
 - b Sort of hard
 - c Sort of easy
 - d Very easy
- If you wanted to get alcohol, how hard or easy would it be for you to get some?
 - a Very hard
 - b Sort of hard
 - c Sort of easy
 - d Very easy
- If you wanted to get marijuana, how hard or easy would it be for you to get some?
 - a Very hard
 - b Sort of hard
 - c Sort of easy
 - d Very easy
- How wrong do you think it is for someone your age to smoke cigarettes?
 - a Very wrong
 - b Wrong
 - c A little bit wrong
 - d Not at all wrong
- How wrong do you think it is for someone your age to drink alcohol?
 - a Very wrong
 - b Wrong
 - c A little bit wrong
 - d Not at all wrong
- How wrong do you think it is for someone your age to smoke marijuana?
 - a Very wrong
 - b Wrong
 - c A little bit wrong
 - d Not at all wrong

- How wrong do your parents or guardians feel it would be for you to smoke cigarettes?
 - a Very wrong
 - b Wrong
 - c A little bit wrong
 - d Not at all wrong
 - e Not sure
- How wrong do your parents or guardians feel it would be for you to drink alcohol?
 - a Very wrong
 - b Wrong
 - c A little bit wrong
 - d Not at all wrong
 - e Not sure
- How wrong do your parents or guardians feel it would be for you to smoke marijuana?
 - a Very wrong
 - b Wrong
 - c A little bit wrong
 - d Not at all wrong
 - e Not sure
- How much do you think **people your age** risk harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day?
 - a No risk
 - b Slight risk
 - c Moderate risk
 - d Great risk
- How much do you think **people your age** risk harming themselves (physically or in other ways), if they have five or more drinks of alcohol once or twice each weekend?
 - a No risk
 - b Slight risk
 - c Moderate risk
 - d Great risk
- How much do you think **people your age** risk harming themselves (physically or in other ways), if they smoke marijuana regularly?
 - a No risk
 - b Slight risk
 - c Moderate risk
 - d Great risk

82. 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

83. 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, sports drinks, energy drinks, Snapple, or Sunny Delight? (Do **not** count soda or pop, diet 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

84. Yesterday, how many times did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.)
- a 0 times
 - b 1 time
 - c 2 times
 - d 3 times
 - e 4 or more times

85. 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

The next 3 questions ask about physical activity.

86. 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

87. On an average school day, how many hours do you watch TV, play video or computer games, or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
- a I do not watch TV, play video or computer games, or use a computer for something that is not school work
 - b Less than 1 hour per day
 - c 1 hour per day
 - d 2 hours per day
 - e 3 hours per day
 - f 4 hours per day
 - g 5 or more hours per day

88. 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

9. What is the highest level of education completed by your mother (or the person who is like a mother to you)?
- a Completed grade school or less
 - b Attended some high school
 - c Completed high school
 - d Attended some college
 - e Completed college
 - f Completed graduate or professional school after college
 - g Not sure

10. Which of the following best describes you?
- a Heterosexual (straight)
 - b Gay or lesbian
 - c Bisexual
 - d Not sure

The next 14 questions ask about personal safety.

11. **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

12. 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

13. 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

14. 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

15. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been smoking marijuana**?
- a 0 times
 - b 1 time
 - c 2 or 3 times
 - d 4 or 5 times
 - e 6 or more times

16. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been smoking marijuana**?
- 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

17. 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

18. 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



19. 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
20. 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
21. 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
22. 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
23. 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

24. Have you ever been physically forced to have sexual intercourse when you did not want to?
- a Yes
 - b No

The next 3 questions ask about bullying. Bullying occurs when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her; or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property, a school bus, or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

25. During the past 30 days, on how many days were you bullied?
- 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

26. During the past 30 days, on how many days did you bully someone?
- 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 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
- a Yes
 - b No

The next question asks about hurting yourself on purpose.

28. 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?
- a 0 times
 - b 1 time
 - c 2 or 3 times
 - d 4 or 5 times
 - e 6 or more times

71. 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

72. Have you ever had oral sex?
- a Yes
 - b No

73. 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

The next 2 questions ask about body weight.

74. How do **you** describe your weight?
- a Very underweight
 - b Slightly underweight
 - c About the right weight
 - d Slightly overweight
 - e Very overweight

75. 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 10 questions ask about food you ate or drank. 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.

