

2021 High School Regional Youth Health 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.

The answers you give will be kept private. No one will know how you answer each question. 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 and continue to the next question.

The questions that ask about your background will be used only to describe the types of students completing this survey. Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

This survey is administered through Research Electronic Data Capture (REDCap). REDCap is a secure web application for administering online surveys. Information such as your email address or IP address will not be collected.

You may open the survey in your web browser by clicking the link below:

If the link above does not work, try copying the link below into your web browser:

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. **Are you transgender?**
 - A. No, I am not transgender
 - B. Yes
 - C. I do not know what this question is asking
 - D. I prefer not to answer
 4. **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
 - G. Prefer not to answer
 5. **In what grade are you?**
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade
 6. **What is the language you use most often at home?**
 - A. English
 - B. Spanish
 - C. Albanian
 - D. Arabic
 - E. Chinese (Mandarin/Cantonese)
 - F. Polish
 - G. Portuguese
 - H. Vietnamese
 - I. Hindi/Tamil (Indian subcontinental)
 - J. Another language
 7. **How do you describe your racial identity? (Choose all that apply)**
 - A. African-American or Black
 - B. American Indian, Alaska Native, Indigenous or First Nations
 - C. Arab or Middle Eastern
 - D. Asian or Asian American
 - E. Hispanic, Latina, or Latino+
 - F. Multiracial or Biracial
 - G. Native Hawaiian or Pacific Islander
 - H. White, Caucasian, or European American
 8. **How long have you lived in the United States?**
 - A. Less than one year
 - B. 1 to 3 years
 - C. 4 to 6 years
 - D. More than 6 years, but not my whole life
 - E. I have always lived in the United States
- The next 6 questions ask about safety.**
9. **During the past 30 days, how many times did you text or email while driving a car or other vehicle?**
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
 10. **During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
 11. **During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**
 - A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
 12. **During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been using marijuana?**
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times

- D. 4 or 5 times
- E. 6 or more times

13. During the past 30 days, how many times **did you drive a car or other vehicle when you had been using 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

14. **Is there a firearm in your home?**

- A. Yes
- B. No
- C. Not sure

The next 7 questions ask about violence related behaviors.

15. During the past 30 days, did you carry **a weapon**, to protect yourself? **(Choose all that apply)**

- A. I did not carry a weapon
- B. Gun
- C. Knife
- D. Club
- E. Other weapon(s)

16. During the past 30 days, did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on **school property?**

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

18. During the past 12 months, how many times were you in a **physical fight?**

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times

- H. 12 or more times

19. During the past 12 months, how many times were you in a **physical fight 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

20. Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?

- A. Yes
- B. No

21. Did any of the following happen to you in the past 12 months? **(Choose all that apply)**

- A. You were physically hurt by someone in your family
- B. You witnessed physical violence in your family
- C. 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)
- D. Someone you were dating or going out with forced 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)
- E. None of the above happened to me

The next 3 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

22. During the past 12 months, have you ever been bullied **on school property?**

- A. Yes
- B. No

23. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook or other social media.)

- A. Yes
- B. No

24. Have you ever been **electronically** bullied on school property?

- A. Yes
- B. No

The next 6 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?

- A. Yes
- B. No

26. During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

27. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

28. During the past 12 months, how many times did you attempt suicide?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

29. **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

30. During the past 12 months, did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose)

- A. Yes
- B. No

The next 9 questions ask about nicotine products such as traditional cigarettes, cigars and electronic vapor products (Juil, blu, NJOY, or Starbuzz.). Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

31. Have you **EVER** tried any of the following? (**Choose all that apply**)

- A. Regular cigarette (for example, Marlboro, Newport, Camel - menthols included)
- B. Non-flavored cigar (for example, cigarillo, Swisher Sweet, Black and Mild)
- C. Flavored cigar (for example, grape, apple, cherry, bubblegum, chocolate, etc. - does NOT include menthol)
- D. Non-flavored e-cigarette (also called e-hookah, e-cig, hookah pen vape pen, menthols included)
- E. Flavored e-cigarette (for example, grape, apple, cherry, bubblegum, chocolate, etc. - does NOT include menthol)
- F. Chewing tobacco (snuff or dip)
- G. I have never tried any of these.

32. 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

33. What is the **main** reason you tried a nicotine product?

- A. I've never tried a nicotine product
- B. I was attracted to the flavor
- C. It was cheap
- D. It was easy to buy from a store (for example, convenience store, pharmacy, gas station)
- E. I saw others (for example, classmate, friends, family, etc.) using it and was curious
- F. I saw an ad for it and it looked cool
- G. Other reason

34. If nicotine products were **NOT** available in flavors (i.e. grape, apple, cherry, bubblegum, chocolate, etc.), would you use them?

