

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. 6th grade
 - b. 7th grade
 - c. 8th grade
 - d. 9th grade
 - e. 10th grade
 - f. 11th grade
 - g. 12th grade
4. Are you Hispanic or Latino?
 - a. Yes
 - b. No
5. Are either of your parents or any of your grandparents Hispanic or Latino?
 - a. Yes
 - b. No
6. 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
7. How tall are you without your shoes on?
8. How much do you weigh without your shoes on?

9. Who do you live with (check all that apply)?

- a. Both of your parents
- b. One of your parents
- c. Mother and stepparent
- d. Father and stepparent
- e. Mother and her partner
- f. Father and his partner
- g. Grandparents
- h. Younger siblings
- i. Older siblings
- j. Grandparents
- k. Other relative
- l. Guardians/Foster parents
- m. On your own or with friends
- n. Other

The next questions ask about safety.

10. How often do you wear a seat belt when **riding** in a car or other vehicle driven by someone else?

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always

11. 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

12. 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

13. 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 questions ask about violence-related behaviors and experiences.

14. 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
15. 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
16. 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
17. 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
18. Have you ever been physically forced to have sexual intercourse when you did not want to?
 - a. Yes
 - b. No
19. During the past 12 months, how many times did **anyone** use physical force or threats of physical force or harm to get you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
 - a. 0 times
 - b. 1 time
 - c. 2 or 3 times
 - d. 4 or 5 times
 - e. 6 or more times

20. During the past 12 months, how many times did **someone you were dating or going out with** use physical force or threats of physical force or harm to get you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- I did not date or go out with anyone during the past 12 months
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 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.)
- I did not date or go out with anyone during the past 12 months
 - 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

The next question asks about times that you felt you were treated badly or unfairly.

22. During your life, how often have you felt that you were treated badly or unfairly **in school** because of your race or ethnicity?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 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.

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

The next 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.

25. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes
 - No
26. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
 - Every day

27. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
 - Every day
28. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
 - Every day
29. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
- Not at all
 - Several days
 - More days than not
 - Nearly every day
 - Every day
30. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?
- During the past 12 months
 - Between 12 and 24 months
 - More than 24 months
 - Never
 - Not sure
31. Have you ever experienced any of the following? (CHECK ALL THAT APPLY)
- Lived with someone who was depressed, mentally ill or suicidal
 - Lived with someone who was a problem drinker or an alcoholic
 - Lived with someone who used illegal street drugs, or who abused prescription medication
 - Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility
 - None of the above has happened to me
32. Have you ever experienced any of the following? (CHECK ALL THAT APPLY)
- Someone at least 5 years older than you or an adult touched you sexually
 - Someone at least 5 years older than you or an adult tried to make you touch them sexually
 - Someone at least 5 years older than you or an adult, forced you to have sex
 - None of the above has happened to me
33. Have you ever experienced any of the following? (CHECK ALL THAT APPLY)
- Your parents became separated or were divorced
 - Your parents were not married
 - Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up
 - None of this has happened to me
34. Have you ever experienced any of the following? (CHECK ALL THAT APPLY)
- A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)
 - A parent or adult in your home swore at you, insulted you or put you down
 - None of the above has happened to me
35. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes
 - No

36. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
 - No
37. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
38. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide** during the past 12 months
 - Yes
 - No

Anxiety, Stress, And Depression.

When someone is anxious or suffering from anxiety, they often feel nervous and irritable, and have trouble sleeping and concentrating. Stress is what you feel when you are worried or uncomfortable about something. It can make you feel overwhelmed or unable to cope. Depression can cause a persistent feeling of sadness and a loss of interest in regular activities. It can affect how an individual thinks leading a person to focus on problems and faults, being critical, feeling hopeless and unimportant, and complaining a lot.

39. What causes you anxiety, stress, or depression? (CHECK ALL THAT APPLY)
- Peer pressure
 - Fighting in home
 - Breakup
 - Poverty/ No money
 - Dating relationship
 - Fighting with friends
 - Being bullied
 - Sports
 - Taking care of younger siblings
 - Death of close family member or friend
 - Parent is sick
 - Alcohol or drug use in the home
 - Parent divorce/ separation
 - Other stress at home
 - Sexual orientation
 - Self-image
 - Social media (i.e., TikTok, Snapchat, Instagram, etc.)
 - Current news/ world events/ political environment
 - Not having a place to live
 - Not having enough to eat
 - None of the above

40. When you are stressed out, how do you manage it? (CHECK ALL THAT APPLY)
- a. I do not have stress
 - b. Physical activity (exercise, sports, skateboarding, motocross, etc.)
 - c. Meditate, pray, use relaxation techniques
 - d. Participation in hobbies
 - e. Community service
 - f. Express myself through the arts and literature (Dance, music, art, writing, etc.)
 - g. Get support from others
 - h. Avoid people who create “drama”
 - i. Limit exposure to social media (i.e., TikTok, Snapchat, Instagram, etc.)
41. What would keep you from seeking help if you were dealing with anxiety, stress, depression, or thoughts of suicide? (CHECK ALL THAT APPLY)
- a. I would seek help
 - b. I am currently in treatment
 - c. Paying for it
 - d. Transportation
 - e. No time
 - f. Worried what others might think
 - g. Family would not support me in getting help
 - h. I can handle it myself
 - i. Do not know where to go
 - j. Friends would not support me in getting help

The next questions ask about cigarette smoking.