76. 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

77. 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

78. 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

79. 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

80. 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

81. 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

61. During the past 30 days, how many times have you taken a prescription pain reliever such as OxyContin, Vicodin, or other prescription pain reliever not prescribed to you?
- 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
62. During your life, how many times have you taken the prescription stimulant Ritalin or Adderall not prescribed to you?
- 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
63. During the past 30 days, how many times have you taken the prescription stimulant Ritalin or Adderall not prescribed to you?
- 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
64. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
- a Yes
 - b No

The next 9 questions ask about sexual behavior.

65. 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

66. 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
67. 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
68. 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
69. 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
70. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
- a I have never had sexual intercourse
 - b No method was used to prevent pregnancy
 - c Birth control pills
 - d Condoms
 - e An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - f A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - g Withdrawal or some other method
 - h Not sure

The next 3 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

29. 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
30. During the past 12 months, did you make a plan about how you would attempt suicide?
- a Yes
 - b No
31. 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 15 questions ask about tobacco.

32. 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
33. 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

34. 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
35. 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
36. During the past 30 days, how many times did you get cigarettes from someone 17 years old or younger?
- a 0 times
 - b 1 time
 - c 2 or 3 times
 - d 4 or 5 times
 - e 6 or more times
37. 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
38. 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



39. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
40. During your life, have you ever used Snus, such as Camel Snus or Marlboro Snus?
- Yes
 - No
41. During the past 7 days, were you in the same **room** with someone who was smoking cigarettes?
- Yes
 - No
42. During the past 7 days, were you in the same **car** with someone who was smoking cigarettes?
- Yes
 - No
43. During the past 12 months, did any doctor, dentist, nurse, or other health professional ask you if you smoke?
- Yes
 - No
 - Not sure
44. During the past 30 days, how many times have you seen or heard ads on TV, the Internet, or on the radio about the dangers of cigarette smoking?
- 0 times during the past 30 days
 - 1 to 3 times during the past 30 days
 - 1 to 3 times per week
 - Daily or almost daily
 - More than once a day
45. Have you ever heard of Our Voices Xposed or "OVX"?
- Yes
 - No
 - Not sure
46. Out of 100 Vermont high school students, how many do you think smoke cigarettes?
- 15 or less students
 - 16 to 25 students
 - 26 to 45 students
 - 46 to 55 students
 - 56 to 75 students
 - 76 or more students

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, liquor (such as rum, gin, vodka, or whiskey), and other alcoholic beverages (such as Smirnoff Ice, Bacardi Silver, Mike's Hard Lemonade, or Twisted Tea). For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

47. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips
 - 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
48. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
49. 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?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days
50. During the past 30 days, was is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- I did not drink alcohol during the past 30 days
 - 1 or 2 drinks
 - 3 drinks
 - 4 drinks
 - 5 drinks
 - 6 or 7 drinks
 - 8 or 9 drinks
 - 10 or more drinks

51. During the past 30 days, what type of alcohol did you **usually** drink? (Select only **one** response.)
- I did not drink alcohol during the past 30 days
 - Beer
 - Wine
 - Liquor, such as rum, gin, vodka, or whiskey
 - Other alcoholic beverages, such as Smirnoff Ice, Bacardi Silver, Mike's Hard Lemonade, or Twisted Tea
52. During the past 30 days, how did you **usually** get the alcohol you drank?
- I did not drink alcohol during the past 30 days
 - I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - I bought it at a restaurant, bar, or club
 - I bought it at a public event such as a concert or sporting event
 - I gave someone else money to buy it for me
 - Someone gave it to me
 - I took it from a store or family member
 - I got it some other way

The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.

53. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
 - 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
54. During the past 30 days, how many times did you use marijuana?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

The next 10 questions ask about other drugs.

55. During your life, how many times have you use **any** form of cocaine, including powder, crack, or freebase?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times

56. 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?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
57. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
58. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
59. During your life, how many times have you used **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times
60. During your life, how many times have you taken a prescription pain reliever such as OxyContin, Vicodin, or other prescription pain reliever not prescribed to you?
- 0 times
 - 1 or 2 times
 - 3 to 9 times
 - 10 to 19 times
 - 20 to 39 times
 - 40 or more times