- A. Yes
- B. No
- C. I am not sure

35. How did you first hear about e-cigarettes (also called Juul, e-hookah, e-cig, hookah pen, vape pen)?

- A. Friend(s)
- B. Store ads
- C. Media (for example, television, movies, the Internet, radio, billboards, magazines)
- D. Other
- E. I've never heard of e-cigarettes

36. How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor product regularly?

- A. No risk

- B. Slight risk
- C. Moderate risk
- D. Great risk

37. How did you get your e-cigarettes/Juul, cigarettes, cigars, cigarillos, little cigars, chewing tobacco, snuff or dip?

- A. I've never tried an e-cigarette, cigarette, cigar, cigarillo, little cigar, chewing tobacco, snuff or dip
- B. I bought them online (Amazon, e-bay, etc.)
- C. I bought them from a store (for example, convenience store, pharmacy, gas station)
- D. I gave someone money to buy them for me
- E. I got them from a family member
- F. I got them from a friend
- G. Another way

38. How wrong do your parents feel it would be for you use electronic vapor products regularly?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

39. How wrong do your friends feel it would be for you to use electronic vapor products regularly?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

The next 8 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.

40. During your life, on how many days have you had at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days

41. 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

42. 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

43. During the past 30 days, how did you usually get the alcohol you drank?

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- C. I bought it at a restaurant, bar, or club
- D. I bought it at a public event such as a concert or sporting event
- E. I gave someone else money to buy it for me
- F. Someone gave it to me
- G. I took it from a store or family member
- H. I got it some other way

44. How much do you think people risk harming themselves (physically or in other ways) if they drink alcohol regularly?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

45. How wrong do your parents feel it would be for you to drink alcohol regularly?

- E. Very wrong
- F. Wrong
- G. A little bit wrong
- H. Not at all wrong

46. How wrong do your friends feel it would be for you to drink alcohol regularly?

- E. Very wrong
- F. Wrong
- G. A little bit wrong
- H. Not at all wrong

47. 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 (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 8 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.

48. During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

49. During your life, how many times have you used **synthetic marijuana** (also called Spice, fake weed, K2, or Black Mamba)?

- 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. 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

51. 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

52. When you have used marijuana, how have you used it? (**Choose all that apply**)

- A. I have never used marijuana
- B. I smoked it in a joint, bong, or pipe
- 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 in a tabletop device
- F. I vaporized it in a portable device such as a vaping pen or e-hookah
- G. I smoked it in a blunt wrap
- H. I used it some other way

53. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

54. How wrong do your friends feel it would be for you to smoke marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

55. How wrong do your parents feel it would be for you to smoke marijuana?

- A. Very wrong
- B. Wrong
- C. A little bit wrong
- D. Not at all wrong

The next 4 questions ask about other drugs.

56. During your life, have you ever used any of the following? Check all that apply.

- A. **Any** form of cocaine, including powder, crack, or freebase
- B. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high
- C. **heroin** (also called smack, junk, or China White)
- D. **methamphetamines** (also called speed, crystal, crank, ice, or crystal meth)
- E. **ecstasy** (also called MDMA, or Molly)
- F. taken **steroid pills or shots** without a doctor's prescription
- G. taken a **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as OxyContin, Hydrocodone, Percocet, Vicodin Codeine, fentanyl, Ritalin, Xanax, methadone, Suboxone, opium, and morphine)
- H. **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms

57. During the past 30 days, have you used any of the following? Check all that apply.

- A. **Any** form of cocaine, including powder, crack, or freebase
- B. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high

- C. **heroin** (also called smack, junk, or China White)
 - D. **methamphetamines** (also called speed, crystal, crank, ice, or crystal meth)
 - E. **ecstasy** (also called MDMA, or Molly)
 - F. taken **steroid pills or shots** without a doctor's prescription
 - G. taken a **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as OxyContin, Hydrocodone, Percocet, Vicodin Codeine, fentanyl, Ritalin, Xanax, methadone, Suboxone, opium, and morphine)
 - H. **hallucinogenic drugs**, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms
58. How much do you think people risk harming themselves (physically or in other ways) if they use **prescription pain medicine** that are not prescribed to them?
- A. No risk
 - B. Slight risk
 - C. Moderate risk
 - D. Great risk
59. Do you take a prescription medication daily as prescribed by a doctor?
- A. Yes
 - B. No

The next 5 questions ask about self-image.

60. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
61. 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
62. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
63. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- A. Yes

- B. No
64. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 6 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.

65. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - E. 3 days
 - D. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
66. During the past 7 days, how many times did you drink a **soda, a sports drink, sweetened lemonade or iced tea, sweetened coffee or lattes, or other sweetened drink**, such as Coke, Pepsi, Mountain Dew, Gatorade, Arizona, or Monster? (Do not count diet or 0 calorie drinks)
- A. I did not drink a sugar-sweetened beverage during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
67. During the past 7 days, how many times did you eat **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
68. During the past 7 days, how many times did you drink a **can, bottle, or glass of an energy/caffeinated drink**, such as Red Bull or Jolt?