42. Have you ever smoked a cigarette, even one or two puffs?
- a. Yes
 - b. No
43. 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
44. 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

45. 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

The next 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.

46. Have you ever used an electronic vapor product?
- a. Yes
 - b. No
47. 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
48. During the past 30 days, how did you **usually** get your electronic vapor products? (Select only **one** response.)
- a. I did not use any electronic vapor products during the past 30 days
 - b. I got or bought them from a friend, family member, or someone else
 - c. I bought them myself in a vape shop or tobacco shop
 - d. I bought them myself in a convenience store, supermarket, discount store, or gas station
 - e. I bought them myself at a mall or shopping center kiosk or stand
 - f. I bought them myself on the Internet, such as from a product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist
 - g. I took them from a store or another person
 - h. I got them in some other way

The next question asks about all tobacco products. Please consider cigarettes, electronic vapor products, smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products), cigars (including little cigars or cigarillos), shisha or hookah tobacco, pipe tobacco, heated tobacco products, and nicotine pouches when answering this question.

49. During the past 12 months, did you ever try **to quit** using **all** tobacco products?
- a. I did not use cigarettes, electronic vapor products, smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco, heated tobacco products, or nicotine pouches during the past 12 months
 - b. Yes
 - c. No

The next 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.

50. 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
51. 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
52. 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**)?
- 0 days
 - 1 day
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days
53. 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?
- 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
54. 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 questions ask about your 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.

55. During your life, how many times have you used marijuana, including 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 to 99 times
 - g. 100 or more times
56. 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
57. 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 question asks about your 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.

58. 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
59. During the past 30 days, how many times did you take 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
60. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
- a. Yes
 - b. No

61. What has been your reason for not using drugs? (CHECK ALL THAT APPLY)
- a. I do use drugs
 - b. Health problems
 - c. Legal consequences
 - d. Parents would be upset
 - e. Kicked out of extracurricular activities
 - f. My values
 - g. Random student drug testing
 - h. My friends would not approve
 - i. Other

The next questions ask about your sexual behavior.

62. Have you ever had sexual intercourse?
- a. Yes
 - b. No
63. 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
64. 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
65. 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
66. 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
67. 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

68. 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
69. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
 - B. Females
 - C. Males
 - D. Females and males

The next question asks about sexual and gender identity.

70. Which of the following best describes you?
- a. Heterosexual (straight), that is not gay or lesbian
 - 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
 - g. I prefer not to answer

The next questions ask about body weight.

71. How do **you** describe your weight?
- a. Very underweight
 - b. Slightly underweight
 - c. About the right weight
 - d. Slightly overweight
 - e. Very overweight
72. 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 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.

73. 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

74. During the past **7 days**, on average, how many times **per day** 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.)
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times or more
75. During the past 7 days, on average, how many times per day did you drink a bottle or glass of plain water? (Count tap, bottled, and unflavored sparkling water.)
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times or more
76. During the past 7 days, on average, how many times per day did you drink 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.)
- 0 times
 - 1 time
 - 2 times
 - 3 times
 - 4 times or more
77. 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.)
- I did not drink soda or pop during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
78. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- I did not eat fruit during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
79. During the past 7 days, how many times did you eat **vegetables**?
- I did not eat other vegetables during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day

80. 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 questions ask about physical activity.

81. 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

82. 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 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.

83. 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 question asks about social media, such as Instagram, Tik Tok, Snapchat, and Twitter.

84. How often do you use social media?

- a. I do not use social media
- b. A few times a month
- c. About once a week
- d. A few times a week
- e. About once a day
- f. Several times a day
- g. About once an hour
- h. More than once an hour

Screen Time

85. 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.)
- Less than 1 hour per day
 - 1 hour per day
 - 2 hours per day
 - 3 hours per day
 - 4 hours per day
 - 5 or more hours per day

The next questions ask about other health-related topics.

86. During the past 12 months, have you been tested for a sexually transmitted disease (STD) such as chlamydia or gonorrhea?
- Yes
 - No
 - Not sure
87. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not sure
88. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
89. On an average school night, how many hours of sleep do you get?
- 4 or less hours
 - 5 hours
 - 6 hours
 - 7 hours
 - 8 hours
 - 9 hours
 - 10 or more hours
90. During the past 30 days, where did you usually sleep?
- In my parent's or guardian's home
 - 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
 - In a shelter or emergency housing
 - In a motel or hotel
 - In a car, park, campground, or other public place
 - I do not have a usual place to sleep
 - Somewhere else

91. Do you agree or disagree that you feel close to people at your school?
- a. Strongly agree
 - b. Agree
 - c. Not sure
 - d. Disagree
 - e. Strongly disagree
92. Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?
- a. Yes
 - b. No