(Do not count coffee or sports drinks such as Gatorade or PowerAde).

- A. I did not drink energy drinks during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

69. During the past 7 days, how many times did you eat **vegetables (do not count fried potato products such as french fries, hash browns, and potato chips)**?

70. During the past 7 days, were you ever hungry but didn't eat because there wasn't enough money for food in your house?
- A. Yes
 - B. No
 - C. Not sure

The next 2 questions ask about physical activity.

71. 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

72. 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.)

- 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

The next 11 questions ask about other health-related topics.

73. Over the past 12 months, did you visit your doctor for a routine check-up?

- A. Yes
- B. No
- C. I do not have a doctor

74. 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

75. Can you talk to at least one of your parents/guardians or other adult family member about things that are important to you?

- A. Yes
- B. No
- C. Not sure

76. During the past 30 days, where did you usually sleep?

- A. At home with my parents or guardians
- B. In the home of a friend, family member, or other person with my parents or guardians
- C. In the home of a friend, family member, or other person without my parents or guardians
- D. In a supervised shelter or emergency housing with my parents or guardians
- E. In a supervised shelter or emergency housing without my parents or guardians
- F. In a motel or hotel, car, park, campground, or other public place with my parents or guardians
- G. In a motel or hotel, car, park, campground, or other public place without my parents or guardians
- H. In a supervised shelter or emergency housing with my parents or guardians
- I. In a supervised shelter or emergency housing without my parents or guardians
- J. Somewhere else

77. Do you have a safe place where you can stay on a regular basis for at least the next 14 days?

- A. Yes
- B. No
- C. Unsure

78. In the past 30 days, have you been treated unfairly in a negative way, been prevented from doing something, or been made to feel bad about yourself, **because** of your: **(Choose all that apply)**

- A. Race
- B. Ethnicity
- C. Color
- D. Socioeconomic status (family's income)
- E. None of the above happened to me

79. In the past 30 days, have you been treated unfairly in a negative way, been prevented from doing something, or been made to feel bad about yourself, **because** of your? **(Choose all that apply)**

- A. Sexual orientation
- B. Gender identity
- C. Body image or physical appearance

D. None of the above happened to me

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 ever do any of the following activities on school property? (**Select all that apply**)

- A. Bully another student
- B. Carry a weapon
- C. Buy or sell drugs
- D. Have sexual intercourse
- E. Get into a physical fight
- F. Use Marijuana
- G. Use alcohol
- H. Use tobacco
- I. Use e-cigarettes
- J. Use steroids

82. Do you attend an afterschool program?

- A. Yes
- B. No

83. Please check all the afterschool programs where you participate:

- A. Big Brothers Big Sisters
- B. Boys and Girls Club
- C. Friendly House
- D. Girl Scouts
- E. Girls Inc.
- F. Mass EdCo
- G. Planned Parenthood.
- H. Southeast Asian Coalition
- I. Worcester Youth Center
- J. Y.O.U. Inc.
- K. YWCA
- L. YMCA
- M. Other

The next 8 questions ask about sexual health.

84. Have you ever been taught about the following in school? (**Choose all that apply**)

- A. AIDS or HIV infection
- B. Sexual Health
- C. Healthy Relationships
- D. How to use a condom to prevent pregnancy or sexually transmitted infections (STI's), including HIV

85. Have you ever talked about ways to prevent HIV

infection, other sexually transmitted infections (STI's) or pregnancy with your parents or other adults in your family, in school, or in the community?

- A. Yes
- B. No
- C. Not sure

86. Have you ever had sexual intercourse?

- A. Yes
- B. No

87. 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

88. 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

89. 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

90. 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

91. 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

- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

The next 4 questions ask about your future.

92. I see myself going to college or other education training programs after high school.

- A. Agree
- B. Disagree
- C. Don't know

93. There are some adults in my life who talk to me about planning my future.

- A. Agree
- B. Disagree
- C. Don't know

94. I like thinking about my future and I am hopeful about it.

- A. Agree
- B. Disagree
- C. Don't know

95. What is the top issue among youth your age?
(Choose only one)

- A. Bullying (verbal or physical)
- B. Family or household problems
- C. Health
- D. Peer pressure and peer relationships
- E. Physical body changes
- F. Romantic relationships
- G. Stress
- H. Violence
- I. Anxiety

Beginning in early 2020, the United States, along with the rest of the world, experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, schools and businesses were closed and people were required to stay at home. Depending on where you live, your experience with the pandemic might still be going on now, or your community and your school might be somewhat back to normal. The next 2 questions ask about your experiences during this time, whether in the past or continuing now.

96. During the COVID-19 pandemic, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

- A. Never

97. During the COVID-19 pandemic, did a **parent or other adult in your home** lose their job even for a short amount of time?

- A. My parents and other adults in my home did not have jobs before the COVID-19 pandemic started
- B. Yes
- C. No